

(REFERENCE COPY - Not for submission)

#### FCC Form 399: Reimbursement Request

**70537** Service: **DTV** Call WMEC Channel: 36 (UHF) Facility Sign:

ID:

File 0000027282

Number:

FRN: 0005941323 Date 07/10

> Submitted: /2018

#### **Applicant** Information

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

Applicant	Address	Phone	Email	Applicant Type
WEST CENTRAL ILLINOIS EDUCATIONAL TELECOMMUNICATIONS CORP. Doing Business As: WEST CENTRAL ILLINOIS EDUCATIONAL TELECOMMUNICATIONS CORP.	President & General Manager PO Box 6248 SPRINGFIELD, IL 62708 United States	+1 (217) 483- 7887	JGRUEBEL@WMEC. TV	Not-for- Profit

### Reimbursement Contact Name and Information Reimbursement Contact 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
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	Transition will be a flash cut from current channel to repack channel with expected offair time of up to two days. Ahead of antenna change, licensee will make all necessary transmitter and RF system changes. New transmitter & antenna required.q

#### **Transmitters**

s S	Section	Question	Response
	Fransmitter 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	DCD20-PL-
	Year	2001
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 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	UAXTE- 16R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	9.6 kW
	Justification for New Transmitter	Present transmitter TPO of 5kW is insufficient to achieve an ERP of 103kW as assigned.

#### Primary Transmitter

#### **Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	60.0 feet

	Other Fleetrical Service	Vac
	Other Electrical Service	Yes
	Description	Circuit breaker installation for new transmitter and new wiring as necessary for transmitter power.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Туре	Cooling Only
	Size	10 tons
	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 Transmitter Other Transmitter Cost Not Listed

**Transmitter** Information not provided.

#### **Antennas**

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

#### **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	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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	Prototype single channel panel antenna

ERP: (Effective Radiated Power)	75.0 kW
Manufacturer	
Model	TWSM-24 /SM/CF
Year	1997

#### **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	Class	Full Power
Manufacturer and Types	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)	103.0 kW
	Manufacturer	

Model	TFU- 24DSB-A
Year	2017
Justification for New Antenna	Existing antenna will not function on the new assigned frequency.

#### **Other Antenna Costs**

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
	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?	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?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Other Antenna Cost Not Listed** 

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

## Primary Transmission Line

#### **Existing Transmission Line**

on Line Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	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	
	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	550 feet per run

#### Primary Transmi

#### **New Transmission Line**

smissio	seinen	Question	Response
	New Transmission Line Costs	Use	Primary (Main)
		Description of Use	N/A
		Change Type	Purchase New
		Is this a request for upgraded equipment?	No
		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	50 feet per run
		Justification for New Transmission Line	Distance from building entry point to new transmitter / mask filter installation.

**Primary** Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

# 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**

		Response
Existing Tower Description	Type of change	Modify Existing
	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?	Unknown
Existing Tower	Do you have a tower registration number?	Yes
Structure Registration	ASR Number	1018309
Coordinates (	Latitude (NAD83)	40° 23′ 54.0″ N-
NAD83 (North American Datum	Longitude (NAD83)	090° 43' 55.0" W-
of 1983))	Overall Structure Height	499.99 feet
	Support Structure Height	499.99 feet
	Ground Elevation Above Mean Sea Level (AMSL)	600.06 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	WEST CENTRAL ILLINOIS EDUCATIONAL COMMUNICATIONS CORPORATION DBA = CONVOCOM
Date Constructed	01/01/1996

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
164225	WGNX	FM

#### 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:	Minor 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

#### Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	120
	Explanation	Forms review; onsite supervision during transmitter, antenna & tower work; coordination of involved entities in the project.
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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes

-	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	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	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 © Opstsided.

### Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
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

**Expenses** Information not provided.

#### **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 UAXTE-16R44	\$379,982.25	\$378,022.25		\$0.00	
10 Ton system	\$38,900.00	\$37,000.00	N/A	N/A	N/A
Other Electrical Service: Circuit breaker installation for new transmitter and new wiring as necessary for transmitter power.	\$1,600.00	\$1,600.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$1,560.00	\$1,500.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 9.6 kW	\$337,922.25	\$337,922.25	see attachments: WMEC Transmitter Replacement WMEC DASP HPOL Pg4 WMEC TV Repack Ch 36 uaxte- 16 qUOTE	N/A	N/A
Sub-total	\$379,982.25	\$378,022.25	N/A	\$0.00	N/A
Total for all systems	\$845,212.25	\$820,472.25	N/A	\$8,213.50	N/A

#### Components

#### **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- 24DSB-A	\$119,280.00	\$113,400.00		\$0.00	
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	\$89,400.00	\$85,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Sub-total	\$119,280.00	\$113,400.00	N/A	\$0.00	N/A
Total for all systems	\$845,212.25	\$820,472.25	N/A	\$8,213.50	N/A

#### Components

#### **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	\$2,950.00	\$2,800.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$2,950.00	\$2,800.00	N/A	N/A	N/A
Sub-total	\$2,950.00	\$2,800.00	N/A	\$0.00	N/A
Total for all systems	\$845,212.25	\$820,472.25	N/A	\$8,213.50	N/A

#### Components

#### **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	\$254,800.00	\$242,000.00		\$2,500.00	
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$2,500.00	N/A
Sub-total	\$254,800.00	\$242,000.00	N/A	\$2,500.00	N/A
Total for all systems	\$845,212.25	\$820,472.25	N/A	\$8,213.50	N/A

#### Components

Actual Information Description	File Name
Minor tower reinforcement /modifications	Information not provided.
Short Tower (less than 500')	Information not provided.

Structural engineering tower load study for well documented tower

Component Description: Structural

analysis of WMEC tower #1018309 for repack work.

Invoice paid with credit card.

**Amount:** \$2,500.00

#### **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	\$48,150.00	\$45,750.00		\$5,713.50	
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 FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$2,713.50	On 8/17 /2017 received email from TV Broadcaster Relocation Fund Administrato requiring explanation for transmitter cost pertaining to power level specified. Additional costs involved reviewing and submitting response and revising 399 form.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$757.50	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$0.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,242.50	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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	\$18,960.00	\$18,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$48,150.00	\$45,750.00	N/A	\$5,713.50	N/A
Total for all systems	\$845,212.25	\$820,472.25	N/A	\$8,213.50	N/A

#### Components

Actual Information Description	File Name
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 FCC Form 2100 (main), License to Cover Application	Component Description:	Legal counsel with Form 2100, Schedule 399 & CP.
	Amount:	\$437.00
	Component Description:	Legal counsel with Form 2100, Schedule 399 & CP
	Amount:	\$939.00
	Component Description:	3rd Q-2017 Progress report guidance & review. Consultation regarding repack issues.
	Amount:	\$207.00
	Component Description:	Legal Counsel - WMEC repack issues 01/2018 Resubmitted
	Amount:	\$112.00
	Component Description:	Legal counsel with Form 2100, Schedule 399 & CP
	Amount:	\$1,018.50

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application

Component Description: PAYMENT DUE

date is 30 days following the mailing date indicated on invoice. LEGAL COUNSEL FOR WMEC Repack Project - June

2018

**Amount:** \$555.50

Component Description: Legal Counsel -

Repack issues 12

/2017

**Amount:** \$50.50

Component Description: WMEC portion of

invoice covering Legal issues & planning repack

timeline.

**Amount:** \$101.00

Component Description: WMEC Portion of

legal invoice is 50% of total invoice.

**Amount:** \$101.00

Component Description: Legal Counsel -

WMEC Repack -

April 2018

**Amount:** \$50.50

Component Description: Month's fees for

Legal Counsel - repack issues - 01

/2018

**Amount:** \$112.00

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	Component Description:  Amount:	WMEC Portion of invoice for preparing engineering Main 2100 Construction Permit Application \$1,500.00
	Component Description:  Amount:	WMEC Portion of invoice for planning meeting to discuss assigned frequency for repack \$742.50
Perform engineering study for new channel assignment and antenna development	Information not provided.	
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.	

#### **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	\$40,050.00	\$38,500.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$4,000.00	\$4,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$12,000.00	\$12,000.00	N/A	N/A	N/A
Equipment Storage	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$40,050.00	\$38,500.00	N/A	\$0.00	N/A
Total for all systems	\$845,212.25	\$820,472.25	N/A	\$8,213.50	N/A

#### Components

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$845,212.25	\$820,472.25	\$8,213.50

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. Richard Plotkin Project Manager

07/10/2018

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. Richard Plotkin Project Manager

07/10/2018

#### **Attachments**