

(REFERENCE COPY - Not for submission)

#### FCC Form 399: Reimbursement Request

43169 Service: DTV Call Channel: 28 (UHF) Facility **WMAW-TV** Sign:

ID:

File 0000026656

Number:

FRN: 0001739002 Date 10/09

> Submitted: /2019

#### **Applicant** Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
MISSISSIPPI AUTHORITY FOR EDUCATIONAL TV Doing Business As: MISSISSIPPI AUTHORITY FOR EDUCATIONAL TV	Greg Wells 3825 RIDGEWOOD ROAD JACKSON, MS 39211 United States	+1 (601) 432- 6197	Greg. Wells@mpbonline. org	Government Entity

### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### **Preparer** Contact Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email
Robert Gehman ConsultingEngineer Kessler and Gehman Associates, Inc.	Robert Gehman 507 NW 60 Street Suite D Gainesville, FL 32607 United States	+1 (352) 332-3157	bob@kesslerandgehman. com

#### Broadcaster Information and Transition Plan

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Replace transmitter using existing antenna and line.

#### **Transmitters**

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

#### Primary Transmitter

#### **Existing Transmitter Information**

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	SIGMA CD3200P2
	Year	2010
	Туре	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	46 kW

#### Primary Transmitter

#### **New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TBD
	Transmitter Type	Inductive Output Tube
	IOT Power Type	Two
	Power capacity	35.7 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter advises that the transmitter cannot be retuned to the assigned channel. See attachment.

#### Primary Transmitter

#### **Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes

	Size	3 inches
	Length	100.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

#### Primary Transmitter

#### **Other Transmitter Cost Not Listed**

Name	Description
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line

#### **Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

#### Primary Antenna

#### **Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Full Power
Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Not in Stac
	Polarization	Horizontal
	Туре	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	56
	Design power capacity in use	60.0 %
	Lower Limit	470.00 MH

Upper Limit	692.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	880.0 kW
Manufacturer	Dielectric
Model	TUF-O4-14 /56H-1-T
Year	2007

#### Primary Antenna

#### **Adjustment to Existing Antenna**

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

#### Primary Antenna

#### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

#### Primary Antenna

**Other Antenna Cost Not Listed** 

Transmission Seffien	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

#### Primary Transmission

#### **Existing Transmission Line**

Section Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Dielectric
	Туре	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1100 feet per run

#### Primary Transmission

#### Other Transmission Line Expenses Not Listed

n Line	Description
Sweep Line	Sweep line to verify performance on the assigned channel
Transmission Line Segments	5 Line segments

# Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

#### Primary Tower

#### **Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	Yes
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1041037
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	32° 08' 19.0" N-
	Longitude (NAD83)	089° 05' 36.0" W-
	Overall Structure Height	1059.04 feet
	Support Structure Height	1000.64 feet
	Ground Elevation Above Mean Sea Level (AMSL)	629.91 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	MISSISSIPPI AUTHORITY FOR EDUCATIONAL TELEVISION
Date Constructed	01/03/2005

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

Facility ID	Call Sign	Service
43188	WMAW-FM	FM

#### **Other Types of Users**

Users	
WMAW microwave	

#### Primary Tower

#### **Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

#### Primary Tower

#### **Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

#### Primary Tower

#### Other Tower Expenses Not Listed

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	20
	Explanation	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No

RF exposure measurements	No
Additional Field Engineering Service	Yes
Number of Days	13
Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

#### Outside Professional

#### Other Professional Services Expenses Not Listed

I Services Costs	Description		
Other Legal Services	Other Legal Services related to the DTV Repack		
Other Engineering Services	Other Engineering Services		

## Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD  Notification of a Channel Change?	Yes

Other Expenses Not Listed

**Expenses** Information not provided.

#### **Transmitters**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TBD	\$1,162,950.00	\$1,593,970.00		\$0.00	
Additional Interior RF System	\$140,000.00	\$140,000.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Two IOT system (35.7 kW)	\$954,000.00	\$1,388,470.00	The purchase price of the new transmitter is based on a Proposal from Comark for a 50 kW MSDC IOT as suggested by the FCC. See attachment.	N/A	N/A
Sub-total	\$1,162,950.00	\$1,593,970.00	N/A	\$0.00	N/A

Total for all	\$1,590,064.00	\$1,827,714.00	N/A	\$52,491.28	N/A
systems					

#### Components

#### **Antennas**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TUF-O4-14 /56H-1-T	\$19,030.00	\$18,100.00		\$0.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
Sub-total	\$19,030.00	\$18,100.00	N/A	\$0.00	N/A
Total for all systems	\$1,590,064.00	\$1,827,714.00	N/A	\$52,491.28	N/A

#### Components

#### **Transmission Line**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$25,600.00	\$25,600.00		\$0.00	
Sweep Line	\$6,400.00	\$6,400.00	N/A	N/A	N/A
Transmission Line Segments	\$19,200.00	\$19,200.00	N/A	N/A	N/A
Sub-total	\$25,600.00	\$25,600.00	N/A	\$0.00	N/A
Total for all systems	\$1,590,064.00	\$1,827,714.00	N/A	\$52,491.28	N/A

