Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **10976** | Service: **DTV** | Call Sign: **WVFX** | Channel: **13 (High VHF)** | File Number: **0000028732** | FRN: **0018223693** | Date Submitted: **11/07/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC	Robert Folliard PO Box 30319 Atlanta, GA 30319 United States	+1 (202) 750-1585	Robert.Folliard@gray.tv	Limited Liability Company

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
Samuel Hariton *Widelity*	Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widelity.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	WVFX will be replacing the existing main transmitter, antenna, and transmission line. The station will also be installing a full interim system.

Transmitters

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 and Type	Manufacturer	
	Model	TXU-300D
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	3 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	VAXTE-6R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	4.8 kW
	Justification for New Transmitter	Existing Transmitter is Out of Band For ch13 and Mosfets are no longer made.

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	Yes
	Description	The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	5 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

Name	Description
Tagline Clearance	Tree/Brush Removal for tag line

Antennas

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

Primary Antenna

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	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
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	8
	Design power capacity in use	100.0 %
	Lower Limit	174.00 MHz
	Upper Limit	216.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	30.0 kW

Manufacturer	
Model	SWDDP3-1-3-1/10
Year	2008

Primary Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	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)	30.0 kW
	Manufacturer	
	Model	THV-5A 13-R P220 SM
	Year	2017

	Justification for New Antenna	Lacking documentation for retune viability

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	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	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?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Name	Description

Sweep Existing Transmission Line	Sweep test of existing antenna and transmission line

Transmission Line

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

Primary Transmission Line

Existing Transmission 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	
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	640 feet per run

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	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	650 feet per run
	Justification for New Transmission Line	Existing Line is in 20' sections Ch13 requires 19 1/2' sections.

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Information 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

Section	Question	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?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1034466
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	39° 18' 02.0" N-
	Longitude (NAD83)	080° 20' 36.0" W-
	Overall Structure Height	632.21 feet
	Support Structure Height	600.06 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1359.89 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Gray Television Group, Inc.
Date Constructed	10/26/1992

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:	Major 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
Tower Mapping	Tower Mapping

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	900
	Explanation	Strategic Support
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)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Attorney Fees - Other Matters	Legal Service

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	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?	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

Other Expenses Not Listed

Name	Description
Security	Site security during transition

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 VAXTE-6R44	**$184,008.94**	**$184,008.94**		**$114,687.63**	
High VHF - Air Cooled Solid State Transmitter 4.8 kW	***$157,873.94***	$157,873.94	GatesAir Quote GA-00022571	$106,127.63	N/A
Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.	***$10,600.00***	$10,600.00	N/A	N/A	N/A
Other -- HVAC Service Type: H Size:5 (Other)	***$6,975.00***	$6,975.00	See Jackson Heating & Air quote	N/A	N/A

Tagline Clearance	***$8,560.00***	$8,560.00	See attached Dogwood Tree Service Tagline Clearance Invoice #5620	$8,560.00	N/A
Sub-total	$184,008.94	$184,008.94	N/A	$114,687.63	N/A
Total for all systems	$1,364,624.94	$1,300,608.94	N/A	$197,478.63	N/A

Components

Actual Information Description	**File Name**
High VHF - Air Cooled Solid State Transmitter 4.8 kW	**Component Description:** VAXTE-6R44 Transmitter **Amount:** $106,127.63
Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.	Information not provided.
Other -- HVAC Service Type: H Size:5 (Other)	Information not provided.
Tagline Clearance	**Component Description:** Professional Services **Amount:** $8,560.00

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 THV-5A 13-R P220 SM	**$197,295.00**	**$186,839.00**		**$0.00**	
Sweep Existing Transmission Line	***$3,009.00***	$3,009.00	See attached invoice for sweep test of existing antenna and transmission line	$0.00	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	$23,150.00	$13,600.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 3 1 /8. feedline (if needed)	$7,600.00	$7,024.00	N/A	N/A	N/A
High VHF - High Power Side Mount One Station horizontally polarized	***$156,806.00***	$156,806.00	DTVPros quote JEHQ1264-01	N/A	N/A
Sweep test of existing antenna	$6,730.00	$6,400.00	N/A	N/A	N/A

Sub-total	$197,295.00	$186,839.00	N/A	$0.00	N/A
Total for all systems	$1,364,624.94	$1,300,608.94	N/A	$197,478.63	N/A

