



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **49236** | Service: **DCA** | Call **WDNN-CD** | Channel: **20 (UHF)**  
ID:  
File **0000028692**  
Number:  
FRN: **0027847094** | Date **02/22**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant  | Address  | Phone             | Email            | Applicant Type |
|--|--|-------------------|------------------|----------------|
| <b>NORTH GEORGIA TELEVISION</b><br>Doing Business As: NORTH GEORGIA TELEVISION | Deborah Boyd<br>PO Box 1740<br>Dalton, GA 30721<br>United States | +1 (706) 278-9713 | dboyd@wdnntv.com | Corporation    |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

| Applicant      | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] |         |       |       |

## Preparer Contact Information

### Preparer Contact Name and Information

| Applicant  | Address | Phone | Email |
|--|---------|-------|-------|
| The Preparer is same as the reimbursement contact. |         |       |       |

## Broadcaster Information and Transition Plan

| Question | Response |
|----------|----------|
|----------|----------|

|  |  |
|--|--|
| 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   | WDNN-CD & WDGA-CD share the same transmitter room, combiner and antenna. |

## Transmitters

| Section                             | Question                                  | Response |
|-------------------------------------|---|----------|
| <b>Transmitter Related Expenses</b> | Do you have transmitter related expenses? | Yes      |

**Primary  
Transmitter**

**Existing Transmitter Information**

| Section                                    | Question   | Response          |
|--|--|-------------------|
| Existing Transmitter Description           | Type of change   | Purchase<br>New   |
|  | Use  | Primary<br>(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 and Type | Manufacturer   |                   |
|  | Model  | 560               |
|  | Year   | 2009              |
|  | Type   | Solid State       |
|  | Solid State Cooling  | Air Cooled        |
|  | Solid State Power Capacity                                 | 0.5 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                                     | TRN-5X-4D-U-C   |
|                 | Transmitter Type                          | Solid State   |
|                 | Solid State Cooling                       | Air Cooled  |
|                 | Solid State Power capacity                | 0.5 kW  |
|                 | Justification for New Transmitter         | Old transmitter not readily tunable over required span. |

**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              | No       |
|                    | Size                                  | N/A      |
|                    | Length                                | N/A      |
|                    | Other Electrical Service              | No       |

|  |   |     |
|--|---|-----|
|  | Description   | N/A |
| <b>HVAC Service</b>  | Does the replacement transmitter require HVAC Service?  | No  |
|  | Type  | N/A |
|  | Size  | N/A |
|  | Other Size  | N/A |
| <b>Transmitter Building Addition/Modification or Leasehold Improvement</b> | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No  |
|  | Size  | N/A |
| <b>Channel 14 Costs</b>  | Is an RF Consulting Engineer needed?  | N/A |
|  | Is a channel 14 Mask Filer needed?  | N/A |
|  | Is additional field engineering time needed?  | N/A |
|  | Number of Days  | N/A |

**Primary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.

**Antennas**

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

## Primary Antenna

### Existing Antenna Information

| Section                                   | Question   | Response           |
|---|--|--------------------|
| Existing Antenna<br>Description           | Type of change   | Purchase<br>New    |
|   | Antenna Use  | Primary<br>(Main)  |
|   | Description of Use   | N/A                |
|   | Ownership  | Owned              |
|   | Owner  | N/A                |
|   | Site   | N/A                |
|   | Is the existing antenna shared with another station or stations? | Yes                |
|   | Is the existing antenna directional?                             | No                 |
|   | Is antenna in operating condition?                               | Yes                |
|   | Is antenna located on or in close proximity to an antenna farm?  | No                 |
| Existing Antenna<br>Manufacturer and Type | Class  | Class A            |
|   | Mounting   | Top Mount          |
|   | Antenna position in stack  | Not in Stack       |
|   | Polarization   | Horizontal         |
|   | Type   | Slotted<br>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)                                  | 5.92 kW            |
|   |  |                    |

|  |              |      |
|--|--------------|------|
|  | Manufacturer |      |
|  | Model        | SL-8 |
|  | Year         | 2009 |

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

| Facility ID | Call Sign |
|-------------|-----------|
| 49235       | WDGA-CD   |



