



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **64974** | Service: **DCA** | Call **KEJT-CD** | Channel: **21 (UHF)** |  
ID: | Sign:  
File **0000028000**  
Number:  
FRN: **0019509470** | Date **02/08**  
Submitted: **/2018**

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

Applicant	Address	Phone	Email	Applicant Type
<b>NBC</b>	Margaret L.	+1 (202)	MARGARET.	Limited
<b>TELEMUNDO</b>	Tobey	524-	TOBEY@NBCUNI.	Liability
<b>LICENSE LLC</b>	300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	6401	COM	Company

## Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

**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	Shutdown transmitter on current channel. Remove and replace antenna at the same location on the same tower. Tune transmitter and filter to the new channel. Resume broadcasting after channel change is complete.

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	GatesAir
	Model	UAXT-1AT

Year	2015
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	0.9 kW

**Primary Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	1.5 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A

	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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 and test transmitter	Rechannel transmitter and perform proof of performance testing with retuned filter.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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?	Yes
<b>Existing Antenna Manufacturer and Type</b>	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	ALP16 SPECIAL PATTERN
Year	1999

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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?	Yes
	<b>New Antenna Manufacturer and Types</b>	Class
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)		5.5 kW
Manufacturer		



Model	TLP-16P (SP)-R
Year	2018
Justification for New Antenna	Existing antenna is a slot antenna built for channel 50 that cannot be used on the new channel 21.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No

<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No
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**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?	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?		
	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?	No	
	Is tower compliant with Rev G?	Unknown	
Existing Tower Structure Registration	Do you have a tower registration number?	No	
	ASR Number		
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	40° 39' 36.7" N-	
	Longitude (NAD83)	112° 12' 07.7" W-	

Overall Structure Height	152.90 feet
Support Structure Height	152.90 feet
Ground Elevation Above Mean Sea Level (AMSL)	9019.00 feet
Structure Type	LTOWER - Lattice Tower
Tower Owner	KSL
Date Constructed	06/01/1999

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	Other
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	13
	Explanation	Establishment of project plan and timeline, and coordination with vendors to perform work.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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
<b>Attorney and Other Outside Consulting Services</b>	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	1
	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	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Other Professional Services Expenses Not Listed**

**Outside Professional Services Costs** Information not provided.

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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?	No
<b>Permit and Filing Costs</b>	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
<b>Other Miscellaneous Expenses</b>	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**

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
<b>Primary Transmitter UAXT-1AT</b>	<b>\$124,480.00</b>	<b>\$19,050.00</b>		<b>\$0.00</b>	
Retune and test transmitter	<i>\$16,250.00</i>	\$16,250.00	See attached quote "KEJT Electron Dynamics Proposal". Includes changing transmitter to new channel, retune existing filter if possible or install new filter if not, full test and proof of performance of transmitter on new channel.	N/A	N/A
1.5 kW mask filter	\$3,030.00	\$2,800.00	N/A	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$124,480.00</b>	<b>\$19,050.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$806,619.00</b>	<b>\$204,226.20</b>	<b>N/A</b>	<b>\$30,107.61</b>	<b>N/A</b>

## **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
<b>Primary Antenna TLP-16P (SP)-R</b>	<b>\$26,300.00</b>	<b>\$37,172.25</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$37,172.25	See line 1 of attached quote "KEJT Antenna Quote"	N/A	N/A
<b>Sub-total</b>	<b>\$26,300.00</b>	<b>\$37,172.25</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$806,619.00</b>	<b>\$204,226.20</b>	N/A	<b>\$30,107.61</b>	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
<b>Primary Tower</b>	<b>\$605,300.00</b>	<b>\$98,760.00</b>		<b>\$26,320.00</b>	
<b>LTOWER</b>					
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	See attached estimate spreadsheet from Wireless Infrastructure Services	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$25,000.00	Placeholder until tower is documented and extent of required modifications determined.	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$48,760.00	See Western Infrastructure Services spreadsheet - quote for removal and installation of new antenna on short tower.	\$26,320.00	N/A
<b>Sub-total</b>	<b>\$605,300.00</b>	<b>\$98,760.00</b>	N/A	<b>\$26,320.00</b>	N/A

<b>Total for all systems</b>	\$806,619.00	\$204,226.20	N/A	\$30,107.61	N/A
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## Components

Actual Information	
Description	File Name
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Information not provided.
Minor tower reinforcement /modifications	Information not provided.
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<p><b>Component Description:</b> Tower equipment and rigging</p> <p><b>Amount:</b> \$26,320.00</p>

**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
<b>Outside Professional Services</b>	<b>\$37,039.00</b>	<b>\$35,743.95</b>		<b>\$3,787.61</b>	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$982.80	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$310.86	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	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

Project management of the transition	\$2,054.00	\$2,493.95	Planning for transition and coordinating with vendors to perform work.	\$2,493.95	N/A
<b>Sub-total</b>	\$37,039.00	\$35,743.95	N/A	\$3,787.61	N/A
<b>Total for all systems</b>	\$806,619.00	\$204,226.20	N/A	\$30,107.61	N/A

## Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Preparation of minor change application for post-repack facility.</p> <p><b>Amount:</b> \$264.60</p> <p><b>Component Description:</b> See lines 1, 2, and half of the cost of line 3, less 10% vendor discount.</p> <p><b>Amount:</b> \$718.20</p>
Prepare and or review reimbursement form	<p><b>Component Description:</b> See half of line 3 and all of line 4, less 10% vendor discount.</p> <p><b>Amount:</b> \$310.86</p>
RF Exposure Measurements	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.

<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Project management of the transition</p>	<table> <tr> <td data-bbox="702 331 1141 365"><b>Component Description:</b></td> <td data-bbox="1141 331 1428 443">project management services</td> </tr> <tr> <td data-bbox="702 450 1141 483"><b>Amount:</b></td> <td data-bbox="1141 450 1428 483">\$348.95</td> </tr> <tr> <td data-bbox="702 591 1141 624"><b>Component Description:</b></td> <td data-bbox="1141 591 1428 703">project management services</td> </tr> <tr> <td data-bbox="702 710 1141 743"><b>Amount:</b></td> <td data-bbox="1141 710 1428 743">\$2,145.00</td> </tr> </table>	<b>Component Description:</b>	project management services	<b>Amount:</b>	\$348.95	<b>Component Description:</b>	project management services	<b>Amount:</b>	\$2,145.00
<b>Component Description:</b>	project management services								
<b>Amount:</b>	\$348.95								
<b>Component Description:</b>	project management services								
<b>Amount:</b>	\$2,145.00								



**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
<b>Other Expenses</b>	<b>\$13,500.00</b>	<b>\$13,500.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	Estimate until final costs are known	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$4,500.00</i>	\$4,500.00	See spreadsheet from Western Infrastructure Services	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,500.00</i>	\$2,500.00	See spreadsheet from Wireless Infrastructure Services	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,500.00</i>	\$1,500.00	Estimate until final costs are known	N/A	N/A
<b>Sub-total</b>	<b>\$13,500.00</b>	<b>\$13,500.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$806,619.00</b>	<b>\$204,226.20</b>	N/A	<b>\$30,107.61</b>	N/A

**Components**

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$806,619.00	\$204,226.20	\$30,107.61

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<b>Submission of Estimated Expenses Statements</b>	<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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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*

02/08/2018

Certification	Section	Question	Response
	<b>Submission of Actual Cost Documentation Statements</b>	<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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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.

**Margaret L  
Tobey**  
*Assistant  
Secretary*

02/08/2018

## Attachments