



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **71357** | Service: **DTV** | Call **WDSU** | Channel: **19 (UHF)** |  
ID: | Sign:  
File **0000026830**  
Number:  
FRN: **0001769256** | Date **02/26**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NEW ORLEANS HEARST TELEVISION INC.</b>	P.O. BOX 1800 RALEIGH, NC 27602 United States	+1 (919) 839- 0300	mprak@brookspierce. com	Corporation
Doing Business As: NEW ORLEANS HEARST TELEVISION INC.				

## 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
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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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.	Yes
Briefly describe transition plan	see attached transition plan document

## 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	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Sigma CD3260P2
	Year	2008
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	60 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-40
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	25.3 kW
	Justification for New Transmitter	Existing IOT transmitter cannot be converted to post-transition channel, see GatesAir EOL and HTV IOT to Solid-State Justification statements. An IOT replacement is more expensive than proposed SS transmitter. See attached Comark IOT Transmitter quote.

**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	Yes
	Description	see attached quote for transmitter electrical service
<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
Sales Tax	transmitter sales tax
Electrical Accessories	Manufacturer required surge protection & voltage conversion
Shipping	transmitter shipping
RF Accessories	Additional RF components required for transmitter operation
Remote Control upgrade	Transmitter Remote Control equipment for repack 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?	Yes
	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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	3
	Number of Panels	23
	Design power capacity in use	66.0 %
	Lower Limit	470.00 MHz

Upper Limit	698.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	1000.0 kW
Manufacturer	Dielectric
Model	TUF-C4SP-10/32U
Year	2008

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
54280	WNOL-TV
72119	WGNO

**Primary Antenna**

**Adjustment to Existing Antenna**

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

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
	Frequency	N/A



Enter a list of RF channel numbers.

RF Channel Number
26
15
19

Primary  
Antenna

Other Antenna Cost Not Listed  
Information not provided.

Auxiliary  
Antenna

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Auxiliary (Backup)
	Description of Use	backup to main antenna
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack

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	broadband slot cavity
ERP: (Effective Radiated Power)	780.0 kW
Manufacturer	RFS
Model	RD32A-HP
Year	2008

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
54280	WNOL-TV
72119	WGNO

**Auxiliary Antenna**

**Adjustment to Existing Antenna**

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

**Auxiliary 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	

**Auxiliary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

Section	Question	Response
<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?	No

**Tower Equipment And Rigging Costs**

Section	Question	Response
<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Need outside RF experience to assist with transition planning and execution.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes

	Quantity	1
	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	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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	Yes
<b>RF Field Engineering Services</b>	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

Name	Description
Transmitter Site Survey	Transmitter planning survey & transmitter building drawings

## 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?	Yes
<b>Permit and Filing Costs</b>	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	No
<b>Other Miscellaneous Expenses</b>	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
	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## 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 ULXTE-40</b>	<b>\$1,218,903.39</b>	<b>\$1,119,786.39</b>		<b>\$322,915.21</b>	
Remote Control upgrade	<i>\$2,354.39</i>	\$2,354.39	Remote control changes required for repack transmitter	\$2,354.39	N/A
RF Accessories	<i>\$90,305.00</i>	\$90,305.00	RF components required for transmitter and connection /switching to combiner and antenna systems	N/A	N/A
Electrical Accessories	<i>\$7,812.00</i>	\$7,812.00	Required transmitter electrical components. See GatesAir quote.	N/A	N/A
Sales Tax	<i>\$104,853.00</i>	\$104,853.00	transmitter sales tax per attached GatesAir quote	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$847,883.00	GatesAir quote sections A, B & E. This is the transmitter,	\$320,560.82	N/A

mask filter,  
installation  
and proof  
per the FCC  
"transmitter"  
definition.

