

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

71127 Service: DTV Call **WAVY-TV** Channel: 19 (UHF) Facility Sign:

File 0000028695 Number:

ID:

FRN: 0009961889 Date 05/14

> Submitted: /2018

#### **Applicant** Information

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

Applicant	Address	Phone	Email	Applicant Type
NEXSTAR BROADCASTING, INC.	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar. tv	Corporation

# Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### **Preparer** Contact Information

#### **Preparer Contact Name and Information**

Elizabeth Ryder Elizabeth Ryder +1 (972) 373- eryder@ne.  General Counsel 545 E. John Carpenter 8800 tv  Nexstar Broadcasting, Freeway	Applicant	Address	Phone	Email
Inc. Suite 700 Irving, TX 75062 United States	General Counsel Nexstar Broadcasting,	545 E. John Carpenter Freeway Suite 700 Irving, TX 75062	` ,	eryder@nexstar. tv

#### 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.	Yes
Briefly describe transition plan	See the attached transition document.

### **Transmitters**

S	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	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
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	DCX
	Year	2001
	Туре	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 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?	No
	Manufacturer	
	Model	DCX Paragon 2
	Transmitter Type	Inductive Output Tube
	IOT Power Type	Two
	Power capacity	50 kW
	Justification for New Transmitter	End of life components require transmitter replacement rather than simple conversion of existing transmitter per manufacturer.

## Primary Transmitter

# **Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes

	Size	3 inches
	Length	75.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	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 leashold improvement?	Yes
	Size	100.0 square feet
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
	RF SYSTEM CONVERSION	Equipment and labor to convert inside RF system to new combiner/antenna switching.

#### **Antennas**

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

### Primary Antenna

### **Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Full Power
Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Туре	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)	1000.0 kW

Manufacturer	
Model	TFU- 30GBH-R 08
Year	2001

### Primary Antenna

#### **New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Туре	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)	1000.0 kW
	Manufacturer	
		1

Model	TFU- 30GBH-R 08
Year	2017
Justification for New Antenna	Existing coaxial slot antenna is not designed to operate on repacked channel.

## Primary Antenna

### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Туре	New
	Number of channels supported	4
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	Yes
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?  Do you require the sweep testing of transmission line and antenna?	
Sweep Test		

# Enter a list of RF channel numbers.

RF Channel Number		
31		
14		
19		
21		

# Primary Antenna

#### **Other Antenna Cost Not Listed**

Name	Description
Second channel combiner port	WAVY must operate on pre-repack channel as well as post-repack channel into combiner so it needs 2 ports on the combiner.

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

# Primary Transmissio

# **Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission	Manufacturer	DIELECTRI
Line Manufacturer and Type	Туре	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	970 feet pe

# Primary Transmission

# Other Transmission Line Expenses Not Listed

n <mark>Laine</mark>	Description
Line extension	30 ft Line extension due to antenna length change and tower mods.

# 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	Type of change	Modify Existing
Description	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	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	Do you have a tower registration number?	Yes
Structure Registration	ASR Number	1018104
Coordinates (NAD83	Latitude (NAD83)	36° 49′ 15.0″ N-
(North American Datum of 1983))	Longitude (NAD83)	076° 30' 40.0" W-
	Overall Structure Height	1026.89 feet
	Support Structure Height	889.10 feet
	Ground Elevation Above Mean Sea Level (AMSL)	22.97 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	WAVY BROADCASTING INC
Date Constructed	01/01/1957

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
65387	WVBT	DTV
71119	WITD-CD	DTV
71121	WKTD-CD	DTV

#### Primary Tower

#### **Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

#### Primary Tower

#### **Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

#### Primary Tower

#### **Other Tower Expenses Not Listed**

Information not provided.

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	90
	Explanation	The engineering, tower rigging, transmitter and combiner suppliers, must all coordinate effectively because WAVY transitions in Phase 9 and the WNLO-CD & WVBT transition in Phase 7. Cost of this activity is shared between WAVY, WVBT, & WNLO-CD.
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	1
	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
Services	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	Yes
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 Expenses Not Listed
Professional Services © pstsided.

# 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	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	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?	No
	Does this relocation require Equipment Storage?	Yes
	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 Not Listed

**Expenses** 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 DCX Paragon 2	\$1,035,500.00	\$1,467,145.00		\$0.00	
Two IOT system (50 kW)	\$954,000.00	\$1,388,470.00	The cost quote for a 2 IOT transmitter is attached.	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$3,900.00	\$3,675.00	N/A	N/A	N/A
Other Building Addition Size: 100.0	\$5,000.00	\$5,000.00	Need to move walls, plumbing, electrical wiring, lighting fixtures, etc.	N/A	N/A

