



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **39746-18** | Service: **DRT** | Call **WOIO** | Channel: **18 (UHF)**
ID: | Sign:
File **0000089899**
Number:
FRN: **0018223693** | Eligibility **Eligible** | Date **08/04**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC Doing Business As: GRAY TELEVISION LICENSEE, LLC	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504-9828	allfclms@gray.tv	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
Samuel Hariton <i>Widely</i>	Samuel Hariton 4031 University Dr. Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widely.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	WOIO is planning to retune its existing transmitter, to purchase an upgraded antenna, to utilize its existing transmission line, and to move equipment on its pre-displacement tower

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
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Harris
	Model	UAX2000AT
	Year	2011

Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	2.5 kW

Primary Transmitter

Retuning Transmitter Costs

Section	Question	Response
New Mask Filter	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Full Service
	Power	2.1-3kW
New Exciter	Is a new exciter needed?	No

Primary Transmitter

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	No
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

**Primary
Transmitter**

Other Transmitter Cost Not Listed

Name	Description
Low Pass Filter and parts	WOIO is required to retune its existing transmitter in order to provide enough power for the new channel. This will include costs for a low pass filter

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)
	Ownership	Owned
	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	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Single Channel Slot
	ERP: (Effective Radiated Power)	11.0 kW
	Manufacturer	
	Model	SL-8
	Year	2011

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	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	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Single Channel Slot
	ERP: (Effective Radiated Power)	11.0 kW
	Manufacturer	
	Model	TBD
	Year	2019

Justification for New Antenna	Current antenna is a single channel model tuned to channel 24. WOIO is purchasing an antenna tuned to the new displacement channel and upgrading to include vertical polarization.
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Primary Antenna

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
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?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Information not provided.

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

Primary Transmission Line

Existing Transmission Line

Primary Transmission Line	Section		Question	Response
	Existing Transmission Line Description		Type of change	Utilize Existing
			Use	Primary (Main)
			Ownership	Owned
			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	Andrew
			Type	Flexible Air
			Diameter	1 5/8 inches
			Number of parallel runs	1
			Length	800 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Transmission Line Extension	The length of the new antenna required it to be moved 30 ft. higher on the tower in order to fit in a slot on the side of the tower.

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)
	Ownership	Leased
	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	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1047963
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	41° 03' 52.7" N-
	Longitude (NAD83)	081° 34' 58.3" W-
	Overall Structure Height	958.98 feet
	Support Structure Height	891.07 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1088.90 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes

Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
Date Constructed	01/01/1999

**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
43873	WONE-FM	FM
6051	WAPS	FM

**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

Name	Description
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Structural analysis

A structural analysis for this tower is necessary. The tower is currently well documented, so a mapping will not be necessary.

**Outside
Professional
Services
Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	254
	Explanation	WOIO requires the aid of outside project management services in order to fulfill the requirements of the repack. WOIO does not have sufficient resource capacity and expertise in house to handle all of the reimbursement filing, expense tracking, etc.
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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
	Prepare Form 601	Yes

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
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	3
	Justification	installation of mask filter and low pass filter

Other Professional Services Expenses Not Listed

Outside Professional Services Costs

Information not provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	Yes
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

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 UAX2000AT	\$20,150.29	\$23,567.81		\$7,317.81	
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$11,000.00	N/A	N/A	N/A
2.1-3kW w mask filter Full Service	\$6,200.00	\$9,617.52	See Estimated Cost Justification WOIO MASK FILTER	\$4,367.52	N/A
Low Pass Filter and parts	<i>\$2,950.29</i>	\$2,950.29	see Estimated Cost Justification WOIO-110-Primary Transmitter - Low Pass Filter and Parts v0	\$2,950.29	N/A
Sub-total	\$20,150.29	\$23,567.81	N/A	\$7,317.81	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$68,256.81	N/A

Components

Actual Information	
Description	File Name
Retune - UHF and VHF - minor re-channel issues	Information not provided.

<p>2.1-3kW w mask filter Full Service</p>	<p>Component Description: Mask 2.5KW 6P UHF ATSC/6 Tuned</p> <p>Amount: \$4,367.52</p>
<p>Low Pass Filter and parts</p>	<p>Component Description: FREIGHT</p> <p>Amount: \$2,299.05</p> <p>Component Description: LINE, XMSN 1-5 /8 50 OHM</p> <p>Amount: \$651.24</p>

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 TBD	\$19,288.25	\$19,288.25		\$0.00	
Sweep test of transmission line and antenna	\$5,730.00	\$5,730.00	N/A	N/A	N/A
UHF-Low Power, Side Mount, Other, 11.0kW input, Horizontal	<i>\$13,558.25</i>	\$13,558.25	see Estimated Cost Justification WOIO-210-Primary Antenna - UHF Low Power Side Mount, H-POL v0	\$0.00	N/A
Sub-total	\$19,288.25	\$19,288.25	N/A	\$0.00	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$68,256.81	N/A

Components

Information not provided.

