



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **61702** | Service: **DCA** | Call **WKME-CD** | Channel: **21 (UHF)**
ID:
File **0000028431**
Number:
FRN: **0019509470** | Date **11/22**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------------|-----------------------------------|---------------------------------|
| NBC TELEMUNDO LICENSE LLC Doing Business As: NBC TELEMUNDO LICENSE LLC | Margaret L. Tobey 300 NEW JERSEY AVENUE, NW SUITE 700 WASHINGTON, DC 20001 United States | +1 (202) 524- 6401 | margaret. tobey@nbcuni. com | Limited Liability Company |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|---|--|-----------------------|-------------------------------|
| Margaret L Tobey <i>NBCUniversal, LLC</i> | 300 New Jersey Ave. NW Suite 700 Washington, DC 20001 United States | +1 (202) 524- 6401 | Margaret.Tobey@nbcuni. 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 | The WKME-CD facility is located on a building rooftop. The facility will be flash-cut to the new channel upon installation of new antenna and retuning of transmitter. |

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 | Retune Existing |
| | Use | Primary (Main) |
| | Ownership | Owned |
| | Owner | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | Rohde & Schwarz |
| | Model | NV8306V1 |
| | | |

| | |
|----------------------------|-------------|
| Year | 2008 |
| Type | Solid State |
| Solid State Cooling | Air Cooled |
| Solid State Power capacity | 1.8 kW |

Primary Transmitter

Retuning Transmitter Costs

| Section | Question | Response |
|------------------------|--|------------------------|
| New IOT Tubes | Number of Tubes (including accessories) needed | N/A |
| New Mask Filter | Power | 3 kW |
| | Other Power | N/A |
| New Exciter | Is a new exciter needed? | Yes |
| | Exciter Type | Single frequency agile |

Primary Transmitter

Other Transmitter Costs

| Section | Question | Response |
|---------------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | No |
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |
| | Description | N/A |

| | | |
|--|---|-----|
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | 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 leasehold 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 |
|--------------|--|--|
| Installation | | Installation, Commissioning and Proof of Performance |

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 | Purchase New |
| | 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? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels | N/A |
| | Design power capacity in use | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | | |

| | |
|--------------|---------|
| Manufacturer | |
| Model | ACS2 DR |
| Year | 2011 |

Primary
Antenna

New Antenna Costs

| Section | Question | Response |
|------------------------------------|--|-----------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels/Bays | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Design power capacity in use | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | | |

| | |
|-------------------------------|--|
| Model | JA/SS-4-SHNL |
| Year | 2018 |
| Justification for New Antenna | Existing antenna (Antenna Concepts) cannot be retuned and will not function on Channel 21. |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|----------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Type | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | No |

**Primary
Antenna**

Other Antenna Cost Not Listed

| Name | Description |
|------------------|--------------------------------|
| Antenna Shipping | Antenna shipping and handling. |

Transmission Line

| Section | Question | Response |
|------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

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 | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | No |
| | One or more FM, AM or TV radio broadcaster(s) | N/A |
| | Others Types of Users | N/A |
| | Is tower documented for structural analysis? | Unknown |
| Existing Tower Structure Registration | Is tower compliant with Rev G? | Unknown |
| | Do you have a tower registration number? | No |
| Coordinates (NAD83 (North American Datum of 1983)) | ASR Number | |
| | Latitude (NAD83) | 28° 21' 39.1" N- |
| | Longitude (NAD83) | 081° 30' 39.7" W- |

| | | |
|--|--|-----------------------------|
| | Overall Structure Height | 340.00 feet |
| | Support Structure Height | 320.00 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 104.00 feet |
| | Structure Type | BTWR - Building with Tower |
| | Tower Owner | Marriott International Inc. |
| | Date Constructed | 04/01/2003 |

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

Information not provided.

**Outside
Professional**

| Section | Question | Response |
|---|--|---|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 1040 |
| | Explanation | Oversight of project schedule, contractors, budget, reporting, etc. |
| 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 Services | Prepare and file Form FCC Construction Permit Application | Yes |
| | 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 | Yes |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Other Professional Services Expenses Not Listed
Professional Services Costs provided.

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? | No |
| | Does this relocation require Equipment Storage? | No |
| | 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 | Other Expenses Not Listed Information not provided. |
|-----------------------|---|

Cost Information

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 NV8306V1 | \$145,795.00 | \$40,244.00 | | \$0.00 | |
| Installation | <i>\$15,390.00</i> | \$15,390.00 | Required transmitter installation, commissioning and proof-of-performance. | N/A | N/A |
| Single frequency agile exciter | \$21,050.00 | \$15,990.00 | N/A | N/A | N/A |
| 3 kW mask filter | \$4,155.00 | \$3,950.00 | N/A | N/A | N/A |
| UHF and VHF - minor banding issues | \$105,200.00 | \$4,914.00 | Total for: Ch 21 Fine Match Line Section; Directional Coupler, 1-50 EIA, 3DC; Freight (estimate) | N/A | N/A |
| Sub-total | \$145,795.00 | \$40,244.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$483,995.00 | \$331,242.00 | N/A | \$32,736.91 | N/A |

Components

Information not provided.

Cost
Information

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 JA /SS-4-SHNL | \$28,300.00 | \$6,448.00 | | \$0.00 | |
| Antenna Shipping | <i>\$2,000.00</i> | \$2,000.00 | Required antenna shipping and handling estimate. | N/A | N/A |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | \$26,300.00 | \$4,448.00 | See attached quote: Kathrein Antenna Quote | N/A | N/A |
| Sub-total | \$28,300.00 | \$6,448.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$483,995.00 | \$331,242.00 | N/A | \$32,736.91 | N/A |

Components

Information not provided.