#### Components

#### **Tower Equipment and Rigging Costs**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$210,500.00	\$20,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$20,000.00	Rigging to replace elbow complex and assist with tuning ifnecessary.	N/A	N/A
Sub-total	\$210,500.00	\$20,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,590,064.00	\$1,827,714.00	N/A	\$52,491.28	N/A

#### Components

#### **Outside Professional Services**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$138,434.00	\$137,044.00		\$52,491.28	
Other Engineering Services	\$74,294.00	\$74,294.00	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.	\$37,841.10	N/A
Other Legal Services	\$10,000.00	\$10,000.00	N/A	\$1,145.00	N/A
Additional Field Engineering Service, 13 Days	\$26,000.00	\$26,000.00	N/A	\$4,405.68	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$49.50	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,750.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A

			& Other Engineering Services		
			"OES" are		
			required, therefore the		
			PM total has		
			been		
			reduced to		
			20 hrs		
			(\$3,000 at		
			\$150/hr), & a		
			new OES		
			category has		
			been		
			created &		
			funded with		
			the money		
			removed from PM.		
			HOIH FIVI.		
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Sub-total	\$138,434.00	\$137,044.00	N/A	\$52,491.28	N/A
Total for all systems	\$1,590,064.00	\$1,827,714.00	N/A	\$52,491.28	N/A

#### Components

Actual Information	
Description	File Name

ther Engineering Service	es	
	Component Description:	KGA 139-330
		v191009jgv1
	Amount:	\$7,488.22
	Component Description:	KGA 139-325
		v190909jgv1
	Amount:	\$7,488.22
	Component Description:	KGA 139-328
		v190909jgv1
	Amount:	\$7,488.22
	Component Description:	KGA 139-314
		v190625jgv1
	Amount:	\$7,488.22
	Component Description:	KGA 139-322
		v190909jgv1
	Amount:	\$7,488.22
	Component Description:	KGA 139-311
		v190605pmv1
	Amount:	\$400.00
ther Legal Services		000 00===
	Component Description:	GSB 667584
	Amount	v190516pmv1
	Amount:	\$150.00

**Component Description:** 

Amount:

GMP 31017 v190926jgv2

\$35.00

Component Description: WMAW GSB inv

#662020 DTV Repack legal services

UL20180823jgv1

**Amount:** \$750.00

Component Description: WMAW GSB inv

#670598 DTV Repack legal services

UL20180823jgv1

**Amount:** \$120.00

Component Description: GSB 662020

v190515pmv1

**Amount:** \$750.00

Component Description: WMAW GSB inv

#664826 DTV Repack legal services

UL20180823jgv1

**Amount:** \$90.00

Component Description: WMAW GSB inv

#667584 DTV Repack legal services

UL20180823jgv1

**Amount:** \$150.00

Component Description: GSB 670598

v190516pmv1

**Amount:** \$120.00

Component Description: GSB 664826

v190516pmv1

**Amount:** \$90.00

Component Description:	KGA inv #139-285 On site survey split evenly between WMAB WMAE WMAW UL20180814jgv1
Amount:  Information not provided.	\$4,405.68
Component Description: Amount:	GSB 662020 v190515pmv1 \$49.50
Component Description:  Amount:	WMAW GSB inv #662020 DTV Repack legal services CP App UL20180823jgv1 \$49.50
Information not provided.	
Component Description: Amount:	WMAW KGA inv #139-282 CP App UL20180809jgv1 \$2,000.00
Component Description:	WMAW KGA inv #139-282 New channel assignment
	Amount:  Information not provided.  Component Description:  Amount:  Information not provided.  Component Description:  Amount:  Amount:  Amount:

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Project management of the transition	Component Description:	WMAW KGA inv #139-288 2017Q3 387 UL20180810jgv1
	Amount:	\$300.00
	Component Description: Amount:	KGA 139-319 v190715jgv1 \$300.00
	Amount.	φουυ.υυ
	Component Description:  Amount:	KGA 193-302 v190716jgv1 \$300.00
	Common and Documentian	KOA 400 004
	Component Description: Amount:	KGA 139-304 v190703jgv1 \$300.00
	Component Description:	KGA 139-307
	Amount:	v190716jgv1 \$300.00
	Component Description:	WMAW KGA inv #139-294 2018Q1 387
	Amount:	UL20180810jgv1 \$150.00
	Component Description:	WMAW KGA inv #139-291 2017Q4 387 UL20180809jgv1
	Amount:	\$150.00

Prepare and or review
reimbursement form

Component Description: WMAW KGA inv

#139-284 Prepare and or review 399 UL20180813jgv1

**Amount:** \$2,500.00

#### **Other Expenses**

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$33,550.00	\$33,000.00		\$0.00	
MVPD Notification of Channel Change	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$0.00	\$0.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Equipment Storage	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$33,550.00	\$33,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,590,064.00	\$1,827,714.00	N/A	\$52,491.28	N/A

#### Components

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,590,064.00	\$1,827,714.00	\$52,491.28

Reimbursem	entestiatus	Response
	The facility has ceased operating on its pre- auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Section Question Response

## Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 1. The Authorized
  Person signing
  below certifies that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.

- 4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Jeffrey C Gehman Engineering Associate

10/09/2019

Section Question Response

## Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

- 1. The Authorized
  Person signing
  below certifies and
  represents that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

- 4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
- 5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Jeffrey C Gehman Engineering Associate

10/09/2019

#### **Attachments**