RF SYSTEM CONVERSION	\$20,000.00	\$20,000.00	Equipment and labor to convert inside RF system to new combiner /antenna switching.	N/A	N/A
Sub-total	\$1,035,500.00	\$1,467,145.00	N/A	\$0.00	N/A
Total for all systems	\$2,940,160.00	\$2,686,798.00	N/A	\$16,475.00	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 TFU-30GBH- R 08	\$543,930.00	\$738,268.00		\$0.00	
Second channel combiner port	\$80,000.00	\$80,000.00	To operate on pre- repack and post- repack channels, WAVY needs 2 ports on input combiner.	N/A	N/A
Combiner output splitting /switching for dual feed lines, if applicable	\$126,000.00	\$120,000.00	This combiner switching system is used to directly the RF output to the combined WNLO antenna (see WAVY transition plan document) or the WAVY antenna.	N/A	N/A

New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	N/A	N/A
UHF - High Power Top Mount (200- 1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$451,868.00	See attached quote for WAVY antenna.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$543,930.00	\$738,268.00	N/A	\$0.00	N/A
Total for all systems	\$2,940,160.00	\$2,686,798.00	N/A	\$16,475.00	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	\$11,370.00	\$11,370.00		\$0.00	
Line extension	\$11,370.00	\$11,370.00	30 ft of 8" BB line extension.	N/A	N/A
Sub-total	\$11,370.00	\$11,370.00	N/A	\$0.00	N/A
Total for all systems	\$2,940,160.00	\$2,686,798.00	N/A	\$16,475.00	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 TOWER	\$1,275,100.00	\$404,000.00		\$10,000.00	
Serious tower reinforcement /modifications	\$1,052,000.00	\$333,333.00	Cost of this activity is shared between WAVY, WVBT, & WNLO-CD.	\$10,000.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$66,667.00	Cost of this activity is shared between WAVY, WVBT, & WNLO-CD.	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$4,000.00	Cost of this activity is shared between WAVY, WVBT, & WNLO-CD. This is only the cost for WAVY.	N/A	N/A
Sub-total	\$1,275,100.00	\$404,000.00	N/A	\$10,000.00	N/A
Total for all systems	\$2,940,160.00	\$2,686,798.00	N/A	\$16,475.00	N/A

#### Components

<b>Actual Information</b>	
Description	File Name

Serious tower reinforcement		
/modifications	Component Description:	Deposit as agreed per Nexstar Commitment Letter and Coast to Coast Tower Service
	Amount:	\$10,000.00
Tall Tower (greater than 500')	Information not provided.	
Structural engineering tower load study for well documented tower	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	\$44,930.00	\$42,250.00		\$6,475.00	
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 - 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
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	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Form 2100 (main), Construction Permit Application					
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$6,475.00	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
Project management of the transition	\$14,220.00	\$13,500.00	This is a complex project with three stations on a single tower with multiple phase assignments.  We have estimated WAVY's portion of the total project management cost to be 90 hours each at a rate of \$150/hr.	N/A	N/A
Prepare and	\$2,630.00	\$2,500.00	N/A	N/A	N/A
or review reimbursement form					

Total for all	\$2,940,160.00	\$2,686,798.00	N/A	\$16,475.00	N/A
systems					

#### Components

Components	
Actual Information Description	File Name
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 - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Perform engineering study for new channel assignment and antenna development	

Component Description: Creation of initial

repacked versus licensed map comparison. Information gathering for all

station

transmission facilities and creation of repack plan for each

station . WAVY RPU license mod to address narrow banding and use

of digital emissions.

**Amount:** \$2,100.00

**Component Description:** Revise

storyboard,

interference study, create CP and recalculate ERP if COR changed, transition plan document, create 399, coverage maps, & upload draft documents to

ASANA.

**Amount:** \$1,225.00

**Component Description:** Information

gathering, creation of transition plan with definition of initial equipment and service needs.

**Amount:** \$350.00

Component Description: Revise and

update 399 form

**Amount:** \$612.50

	Component Description:  Amount:	Repack plan and revision, 399 form info \$1,050.00
	Component Description:  Amount:	Repack engineering services. Evaluation of expansion options for WAVY for 2nd priority window application. Creation of exhibit to support Legal STA for WAVY to transition earlier than assigned. \$1,137.50
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Project management of the transition	Information not provided.	
Prepare and or review reimbursement form	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	\$29,330.00	\$23,765.00		\$0.00	
MVPD Notification of Channel Change	\$5,750.00	\$5,750.00	See attached quote for notification of all relevant MVPD entities.	N/A	N/A
Develop and air announcement of upcoming channel change	\$3,500.00	\$3,500.00	Develop and produce crawls and spots for viewer notification.	N/A	N/A
Equipment Storage	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Local Zoning	\$1,000.00	\$1,000.00	Building permits and fees.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$6,000.00	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
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Sub-total	\$29,330.00	\$23,765.00	N/A	\$0.00	N/A
Total for all systems	\$2,940,160.00	\$2,686,798.00	N/A	\$16,475.00	N/A

# Components

Information not provided.

# Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,940,160.00	\$2,686,798.00	\$16,475.00

Reimbursem	envestiatus	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

Section Question Response

# Submission of Estimated Expenses Statements

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.

- 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 abovenamed applicant for the Authorization(s) specified above. Elizabeth Ryder General Counsel

05/14/2018

Section Question Response

# Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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 abovenamed applicant for the Authorization(s) specified above. Elizabeth Ryder General Counsel

05/14/2018

#### **Attachments**