



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **68851** | Service: **DTV** | Call **WWNY-TV** | Channel:
ID: | Sign:
8 (High VHF) | File **0000025399**
Number:
FRN: **0018223693** | Date **11/30**
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 | Robert.Folliard@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, Inc</i> | 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 | (Per attached plan) Station will operate one of its 2 transmitter amplifiers on channel 7 at 3kw (serving 95% of the population) while retuning the other to channel 8. It will then switch to channel 8 and retune and combine the other amplifier. |

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 | Larcan |
| | Model | DTT4M |

| | |
|----------------------------|-------------|
| Year | 2008 |
| Type | Solid State |
| Solid State Cooling | Air Cooled |
| Solid State Power capacity | 6.5 kW |

**Primary
Transmitter**

Retuning Transmitter Costs

| Section | Question | Response |
|------------------------|--|----------|
| New IOT Tubes | Number of Tubes (including accessories) needed | N/A |
| New Mask Filter | Power | Other |
| | Other Power | 7.5 kW |
| New Exciter | Is a new exciter needed? | No |

**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 |
|---------------------------|---|
| Retune Transmitter | (Per Attached Plan) Services per quote to retune transmitter. |

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 Manufacturer and Type | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Horizontal |
| | Type | Other |
| | 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 | 12-Bay Batwing |
| | ERP: (Effective Radiated Power) | 42.0 kW |
| | Manufacturer | Harris |
| | Model | TAB-12HS |
| | Year | 2008 |

**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 |
| | Type | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | |

**Primary
Antenna**

Other Antenna Cost Not Listed

| Name | Description |
|------------------------------|---|
| Fine Matching Antenna | (Per attached plan) Fine matching power divider, antenna. |

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? | No |

Outside Professional Services Costs

| Section | Question | Response |
|--|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 40 |
| | Explanation | A project manager was retained to assist with developing the transition plan, keeping the project on schedule and assisting with antenna matching and the proof of performance documentation. 40hrs @ \$150 /hr. |
| 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 | Yes |
| | Quantity | 2 |
| | 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 | Yes |
| | Quantity | 2 |
| | 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 | No |
| | | |

| | | |
|--------------------------------------|--|-----|
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Services not 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 | Yes |
| | FCC License to Cover Application | Yes |
| | FCC Special Temporary Authority Application | Yes |
| 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? | 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

| Name | Description |
|------------------------------------|--|
| Inside RF System | Splitting amplifiers for operation on both channel 7 and retuning to channel 8. Then combining retuned channel 8 amplifiers. |
| Site Survey- Transition Assessment | Site Survey to determine transition plan. |

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 DTT4M | \$139,800.00 | \$55,000.00 | | \$0.00 | |
| Retune Transmitter | <i>\$24,000.00</i> | \$24,000.00 | N/A | N/A | N/A |
| UHF and VHF - minor banding issues | \$105,200.00 | \$20,400.00 | N/A | N/A | N/A |
| Other 7.5 kW mask filter | <i>\$10,600.00</i> | \$10,600.00 | N/A | \$0.00 | N/A |
| Sub-total | \$139,800.00 | \$55,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$226,736.00 | \$226,286.00 | N/A | \$47,245.35 | 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 TAB- 12HS | \$12,730.00 | \$12,400.00 | | \$0.00 | |
| Fine Matching Antenna | <i>\$6,000.00</i> | \$6,000.00 | Estimate for a 2 man tower crew to assist with fine tuning lines and antenna. | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$12,730.00 | \$12,400.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$226,736.00 | \$226,286.00 | N/A | \$47,245.35 | N/A |

Components

Information not provided.

Cost Information **Transmission Line**
Information not provided.

