

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility	70419	Service: DCA	Call	WBXN-CD	Channel: 36 (UHF)
ID:			Sign:		
File	000002	8062			
Number:					
FRN: 001	3697719	Date	07/06		
		Submitted:	/2018		

Applicant Name, Type, and Contact Information

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
BELO TV, INC. Doing Business As: BELO TV, INC.	Law Department TEGNA Inc. 7950 Jones Branch Drive McLean, VA 22107 United States	+1 (703) 873-6600	lawdept@tegna. com	Corporation

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information					
Contact Information	Applicant	Address	Phone	Email		
	Jeffrey Johnson TEGNA, Inc. TEGNA, Inc.	Jeffrey Johnson 7950 Jones Branch Drive McLean, VA 22102 United States	+1 (703) 873- 6736	jsjohnson@tegna. com		

Broadcaster	Question	Response
Information and Transition Plan	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.	Νο
	Briefly describe transition plan	Change WBXN antenna and transmitter to new assignment

Transmitters	Section	Question	
	Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

Primary	Existing Transmitter Information				
Transmitter	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	MX1501U		
		Year	2013		
		Туре	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power Capacity	.15 kW		

Existing Transmitter Information

Primary	New Transmitter Costs					
Transmitter	Section	Question	Response			
	New Transmitter	Use	Primary (Main)			
		Change Type	Purchase New			
		Is this a request for upgraded equipment?	No			
		Manufacturer				
		Model	UAXTE-2R37			
		Transmitter Type	Solid State			
		Solid State Cooling	Air Cooled			
		Solid State Power capacity	1.2 kW			
		Justification for New Transmitter	Current transmitter manufacturer is out of business. Transmitter cannot be re- tuned.			

Primary	Other Transmitter Costs					
Transmitter	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	Yes			
		Size	2 inches			
		Length	100.0 feet			
		Other Electrical Service	Yes			

	Description	Additional electrical services required for transmitter installation.
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?	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 Other Transmitter Cost Not Listed

Transmitter Information not provided.

Antennas Section		Question	Response
Antenna Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary	Existing Antenna Information					
Antenna	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?	Yes			
		Is antenna in operating condition?	Yes			
		Is antenna located on or in close proximity to an antenna farm?	No			
	Existing Antenna	Class	Class A			
	Manufacturer and Type	Mounting	Side Mount			
		Antenna position in stack	Not in Stack			
		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)	4.0 kW			
			-			

	Manufacturer	
	Model	PSILP24BF
	Year	2004

Primary	New Antenna Costs			
Antenna	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?	Yes	
		Will antenna be located on or in close proximity to an antenna farm?	No	
	New Antenna Manufacturer and Types	Class	Class A	
		Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		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)	5.92 kW	
		Manufacturer		
			1	

Model
Year
Justification for New Antenna

Primary Other Antenna Costs

Antenna	Section	Question	Response
	Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
		Туре	
		Number of channels supported	N/A
		Frequencies of channels supported	N/A
Elbow Complex Side Mount Brackets		Frequency	N/A
		Do you need a combiner output splitter /switcher for dual feed lines?	N/A
	Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
		Broadband or Single Channel?	Single Channel
		Feed Line Size	3 1/8 inches inches
	Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes

Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna Other Antenna Cost Not Listed Name Description Shipping \$5,400

Transmissior	n Seffien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Existing Transmission Line Primary Existing Transmission

ssion	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 Line Manufacturer and Type	Manufacturer	Dielectric
		Туре	Flexible Air
		Diameter	3 inches
		Other Diameter	N/A
		Segment Length	N/A
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	950 feet per run

Primary	Other Transmission Line Expenses Not Listed		
Transmissio	n Line	Description	
	TX Line Owner	Current menuin	

nume	Description
TX Line Sweep	Sweep required to verify post-transition channel measures well on existing line.