Cost Information

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	\$1,911.21	\$1,911.21		\$0.00	
Transmission Line Extension	<i>\$1,911.21</i>	\$1,911.21	See Estimated Cost Justification WOIO Transmission Line Extension	N/A	N/A
Sub-total	\$1,911.21	\$1,911.21	N/A	\$0.00	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$68,256.81	N/A

Components

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 GTOWER	\$159,500.00	\$159,500.00		\$45,369.80	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$157,750.00	N/A	\$43,619.80	N/A
Structural analysis	<i>\$1,750.00</i>	\$1,750.00	American Tower Invoice A196251	\$1,750.00	N/A
Sub-total	\$159,500.00	\$159,500.00	N/A	\$45,369.80	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$68,256.81	N/A

Components

Actual Information	
Description	File Name
Tower Rigging Tall Tower (greater than 500')	<p>Component Description: Tower services rendered per Warmus Job No. TS19-021</p> <p>Amount: \$38,369.80</p> <p>Component Description: 2 days travel one day on site</p> <p>Amount: \$5,250.00</p>

Structural analysis

Component Description:

"PO Line 1 -
WOIO (LD) CH
18 FID: 39746
/ASR: 1047963
PE Letter ATC
Site #/Name:
307781
Cleveland -
Akron"

Amount:

\$1,750.00

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	\$47,069.50	\$65,832.50		\$15,569.20	
Prepare Form 601	\$755.00	\$755.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A

Perform engineering study for displacement application	\$1,800.00	\$5,450.00	see Estimated Cost Justification WOIO-530-RF Eng - Engineering Study for Displacement Application v0	\$5,450.00	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Project management of the transition	\$26,797.00	\$41,910.00	WOIO LPTV Widelity Strategic Support Quote	\$10,119.20	N/A
Additional Field Engineering Service, 3 Days	<i>\$8,250.00</i>	\$8,250.00	Based on Field Engineering: Outside Engineering Assistance (per day) from the Catalog of Costs, the estimate is \$2,750.00 per day x 3 days = \$8,250.00	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Sub-total	\$47,069.50	\$65,832.50	N/A	\$15,569.20	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$68,256.81	N/A

Components

Actual Information Description	File Name								
Prepare Form 601	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 displacement application	<table border="0"> <tr> <td data-bbox="703 1025 1015 1059">Component Description:</td> <td data-bbox="1145 1025 1382 1216">Regarding DRT near Akron and implementation of displacement to Ch-18</td> </tr> <tr> <td data-bbox="703 1227 815 1261">Amount:</td> <td data-bbox="1145 1227 1267 1261">\$3,250.00</td> </tr> <tr> <td data-bbox="703 1361 1015 1395">Component Description:</td> <td data-bbox="1145 1361 1382 1641">"Regarding DRT on Ch-24 near Akron, conduct channel study of pending displacement application for Ch-18,"</td> </tr> <tr> <td data-bbox="703 1653 815 1686">Amount:</td> <td data-bbox="1145 1653 1267 1686">\$2,200.00</td> </tr> </table>	Component Description:	Regarding DRT near Akron and implementation of displacement to Ch-18	Amount:	\$3,250.00	Component Description:	"Regarding DRT on Ch-24 near Akron, conduct channel study of pending displacement application for Ch-18,"	Amount:	\$2,200.00
Component Description:	Regarding DRT near Akron and implementation of displacement to Ch-18								
Amount:	\$3,250.00								
Component Description:	"Regarding DRT on Ch-24 near Akron, conduct channel study of pending displacement application for Ch-18,"								
Amount:	\$2,200.00								
Prepare/ Review 399 reimbursement form	Information not provided.								
Project management of the transition	<table border="0"> <tr> <td data-bbox="703 1928 1015 1962">Component Description:</td> <td data-bbox="1145 1928 1305 2007">Project Management</td> </tr> <tr> <td data-bbox="703 2011 815 2045">Amount:</td> <td data-bbox="1145 2011 1267 2045">\$1,942.45</td> </tr> </table>	Component Description:	Project Management	Amount:	\$1,942.45				
Component Description:	Project Management								
Amount:	\$1,942.45								

Component Description: Project Management
Amount: \$201.10

Component Description: Project Management
Amount: \$173.60

Component Description: Project Management
Amount: \$481.70

Component Description: Project Management
Amount: \$852.50

Component Description: Project Management
Amount: \$118.90

Component Description: Project Management
Amount: \$467.50

Component Description: Project Management
Amount: \$118.90

Component Description: Project Management
Amount: \$1,267.05

Component Description: Project Management
Amount: \$862.80

	<p>Component Description: Project Management</p> <p>Amount: \$1,880.70</p>
	<p>Component Description: Project Management</p> <p>Amount: \$1,870.90</p>
Additional Field Engineering Service, 3 Days	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.

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	\$6,405.00	\$6,405.00		\$0.00	
FCC Filing Fees - Form 2100 Major change CP application	\$4,960.00	\$4,960.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,110.00	N/A	N/A	N/A
Sub-total	\$6,405.00	\$6,405.00	N/A	\$0.00	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$68,256.81	N/A

Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$254,324.25	\$276,504.77	\$68,256.81

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
	<p>Submission of Estimated Expenses Statements</p>	<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.

**Robert
Folliard , III**
.
*Assistant
Secretary*

08/04/2020

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<p>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).</p>	
		<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.

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 above-named applicant for the Authorization(s) specified above.

**Robert
Folliard , III**
.
*Assistant
Secretary*

08/04/2020

Attachments