Cost Information **Tower Equipment and Rigging Costs**
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 | \$37,500.00 | \$131,315.00 | | \$42,254.85 | |
| Project management of the transition | \$6,320.00 | \$105,675.00 | see Estimated Cost Justification WWNY-TV-510-Project Management v0 | \$28,414.85 | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$7,360.00 | \$3,500.00 | Attorney fees for the filing of up to 2 STA's. | \$586.50 | N/A |

| | | | | | |
|--|------------|------------|---|------------|-----|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,390.00 | see Estimated Cost Justification WWNY-TV-550-Attorney - Construction Permit Application (Main) v0 | \$5,390.00 | N/A |
| Prepare request for Special Temporary Authorization | \$4,100.00 | \$3,000.00 | 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 | \$250.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | \$290.50 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$3,000.00 | N/A |

| | | | | | |
|--|--------------|--------------|-----|-------------|-----|
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$4,323.00 | N/A |
| Sub-total | \$37,500.00 | \$131,315.00 | N/A | \$42,254.85 | N/A |
| Total for all systems | \$226,736.00 | \$226,286.00 | N/A | \$47,245.35 | N/A |

Components

| Actual Information | |
|--------------------------------------|--|
| Description | File Name |
| Project management of the transition | Component Description: Project management |
| | Amount: \$2,074.90 |
| | Component Description: Project Management |
| | Amount: \$2,545.15 |
| | Component Description: Project Management |
| | Amount: \$3,696.60 |
| | Component Description: Project Management |
| | Amount: \$1,935.90 |
| | Component Description: Project management |
| | Amount: \$3,594.75 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$4,423.70 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$3,714.55 |

| | |
|-------------------------------|--|
| Component Description: | 6.25hrs Project management reimbursement |
| Amount: | \$937.50 |

| | |
|-------------------------------|---|
| Component Description: | Re-submission of WWNY170421 with explanation and study/plan that project mgmt hrs went towards. |
| Amount: | \$937.50 |

| | |
|-------------------------------|-------------------------|
| Component Description: | 6.25hrs of project mgmt |
| Amount: | \$937.50 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$4,141.80 |

| | |
|-------------------------------|--------------|
| Component Description: | Project Mgmt |
| Amount: | \$1,350.00 |

| | |
|--|--|
| | <p>Component Description:</p> <p>Re-submission of WWNY170701 invoice, explanation, study & plan that project mgmt hrs went towards.</p> <p>Amount:</p> <p>\$1,350.00</p> |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | <p>Component Description:</p> <p>For Professional Services Rendered</p> <p>Amount:</p> <p>\$379.00</p> <p>Component Description:</p> <p>Total Professional Services</p> <p>Amount:</p> <p>\$207.50</p> |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | <p>Component Description:</p> <p>1.6hrs of Legal counsel prep work for Form 2100 application filing.</p> <p>Amount:</p> <p>\$560.00</p> <p>Component Description:</p> <p>The attached is an explanation of the charges on invoice 12572 in response to the 2/15 email regarding reimbursement.</p> <p>Amount:</p> <p>\$4,830.00</p> <p>Component Description:</p> <p>13.8hrs of legal work for preparation and filing of Form 2100 application.</p> <p>Amount:</p> <p>\$4,830.00</p> |

| | | |
|--|---|---|
| Prepare request for Special Temporary Authorization | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Component Description: Amount: | "Regarding repack Ch-8 facility, develop final operating constants, preparation of engineering portions of FCC application for license to cover." \$250.00 Component Description: While invoice is labeled as "Engineering study work for new channel assignment and antenna development", some work performed was putting that information into the Form 2100 application. Amount: |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Component Description: Amount: | For Professional Services Rendered \$290.50 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: Amount: | Prepare engineering section of FCC Form 2100 (main), Construction Permit Application \$3,000.00 |

Perform engineering study
for new channel
assignment and antenna
development

Component Description:

Invoice for
Engineering study
work for new
channel
assignment and
antenna work.

Amount:

\$1,000.00

Component Description:

This is an Invoice
for a retainer and
letter explaining the
scope of work
conducted by the
duTreil, Lundin and
Rackley firm. This
total document
should help explain
the total costs and
how the retainer
was applied.

Amount:

\$4,000.00

Component Description:

This is an
explanation of work
& services covered
by Invoice
WWNY170421,
responding to FCC
email 2/15.

Amount:

\$3,323.00

Component Description:

2nd installment on
Engineering study
for channel
assignment and
antenna
development.