Tower	Section	Question	Response
Equipment And Rigging Costs	Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

marv	Existing	Tower
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Primary	Existing Tower			
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?	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	Yes	
		Is tower documented for structural analysis?	No	
		Is tower compliant with Rev G?	No	
	Existing Tower Structure Registration	Do you have a tower registration number?	Yes	
		ASR Number	1220144	
	Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	29° 54' 22.9" N-	
		Longitude (NAD83)	090° 02' 22.1" W-	
		Overall Structure Height	1047.89 feet	
		Support Structure Height	1047.89 feet	
		Ground Elevation Above Mean Sea Level (AMSL)	0.98 feet	

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WWL-TV, Inc.
Date Constructed	12/14/2001

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
74192	WWL-TV	DTV

Other Types of Users

Users

WWL TV

Tower Modification Costs Primary

Tower

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

Tower Rigging Costs Primary

Tower

Section

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

Other Tower Expenses Not Listed

Primary Tower

Outside Professional	Section	Question	Response
	I Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
		Number of Hours	300
		Explanation	It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399s. Station does not have available personnel or personnel trained in project management for such complex projects.
	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
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	Yes
FAA Consultation (including preparation of FAA Form 7460)	Yes
Negotiation of Lease and other Matter for Shared Locations	Yes
Prepare or Review FCC Form 399 for Reimbursement	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	Yes
Comprehensive coverage verification via field study	Yes
RF exposure measurements	Yes
Additional Field Engineering Service	Yes
	System engineering services?Critical FacilityTerrain-Shielded FacilityPrepare and file Form FCC Construction Permit ApplicationFor Auxiliary FacilityFor Main FacilityPrepare and file Form FCC License to Cover ApplicationFor Main FacilityFor Main FacilityPrepare and file Form FCC License to Cover ApplicationFor Main FacilityPrepare request for Special Temporary AuthorityQuantityNEPA Section 106 environmental reviewEnvironmental AssessmentASR ModificationFAA Consultation (including preparation of FAA Form 7460)Negotiation of Lease and other Matter for Shared LocationsPrepare or Review FCC Form 399 for ReimbursementAddress transition timing and coordination issues w/ other stations and wireless providersComprehensive coverage verification via field studyRF exposure measurements

Number of Days	5
Justification	\$2,500 per
	site visit
	including
	expenses x 5
	days. It is
	necessary to
	survey the
	site, plan the
	equipment,
	develop
	specifications
	for
	purchasing,
	& oversee
	multiple
	vendor RF
	projects.
	Station does
	not have
	available
	personnel
	trained in
	such
	services.

Other Professional Services Expenses Not Listed Professional Services roostsided.

Other	Section	Question	Response
Expenses	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	Yes
		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?	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

Other				
Expenses	Name	Description		
	Internal Labor	Local and Corporate labor		

Transmitters

Cost Information

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 UAXTE-2R37	\$153,600.00	\$117,330.00		\$0.00	
Other Electrical Service: Additional electrical services required for transmitter installation.	\$25,000.00	\$25,000.00	Additional electrical services required for transmitter installation.	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,500.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$89,830.00	per Gates Air Quote	N/A	N/A
Sub-total	\$153,600.00	\$117,330.00	N/A	\$0.00	N/A
Total for all systems	\$1,197,744.00	\$761,684.25	N/A	\$300.00	N/A

Components

Antennas

Cost Information

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- 12SB-300BNT	\$46,030.00	\$62,175.25		\$0.00	
Shipping	\$5,400.00	\$5,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$43,790.25	Required peanut pattern IS NOT an off- the-shelf antenna.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	Per Widelity estimate	N/A	N/A
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$6,585.00	N/A	N/A	N/A
Sub-total	\$46,030.00	\$62,175.25	N/A	\$0.00	N/A
Total for all systems	\$1,197,744.00	\$761,684.25	N/A	\$300.00	N/A