Other Electrical Service: see attached quote for transmitter electrical service	\$55,579.00	\$55,579.00	Electrical service to install replacement transmitter. Quote attached.	N/A	N/A
Shipping	\$11,000.00	\$11,000.00	See GatesAir quote	N/A	N/A
<b>Sub-total</b>	\$1,218,903.39	\$1,119,786.39	N/A	\$322,915.21	N/A
<b>Total for all systems</b>	\$1,424,863.39	\$1,307,987.39	N/A	\$348,820.09	N/A

Components

Actual Information	
Description	File Name
Remote Control upgrade	<div><div>Component Description:</div><div>Repack transmitter remote control equipment</div><div>Amount:</div><div>\$2,354.39</div></div>
RF Accessories	Information not provided.
Electrical Accessories	Information not provided.
Sales Tax	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<div><div>Component Description:</div><div>Transmitter 1st deposit</div><div>Amount:</div><div>\$105,296.63</div></div>

	<b>Component Description:</b> <b>Amount:</b>	Transmitter 2nd deposit \$215,264.19
Other Electrical Service: see attached quote for transmitter electrical service	Information not provided.	
Shipping	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 TUF-C4SP-10/32U</b>	<b>\$90,930.00</b>	<b>\$85,556.00</b>		<b>\$0.00</b>	
UHF - High Power Top Mount Three Station broadband panel antenna horizontally polarized	<i>\$0.00</i>	\$0.00	No cost	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$79,156.00	Combiner and installation from GatesAir quote. This is the total cost of the 3 channel combiner, not the per channel cost. I don't see a provision in this form to multiply this figure by the number of channels.	N/A	N/A

<b>Auxiliary Antenna RD32A-HP</b>	<b>\$6,730.00</b>	<b>\$6,400.00</b>		<b>\$0.00</b>	
UHF - High Power, Side Mount, basic slot antenna, 780 kW input, directional,, horizontally polarized	<b>\$0.00</b>	\$0.00	No cost	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	\$97,660.00	\$91,956.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,424,863.39	\$1,307,987.39	N/A	\$348,820.09	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
<b>Outside Professional Services</b>	<b>\$90,805.00</b>	<b>\$79,350.00</b>		<b>\$25,904.88</b>	
Project management of the transition	\$31,600.00	\$22,500.00	N/A	\$2,279.88	N/A
Transmitter Site Survey	<i>\$20,600.00</i>	\$20,600.00	Transmitter planning survey & transmitter building drawings. Quote attached	\$20,600.00	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

Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	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 request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	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),	\$3,155.00	\$3,000.00	N/A	\$1,875.00	N/A

Construction Permit Application					
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,150.00	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$90,805.00	\$79,350.00	N/A	\$25,904.88	N/A
<b>Total for all systems</b>	\$1,424,863.39	\$1,307,987.39	N/A	\$348,820.09	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	



	<p><b>Component Description:</b> WDSU nvoice for project management. Invoice total less unsupported travel expenses.</p> <p><b>Amount:</b> \$2,279.88</p>
Transmitter Site Survey	<p><b>Component Description:</b> WDSU Field Service GatesAir, 6-30-2016, \$20,600</p> <p><b>Amount:</b> \$20,600.00</p>
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover 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	<p><b>Component Description:</b> Prepare engineering section of FCC Form 2100, Construction Permit Application</p> <p><b>Amount:</b> \$1,875.00</p>
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b> engineering study for new channel assignment</p> <p><b>Amount:</b> \$1,150.00</p>
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	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
<b>Other Expenses</b>	<b>\$17,495.00</b>	<b>\$16,895.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,000.00</i>	\$2,000.00	Attorney fees to ensure compliance with FCC requirement	N/A	N/A
MVPD Notification of Channel Change	<i>\$2,500.00</i>	\$2,500.00	Legal council assistance in MVPD notification	N/A	N/A
<b>Sub-total</b>	<b>\$17,495.00</b>	<b>\$16,895.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,424,863.39</b>	<b>\$1,307,987.39</b>	<b>N/A</b>	<b>\$348,820.09</b>	<b>N/A</b>

### Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$1,424,863.39	\$1,307,987.39
			\$348,820.09

<b>Reimbursement Status</b>	<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
	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"> <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> <li>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</li> </ol>	

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.

**John Drain**  
*Hearst  
Television  
SVP Chief  
Financial  
Officer*



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"> <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> <li>4. The above-named entity acknowledges the submission of the information herein</li> </ol>	



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

<p>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><b>Douglas Durkee</b>  <i>Hearst Television</i>  <i>Manager of Spectrum Repack</i></p> <p>02/26/2018</p>

## Attachments