Amount:

\$1,500.00

| | |
|-------------------------------|--|
| Component Description: | Field study and line sweeps related to study for new channel assignment and antenna development. |
| Amount: | \$3,323.00 |

| | |
|-------------------------------|--|
| Component Description: | Explanation of work & services conducted by duTreil, Lundin and Rackley, Inc.. This is in response to the 2/15 email seeking additional information for reimbursement on Invoices 240712 & 240380. |
| Amount: | N/A |

| | |
|-------------------------------|---|
| Component Description: | Re-submission of Invoice WWNY170421 Study work and plan for Channel Re-assignment, explanation of charges and plan. |
| Amount: | \$3,323.00 |

| | |
|-------------------------------|---|
| Component Description: | 4/10 Re-submission of Engineering Study for channel relocation reimbursable expenses. |
| Amount: | \$3,323.00 |

Component Description:

First installment
/initial Engineering
study for channel
assignment and
antenna
development.
\$1,000.00

Amount:

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 | \$36,706.00 | \$27,571.00 | | \$4,990.50 | |
| Site Survey-Transition Assessment | <i>\$4,260.50</i> | \$4,260.50 | Site Survey to inspect, test existing equipment and determine a transition plan. Invoice attached. | N/A | N/A |
| Inside RF System | <i>\$6,500.00</i> | \$6,500.00 | (Per transition plan) split the transmitter to operate one of the 2 amplifiers on channel 7 while retuning the other amplifier to channel 8. Then to combine the amplifiers after both are retuned to channel 8. | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$2,005.50</i> | \$2,005.50 | see Estimated Cost Justification WWNY-TV-610-MVPD Notification v0 | \$2,005.50 | N/A |

| | | | | | |
|--|-------------------|------------|--|----------|-----|
| Develop and air announcement of upcoming channel change | \$7,900.00 | \$7,900.00 | ROS schedule of 60 spots @ \$150ea and \$400 of production charges to create spots. (Noted in attachments) | N/A | N/A |
| Equipment Delivery and Handling Charges | \$2,500.00 | \$2,500.00 | Per attached proposal. | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$350.00 | \$350.00 | WWNY now estimates minimal disposal costs. A 30cu /ft dumpster and 55ton of rubbish removal costs approximately \$350. (See attached). | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$200.00 | see Estimated Cost Justification WWNY-TV-610-FCC Filing Fee - Special Temporary Authorization v0 | \$200.00 | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$335.00 | see Estimated Cost Justification WWNY-TV-610-FCC Filing Fee - License to Cover Application v0 | \$335.00 | N/A |

| | | | | | |
|---|--------------|--------------|-------------------|-------------|-----|
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | Fee already paid. | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$2,450.00 | N/A | \$2,450.00 | N/A |
| Sub-total | \$36,706.00 | \$27,571.00 | N/A | \$4,990.50 | N/A |
| Total for all systems | \$226,736.00 | \$226,286.00 | N/A | \$47,245.35 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| Site Survey- Transition Assessment | Information not provided. |
| Inside RF System | Information not provided. |
| MVPD Notification of Channel Change | <div> <div>Component Description:</div> <div>For Professional Services Rendered</div> <div>Amount:</div> <div>\$2,005.50</div> </div> |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |

| | |
|---|---|
| FCC Filing Fees - Special Temporary Authorization request | Component Description: WWNY-TV-610-FCC Filing Fee - Special Temporary Authorization Amount: \$200.00 |
| FCC Filing Fees - Form 2100 license to cover application | Component Description: WWNY-TV-610-FCC Filing Fee - License to Cover Application Amount: \$335.00 |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |
| DTV Medical Facility Notification | Component Description: WWNY FCC ID 189863 Medical Notification Mailing Amount: \$2,450.00 |

| | | | |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$226,736.00 | \$226,286.00 |
| | | | \$47,245.35 |

| | | |
|-----------------------------|--|-----------------|
| 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 Actual Cost Documentation Statements | <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.

| | |
|--|---|
| <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>Robert J. Folliard , III . <i>Assistant Secretary</i></p> <p>11/30/2020</p> |

Attachments