

(REFERENCE COPY - Not for submission)

### FCC Form 399: Reimbursement Request

Facility 34212 Service: DTV Call WKMA-TV Channel: 31 (UHF)

ID:

Sign:

File **0000026900** 

Number:

FRN: **0001790583** Date **02/08** 

Submitted: /2019

## Applicant Information

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

Applicant	Address	Phone	Email	Applicant Type
KENTUCKY AUTHORITY FOR EDUCATIONAL TV Doing Business As: KENTUCKY AUTHORITY FOR EDUCATIONAL TV	Shae Hopkins 600 COOPER DR LEXINGTON, KY 40502 United States	+1 (859) 258- 7000	SHOPKINS@KET. ORG	Government Entity

### 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
Greg Best Greg Best Consulting, Inc.	Greg Best 16100 Outlook Avenue Stilwell, KS 66085 United States	+1 (816) 792- 2913	gbconsulting54@gmail. com

#### 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	Please see attached repack plan exhibit.

#### **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	DHD20P1
	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	Maxiva UAXTE-8
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	5 kW
	Justification for New Transmitter	Pre-auction transmitter no longer supported by supplier; not re- tunable.

### 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	50.0 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?	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?	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
	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)	55.1 kW

Man	ıfacturer	
Mode	el	TLP-24B (42)
Year		2001

#### **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	Top 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)	36.7 kW
	Manufacturer	
		1

Model	ATW22H3- CTO-31H
Year	2001
Justification for New Antenna	Primary antenna is not broadband or able to be tuned to a new channel. New top mount reduces overall repack cost. Please see Repack Plan Exhibit for details.

#### **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?	Yes
	Broadband or Single Channel?	Single Channel

	Feed Line Size	6 1/8 inches inches
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?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

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

Information not provided.

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	Manufacturer	
Line Manufacturer and Type	Туре	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	966 feet per run

#### **New Transmission Line**

## Primary Transmission

Section	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	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	45 feet per run
	Justification for New Transmission Line	Short run of new line to cover distance from current sidemount elevation to new topmount location.

#### Other Transmission Line Expenses Not Listed

#### Primary Transmissio

on Line	Description	
Interim Run	115ft of 4in-50 Ohm to span the difference between backup line and current sidemount antenna location.	

#### 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?	No No No N/A N/A No No Yes
	One or more FM, AM or TV radio broadcaster(s)	
	Others Types of Users	N/A
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower	Do you have a tower registration number?	Yes
Structure Registration	ASR Number	1044021
Coordinates (NAD83 (	Latitude (NAD83)	37° 11' 21.0" N
Datum of 1983))	Longitude (NAD83)	087° 30' 49.0" W-
	Overall Structure Height	997.04 feet
	Support Structure Height	949.14 feet
	Ground Elevation Above Mean Sea Level (AMSL)	551.50 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	KENTUCKY AUTHORITY FOR EDUCATIONAL TELEVISION DBA = WKMA TV
Date Constructed	01/01/1968

### Primary Tower

#### **Tower Modification Costs**

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:	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

Name	Description
Load Study	Structural engineering tower load study is required to design tower reinforcements and rigging.

#### Outside Professional

Section	Question	Response
I Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	KET Staff require outside services to manage the upgrades.
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	Yes Yes No Yes No N/A N/A
Attorney and Other Outside Consulting	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	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	No
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 Costsided.

## Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
	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
ermit and Filing Costs  N  B  F	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?	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 Maxiva UAXTE-8	\$291,700.00	\$277,450.00		\$0.00	
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	\$236,500.00	\$225,000.00	N/A	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)	\$2,600.00	\$2,450.00	N/A	N/A	N/A
Sub-total	\$291,700.00	\$277,450.00	N/A	\$0.00	N/A
Total for all systems	\$1,933,270.00	\$1,830,695.00	N/A	\$4,843.62	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 ATW22H3- CTO-31H	\$266,030.00	\$259,500.00		\$0.00	
UHF - High Power Top Mount (200- 1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$235,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$12,800.00	Transition requires two sweeps of transmission equipment. Please see attached Repack Plan Exhibit for details.	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
Sub-total	\$266,030.00	\$259,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,933,270.00	\$1,830,695.00	N/A	\$4,843.62	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	\$18,490.00	\$17,995.00		\$0.00	
Rigid Transmission Line - copper, 6 1 /8" broadband	\$10,440.00	\$9,945.00	N/A	N/A	N/A
Interim Run	\$8,050.00	\$8,050.00	per ft. Extends current backup transmission line with similar (4in flexible cable) line.	N/A	N/A
Sub-total	\$18,490.00	\$17,995.00	N/A	\$0.00	N/A
Total for all systems	\$1,933,270.00	\$1,830,695.00	N/A	\$4,843.62	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 Primary Tower TOWER	Predetermined Cost Estimate \$1,300,800.00	Estimated Cost \$1,228,000.00	Estimated Cost Justification	Actual Cost \$0.00	Actual Cost Justification
Tall Tower (greater than 500')	\$210,500.00	\$441,000.00	KET obtained quotation of realistic scope of tower rigging work from reputable supplier. Please see attached Tower Work exhibit.	N/A	N/A
Load Study	\$12,000.00	\$12,000.00	Structural engineering tower load study is required to design tower reinforcements and rigging.	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A

Serious tower reinforcement	\$1,052,000.00	\$750,000.00	KET obtained estimate of	N/A	N/A
/modifications			tower modification work from Neel-Schaffer.		
Sub-total	\$1,300,800.00	\$1,228,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,933,270.00	\$1,830,695.00	N/A	\$4,843.62	N/A

#### Components

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	\$39,200.00	\$37,250.00		\$4,843.62	
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	\$370.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,433.00	N/A

Prepare	\$1,580.00	\$1,500.00	N/A	N/A	N/A
engineering section of FCC Form 2100 (main), License to Cover Application					
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$962.50	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$459.37	N/A
Project management of the transition	\$12,640.00	\$12,000.00	KET Staff require outside services to manage the upgrades.	\$43.75	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,575.00	N/A
Sub-total	\$39,200.00	\$37,250.00	N/A	\$4,843.62	N/A
Total for all	\$1,933,270.00	\$1,830,695.00	N/A	\$4,843.62	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: Amount:	Second Installment \$320.50
	Component Description: Amount:	First Installment \$49.50
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Third Installment \$396.00
	Component Description: Amount:	Fourth Installment \$99.00
	Component Description: Amount:	Second Installment \$839.00
	Component Description: Amount:	First Installment \$99.00
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:	TV study analysis, antenna spec, transition draft, CP
	Amount:	\$962.50

Perform engineering study for new channel assignment and antenna development	Component Description:	Review of site documentation and antennas, facility planning
	Amount:	\$459.37
Project management of the		
transition	Component Description:	Project
		management tasks
	Amount:	\$43.75
Prepare and or review		
reimbursement form	Component Description:	Form 399
	Compension Dood Iphoni	Response and
		Support
	Amount:	\$175.00
	Component Description:	399 input and
		support
	Amount:	\$1,400.00
	Component Description:	Second Installment
	Amount:	\$175.00
	I .	
	Component Description:	First Installment

## **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	\$17,050.00	\$10,500.00		\$0.00	
MVPD Notification of Channel Change	\$1,500.00	\$1,500.00	KET estimate to search for and notify all cable companies.	N/A	N/A
Develop and air announcement of upcoming channel change	\$1,500.00	\$1,500.00	KET estimate for developing and airing announcement.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$2,000.00	\$2,000.00	KET estimate based on known costs.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	GBC estimate based on known quotations	N/A	N/A
Equipment Storage	\$500.00	\$500.00	GBC estimate	N/A	N/A
Sub-total	\$17,050.00	\$10,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,933,270.00	\$1,830,695.00	N/A	\$4,843.62	N/A

#### Components

Information not provided.

## Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,933,270.00	\$1,830,695.00	\$4,843.62

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

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. Shae
Hopkins
Executive
Director

02/08/2019

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. Shae Hopkins Executive

Director

02/08/2019

#### **Attachments**