Components

Transmission Line

Cost Information

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	\$6,400.00	\$6,400.00		\$0.00	
TX Line Sweep	\$6,400.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$6,400.00	\$6,400.00	N/A	\$0.00	N/A
Total for all systems	\$1,197,744.00	\$761,684.25	N/A	\$300.00	N/A

Components

Tower Equipment and Rigging Costs

Cost Information

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	\$657,800.00	\$312,500.00		\$0.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$12,500.00	Shared expense with WWL	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$200,000.00	Shared expense with WWL	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$100,000.00	Shared expense with WWL	N/A	N/A
Sub-total	\$657,800.00	\$312,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,197,744.00	\$761,684.25	N/A	\$300.00	N/A

Components

Outside Professional Services

Cost Information

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

	Predetermined	Estimated	Estimated Cost	Actual	Actual Cost
Description Outside Professional Services	Cost Estimate \$204,280.00	Cost \$134,250.00	Justification	Cost \$300.00	Justification
Additional Field Engineering Service, 5 Days	\$12,500.00	\$12,500.00	\$2,500 per site visit including expenses x 5 days. It is necessary to survey the site, plan the equipment, develop specifications for purchasing, & oversee multiple vendor RF projects. Station does not have available personnel trained in such services.	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$20,000.00	Add to WWL test.	N/A	N/A

FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	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 - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	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

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	\$47,400.00	\$45,000.00	It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399s. Station does not have available personnel or personnel trained in project management for such complex projects.	\$300.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/#

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$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	N/A	N/A
Sub-total	\$204,280.00	\$134,250.00	N/A	\$300.00	N/A
Total for all systems	\$1,197,744.00	\$761,684.25	N/A	\$300.00	N/A

Components

Actual Information Description	File Name
Additional Field Engineering Service, 5 Days	Information not provided.
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.

Atterney Free Negetiction		
Attorney Fees - Negotiation of lease and other matters for shared locations	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.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Project management of the transition	Component Description:	Inv 29220 WBXN Proj Mgt 180428 180525 UL20180706jg v
	Amount:	\$300.00
Prepare and or review reimbursement form	Amount: Information not provided.	\$300.00
reimbursement form Perform engineering study for new channel assignment and antenna		\$300.00
•	Information not provided.	\$300.00

Other Expenses

Cost Information

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	\$129,634.00	\$129,029.00		\$0.00	
Internal Labor	\$21,744.00	\$21,744.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$6,000.00	\$6,000.00	Prepare notification for all MVPD's of upcoming changes and testing windows.	N/A	N/A
Develop and air announcement of upcoming channel change	\$6,000.00	\$6,000.00	40 hours at \$150 per hour to shoot, write, produce and edit informational spot.	N/A	N/A
Equipment Storage	\$7,500.00	\$7,500.00	Per dielectric rate card. 6 months of storage.	N/A	N/A
Equipment Delivery and Handling Charges	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Non-zoning permits	\$25,000.00	\$25,000.00	N/A	N/A	N/A

Local Zoning	\$200.00	\$200.00	Building permit. 3 cents per 100 dollars of construction cost	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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 - 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
Sub-total	\$129,634.00	\$129,029.00	N/A	\$0.00	N/A
Total for all systems	\$1,197,744.00	\$761,684.25	N/A	\$300.00	N/A

Components

Cost	Grand Total					
Information		Predetermined Cost Estimate	Estimated Cost	Actual Cost		
	Total for all systems	\$1,197,744.00	\$761,684.25	\$300.00		

Reimbursem	entestiatus	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 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.	
		 The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 	
		2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	
		3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.	

- 4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.	
I declare, under penalty of perjury, that I am an authorized representative of the above- named applicant for the Authorization(s) specified above.	Jeffrey C Gehman Engineering Associate

Certification	Section	Question	Response
Certification	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).	
		 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).
- 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.

	The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 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.	
an au name	are, under penalty of perjury, that I am thorized representative of the above- d applicant for the Authorization(s) ied above.	Jeffrey C Gehman Engineering Associate
		07/06/2018

Attachments