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?                            | Yes            |
|                                    | Ownership  | Owned          |
|                                    | Owner  | N/A            |
|                                    | Is antenna shared?   | Yes            |
|                                    | Is antenna directional?  | No             |
|                                    | 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     |
|                                    | Type   | Broadband Slot |
|                                    | Number of Stations Supported   | 2              |
|                                    | Number of Panels/Bays  | 1              |
|                                    | Lower Limit  | 506.00 MHz     |
|                                    | Upper Limit  | 572.00 MHz     |
|                                    | Design power capacity in use   | 100.0 %        |
|                                    | Other Antenna Type   | N/A            |
|                                    | ERP: (Effective Radiated Power)<br>.....                             | 3.28 kW        |
|                                    | Manufacturer   |                |
|                                    |  |                |

|                               |  |
|-------------------------------|--|
| Model                         | JA/MS-8<br>/D20-D30  |
| Year                          | 2017   |
| Justification for New Antenna | ANTENNA<br>IS SHARED<br>BY TWO<br>CHANNELS.<br>OLD<br>ANTENNA<br>WILL NOT<br>WORAK<br>FOR THE<br>NEW<br>SHARED<br>CHANNELS<br>20 & 30. |

## Primary Antenna

### Other Antenna Costs

| Section                            | Question  | Response                  |
|------------------------------------|---|---------------------------|
| <b>Combiner for Shared Antenna</b> | Do you need a Combiner for a Shared Antenna?  | Yes                       |
|                                    | Type  | New                       |
|                                    | Number of channels supported  | 2                         |
|                                    | Frequencies of channels supported   | Upper and lower frequency |
|                                    | Frequency   | 506.0 MHz<br>- 572.0 MHz  |
|                                    | Do you need a combiner output splitter /switcher for dual feed lines?                 | No                        |
| <b>Elbow Complex</b>               | Do you require the separate purchase of the Elbow Complex?                            | No                        |
|                                    | Broadband or Single Channel?  | N/A                       |
|                                    | Feed Line Size  | N/A                       |
| <b>Side Mount Brackets</b>         | Do you require the separate purchase of side mount brackets for a high power antenna? | No                        |

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

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

| Section                               | Question  | Response |
|---------------------------------------|---|----------|
| Transmission Line<br>Related Expenses | Do you have transmission line related expenses? | Yes      |

**Primary  
Transmission Line**

**Existing Transmission Line**

| Section   | Question   | Response         |
|---|--|------------------|
| <b>Existing Transmission Line Description</b>           | 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? | Yes              |
|   | Is Transmission Line in operating condition?                               | Yes              |
| <b>Existing Transmission Line Manufacturer and Type</b> | Manufacturer   |                  |
|   | Type   | Flexible Foam    |
|   | Diameter   | 1 5/8 inches     |
|   | Other Diameter   | N/A              |
|   | Segment Length   | N/A              |
|   | Other Segment Length   | N/A              |
|   | Number of parallel runs  | 1                |
|   | Length   | 150 feet per run |

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

| Facility ID | Call Sign |
|-------------|-----------|
| 49235       | WDGA-CD   |

Primary  
Transmission Line

New Transmission Line

| 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  |
|                             | Type                                      | Flexible Foam   |
|                             | Diameter                                  | 1 5/8 inches  |
|                             | Other Diameter                            | N/A   |
|                             | Segment Length                            | N/A   |
|                             | Other Segment Length                      | N/A   |
|                             | Number of parallel runs                   | 1   |
|                             | Length                                    | 150 feet per run  |
|                             | Justification for New Transmission Line   | Transmission lines have been damaged in previous storms and unreliable. |

Primary  
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

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

**Outside  
Professional Services Costs**

| Section   | Question   | Response                |
|---|--|-------------------------|
| <b>Outside Project Management Services</b>            | Do you require outside project management services?                          | Yes                     |
|   | Number of Hours  | 30                      |
|   | Explanation  | No in house capability. |
| <b>Outside RF consulting Engineering Services</b>     | Perform engineering study for new channel assignment and antenna development | Yes                     |
|   | Prepare engineering section of Form FCC Construction Permit Application      | Yes                     |
|   | For Auxiliary Facility   | 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                     |
| <b>Attorney and Other Outside Consulting Services</b> | Prepare and file Form FCC Construction Permit Application                    | No                      |
|   | For Auxiliary Facility   | N/A                     |

|                                      |  |   |
|--------------------------------------|--|---|
|                                      | For Main Facility  | N/A   |
|                                      | Prepare and file Form FCC License to Cover Application                                     | No  |
|                                      | For Auxiliary Facility   | N/A   |
|                                      | For Main Facility  | N/A   |
|                                      | Prepare request for Special Temporary Authority  | No  |
|                                      | Quantity   | N/A   |
|                                      | 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 | No  |
| <b>RF Field Engineering Services</b> | Comprehensive coverage verification via field study  | No  |
|                                      | RF exposure measurements   | No  |
|                                      | Additional Field Engineering Service   | Yes   |
|                                      | Number of Days   | 3   |
|                                      | Justification  | Contract engineer to install and turn on equipment. |