Cost Information

Transmission Line

Information not provided.

Cost Information

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 BTWR | \$84,200.00 | \$80,000.00 | | \$0.00 | |
| Short Tower (less than 500') | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| Sub-total | \$84,200.00 | \$80,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$483,995.00 | \$331,242.00 | N/A | \$32,736.91 | N/A |

Components

Information not provided.

Cost Information

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 | \$210,350.00 | \$189,750.00 | | \$32,736.91 | |
| RF Exposure Measurements | \$21,050.00 | \$10,000.00 | This is a rooftop installation and require measurements study to comply. | N/A | 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 | N/A | 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 | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | N/A | 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 |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$164,320.00 | \$156,000.00 | N/A | \$32,736.91 | N/A |
| Sub-total | \$210,350.00 | \$189,750.00 | N/A | \$32,736.91 | N/A |
| Total for all systems | \$483,995.00 | \$331,242.00 | N/A | \$32,736.91 | N/A |

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| RF Exposure Measurements | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |

| | | | | | | | | | | | | | |
|--|--|-------------------------------|--|----------------|------------|-------------------------------|--|----------------|-------------|-------------------------------|--|----------------|------------|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. | | | | | | | | | | | | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | | | | | | | | | | | | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. | | | | | | | | | | | | |
| Perform engineering study for new channel assignment and antenna development | Information not provided. | | | | | | | | | | | | |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. | | | | | | | | | | | | |
| Prepare and or review reimbursement form | Information not provided. | | | | | | | | | | | | |
| Project management of the transition | <table> <tr> <td>Component Description:</td><td>Point B Project Management January 2019</td></tr> <tr> <td>Amount:</td><td>\$2,950.00</td></tr> <tr> <td>Component Description:</td><td>WKME Point B September 2019 Project Management</td></tr> <tr> <td>Amount:</td><td>\$10,762.00</td></tr> <tr> <td>Component Description:</td><td>WKME Point B July 2019 Project Management</td></tr> <tr> <td>Amount:</td><td>\$2,233.00</td></tr> </table> | Component Description: | Point B Project Management January 2019 | Amount: | \$2,950.00 | Component Description: | WKME Point B September 2019 Project Management | Amount: | \$10,762.00 | Component Description: | WKME Point B July 2019 Project Management | Amount: | \$2,233.00 |
| Component Description: | Point B Project Management January 2019 | | | | | | | | | | | | |
| Amount: | \$2,950.00 | | | | | | | | | | | | |
| Component Description: | WKME Point B September 2019 Project Management | | | | | | | | | | | | |
| Amount: | \$10,762.00 | | | | | | | | | | | | |
| Component Description: | WKME Point B July 2019 Project Management | | | | | | | | | | | | |
| Amount: | \$2,233.00 | | | | | | | | | | | | |

| | |
|-------------------------------|--|
| Component Description: | WKME Point B May 2019 Project Management |
| Amount: | \$5,390.00 |

| | |
|-------------------------------|--|
| Component Description: | WKME Point B Project Management August 2019 |
| Amount: | \$2,464.00 |

| | |
|-------------------------------|--------------------------------------|
| Component Description: | August 2018 Project Management |
| Amount: | \$3,645.00 |

| | |
|-------------------------------|---------------------------------------|
| Component Description: | October 2018 Project Management |
| Amount: | \$750.00 |

| | |
|-------------------------------|---------------------------------|
| Component Description: | July 2018 Project Management |
| Amount: | \$813.91 |

| | |
|-------------------------------|---------------------------------|
| Component Description: | June 2018 Project Management |
| Amount: | \$750.00 |

| | |
|-------------------------------|---|
| Component Description: | Project Management Services Updated |
| Amount: | \$2,100.00 |

| | |
|-------------------------------|------------------------|
| Component Description: | Project Management. |
| Amount: | \$3,619.00 |

| | |
|-------------------------------|-----------------------|
| Component Description: | Project Management |
| Amount: | \$870.00 |

| | |
|-------------------------------|---|
| Component Description: | September 2018 Project Management |
| Amount: | \$1,780.00 |

Cost Information

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 | \$15,350.00 | \$14,800.00 | | \$0.00 | |
| MVPD Notification of Channel Change | <i>\$1,000.00</i> | \$1,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$1,000.00</i> | \$1,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$1,800.00</i> | \$1,800.00 | Haul away and proper disposal of old antenna and mask filter. | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | N/A | N/A |
| Sub-total | \$15,350.00 | \$14,800.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$483,995.00 | \$331,242.00 | N/A | \$32,736.91 | N/A |

Components

Information not provided.

| | | | |
|------------------|-----------------------|-----------------------------|----------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$483,995.00 | \$331,242.00 |
| | | | \$32,736.91 |

| | | |
|----------------------|--|----------|
| Reimbursement Status | Question | 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 |

| Certification | Section | Question | Response |
|---------------|---|---|----------|
| | Submission of Estimated Expenses Statements | <p>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.</p> | |
| | | <ol style="list-style-type: none"> 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 above-named applicant for the Authorization(s) specified above.

**Margaret
L. Tobey**
*Assistant
Secretary*

11/22/2019

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | Submission of Actual Cost Documentation Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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 AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733). | |
| | | <ol style="list-style-type: none"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. 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.

| | |
|--|---|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Margaret L. Tobey <i>Assistant Secretary</i></p> <p>11/22/2019</p> |

Attachments