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

| Name | Description |
|------|-------------|
|------|-------------|



|                    |   |
|--------------------|---|
| <b>Tower Labor</b> | Labor install antenna and transmission line |
|--------------------|---|

## Other Expenses

| Section                             | Question   | Response |
|-------------------------------------|--|----------|
| <b>AM Pattern Disturbance</b>       | Is an Impact Study needed?   | No       |
|                                     | Is Remediation needed?   | No       |
| <b>Facility Expenses</b>            | Name   | N/A      |
|                                     | Other Distributed Transmission System Expenses Not listed  | N/A      |
|                                     | Name   | N/A      |
|                                     | Is Notification of a Medical Facility required as a result of DTV broadcasting?                                      | Yes      |
| <b>Permit and Filing Costs</b>      | Local Zoning   | No       |
|                                     | Non-zoning permits   | No       |
|                                     | BLM or NFS Coordination  | No       |
|                                     | FCC Construction Permit Minor Change   | Yes      |
|                                     | FCC License to Cover Application   | Yes      |
|                                     | FCC Special Temporary Authority Application  | No       |
| <b>Other Miscellaneous Expenses</b> | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?        | No       |
|                                     | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | No       |
|                                     | Does this relocation require Equipment Storage?  | No       |
|                                     | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?     | Yes      |
|                                     | Does this relocation require MVPD Notification of a Channel Change?  | No       |

**Other  
Expenses**

**Other Expenses Not Listed**

| Name       | Description                                    |
|------------|--|
| Dehydrator | Dryline Dehydrator 19" rack mountable,50 /60Hz |

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 TRN-5X-4D-U-C               | \$21,000.00                 | \$21,000.00    |                              | \$20,731.20 |                           |
| UHF - Air Cooled Solid State Transmitter 0.5 kW | \$21,000.00                 | \$21,000.00    | N/A                          | \$20,731.20 | N/A                       |
| Sub-total                                       | \$21,000.00                 | \$21,000.00    | N/A                          | \$20,731.20 | N/A                       |
| Total for all systems                           | \$176,611.00                | \$77,246.00    | N/A                          | \$24,331.20 | N/A                       |

Components

| Actual Information                              |   |
|---|---|
| Description                                     | File Name   |
| UHF - Air Cooled Solid State Transmitter 0.5 kW | <div>Component Description:WDNN Transmitter Reimbursement Request</div> <div>Amount:\$20,731.20</div> |

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 JA /MS-8/D20-D30   | \$102,915.00                | \$22,215.00    |   | \$0.00      |                           |
| UHF - Lower Power, Side Mount, Class A, basic slot antenna, 1 bay,, 3 kW input, horizontally polarized | <i>\$18,715.00</i>          | \$18,715.00    | Tower required a top mount bracket instead of a side mount. | N/A         | N/A                       |
| New combiner, cost per channel (without antenna)   | \$84,200.00                 | \$3,500.00     | N/A   | \$0.00      | N/A                       |
| Sub-total  | \$102,915.00                | \$22,215.00    | N/A   | \$0.00      | N/A                       |
| Total for all systems  | \$176,611.00                | \$77,246.00    | N/A   | \$24,331.20 | 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<br>Cost Estimate | Estimated<br>Cost | Estimated<br>Cost<br>Justification | Actual<br>Cost | Actual Cost<br>Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary<br>Transmission<br>Line                                   | \$3,600.00                     | \$2,400.00        |                                    | \$0.00         |                              |
| Flexible Foam<br>Transmission<br>Line -<br>dielectric, 1 5<br>/8" | \$3,600.00                     | \$2,400.00        | N/A                                | N/A            | N/A                          |
| Sub-total   | \$3,600.00                     | \$2,400.00        | N/A                                | \$0.00         | N/A                          |
| Total for all<br>systems  | \$176,611.00                   | \$77,246.00       | N/A                                | \$24,331.20    | N/A                          |

Components

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

Information not provided.

Cost Information

Outside Professional Services

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

| Description  | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Outside Professional Services  | \$31,965.00                 | \$22,600.00    |                              | \$3,600.00  |                           |
| Tower Labor  | <i>\$10,000.00</i>          | \$10,000.00    | N/A                          | N/A         | N/A                       |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00                  | \$1,500.00     | N/A                          | N/A         | N/A                       |
| Perform engineering study for new channel assignment and antenna development         | \$7,360.00                  | \$2,000.00     | N/A                          | \$2,000.00  | N/A                       |
| Prepare and or review reimbursement form   | \$2,630.00                  | \$1,600.00     | N/A                          | \$1,600.00  | N/A                       |
| Project management of the transition   | \$4,740.00                  | \$4,000.00     | N/A                          | N/A         | N/A                       |
| Additional Field Engineering Service, 3 Days   | <i>\$2,500.00</i>           | \$2,500.00     | N/A                          | N/A         | N/A                       |

|   |              |             |     |             |     |
|---|--------------|-------------|-----|-------------|-----|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00   | \$1,000.00  | N/A | N/A         | N/A |
| <b>Sub-total</b>  | \$31,965.00  | \$22,600.00 | N/A | \$3,600.00  | N/A |
| <b>Total for all systems</b>  | \$176,611.00 | \$77,246.00 | N/A | \$24,331.20 | N/A |

## Components

| Actual Information   |  |
|--|--|
| Description  | File Name  |
| Tower Labor  | 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         | <p><b>Component Description:</b> Engineer study for new channel assignment WDNN</p> <p><b>Amount:</b> \$2,000.00</p>   |
| Prepare and or review reimbursement form   | <p><b>Component Description:</b> Prepare reimbursement form WDNN</p> <p><b>Amount:</b> \$1,600.00</p> <p><b>Component Description:</b> N/A</p> <p><b>Amount:</b> N/A</p> |
| Project management of the transition   | Information not provided.  |



|   |                           |
|---|---------------------------|
| Additional Field Engineering Service, 3 Days                                      | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. |

## Cost Information

### Other Expenses

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

| Description  | Predetermined Cost Estimate | Estimated Cost     | Estimated Cost Justification   | Actual Cost        | Actual Cost Justification |
|--|-----------------------------|--------------------|--|--------------------|---------------------------|
| <b>Other Expenses</b>                                    | <b>\$17,131.00</b>          | <b>\$9,031.00</b>  |  | <b>\$0.00</b>      |                           |
| Dehydrator   | <i>\$3,136.00</i>           | \$3,136.00         | Dehydrator needed to keep water from getting into line because of the kind of wire used. | N/A                | N/A                       |
| Develop and air announcement of upcoming channel change  | <i>\$1,000.00</i>           | \$1,000.00         | N/A  | N/A                | N/A                       |
| DTV Medical Facility Notification                        | \$11,550.00                 | \$3,500.00         | 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                       |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00                    | \$325.00           | N/A  | N/A                | N/A                       |
| <b>Sub-total</b>   | <b>\$17,131.00</b>          | <b>\$9,031.00</b>  | N/A  | <b>\$0.00</b>      | N/A                       |
| <b>Total for all systems</b>                             | <b>\$176,611.00</b>         | <b>\$77,246.00</b> | N/A  | <b>\$24,331.20</b> | N/A                       |

### Components

Information not provided.

| Cost Information      | Grand Total                 |                |             |
|-----------------------|-----------------------------|----------------|-------------|
|                       | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| Total for all systems | \$176,611.00                | \$77,246.00    | \$24,331.20 |

| Reimbursement Status | Question   | 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 | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>   |          |
|               |   | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol> |          |

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.

**Deborah  
Boyd ,  
Boyd .**  
*Secretary*

02/22/2019

| Certification | Section  | Question   | Response |
|---------------|--|--|----------|
|               | Submission of Actual Cost Documentation Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).  |          |
|               |  | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol> |          |



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.

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|--|---|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> |   |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>  | <p><b>Deborah Boyd ,<br/>Boyd .<br/>Secretary</b></p> <p>02/22/2019</p> |

## Attachments