Components

Actual Information Description	File Name	
Sweep Existing Transmission Line	**Component Description:** **Amount:**	transmission line and antenna inspection $3,009.00
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	Information not provided.	
High VHF - High Power Side Mount One Station horizontally polarized	Information not provided.	
Sweep test of existing antenna	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	**$67,600.00**	**$64,000.00**		**$0.00**	
Rigid Transmission Line - copper, 3 1/8"	$67,600.00	$64,000.00	Catalog Cost	N/A	N/A
Sub-total	$67,600.00	$64,000.00	N/A	$0.00	N/A
Total for all systems	$1,364,624.94	$1,300,608.94	N/A	$197,478.63	N/A

Components

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	**$661,850.00**	**$629,750.00**		**$10,475.00**	
Structural engineering tower load study for well documented tower	$12,600.00	$12,000.00	N/A	$10,475.00	N/A
Tall Tower (greater than 500')	$210,500.00	$200,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	$421,000.00	$400,000.00	N/A	$0.00	N/A
Tower Mapping	***$17,750.00***	$17,750.00	Per Hodge Structural Engineers Tower Mapping POs 7174 & 7174-1	N/A	N/A
Sub-total	$661,850.00	$629,750.00	N/A	$10,475.00	N/A
Total for all systems	$1,364,624.94	$1,300,608.94	N/A	$197,478.63	N/A

Components

Actual Information Description	File Name

Structural engineering tower load study for well documented tower	**Component Description:** **Amount:**	Engineering Evaluation $3,625.00
	Component Description: **Amount:**	Tower Mapping $6,850.00
Tall Tower (greater than 500')	Information not provided.	
Major tower reinforcement /modifications	Information not provided.	
Tower Mapping	**Component Description:** **Amount:**	WVFX-410-Tower Mapping Existing Primary Tower $3,500.00

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	**$169,581.00**	**$161,046.00**		**$68,520.00**	
Attorney Fees - Other Matters	***$296.00***	$296.00	Per WVFX Justification New Category Attorney Other Matters	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	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	$5,260.00	$5,000.00	N/A	$196.50	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	$1,580.00	$1,500.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	$3,155.00	$3,000.00	N/A	$1,425.00	N/A
Perform engineering study for new channel assignment and antenna development	$7,360.00	$7,000.00	N/A	$1,625.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	$2,630.00	$2,500.00	N/A	N/A	N/A
Project management of the transition	$142,200.00	$135,000.00	N/A	$65,273.50	N/A
Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	N/A	N/A
Sub-total	$169,581.00	$161,046.00	N/A	$68,520.00	N/A
Total for all systems	$1,364,624.94	$1,300,608.94	N/A	$197,478.63	N/A

Components

Actual Information Description	File Name	
Attorney Fees - Other Matters	**Component Description:** **Amount:**	For Professional Services $296.00

ASR modification (prepare FCC Form 854)	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	**Component Description:** **Amount:**	Professional Services $196.50
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:**	Prepare engineering section of FCC Form 2100 Construction Permit Application $1,425.00

Perform engineering study for new channel assignment and antenna development	**Component Description:** **Amount:** **Component Description:** **Amount:**	Consulting Engineer - Provide target specifications for manufacturers to develop a side-mount main antenna for repack Ch-13 at non-maximized parameters. $475.00 Perform engineering study for new channel assignment $1,150.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Project management of the transition	**Component Description:** **Amount:** **Component Description:** **Amount:** **Component Description:** **Amount:** **Component Description:** **Amount:**	Project Mgt $802.25 Transition Related Project Management Costs $3,000.00 Project Management $2,190.25 Project Mgt $801.45

Component Description: Project Management
Amount: $2,022.10

Component Description: Project Mgt
Amount: $733.30

Component Description: Project Management
Amount: $2,726.05

Component Description: Project Management
Amount: $2,142.95

Component Description: Project Management
Amount: $2,114.50

Component Description: Project Management
Amount: $2,138.20

Component Description: Project Management
Amount: $2,348.80

Component Description: Project Mgt
Amount: $1,968.80

Component Description: Project Management
Amount: $1,795.60

Component Description: Project management
Amount: $1,966.05

Component Description: Project Management
Amount: $2,428.15

Component Description: Project Mgt
Amount: $28.20

Component Description: Project Management
Amount: $2,231.90

Component Description: Project Management
Amount: $2,031.85

Component Description: Project Management
Amount: $2,314.90

Component Description: Project Management
Amount: $1,745.10

Component Description: Project management
Amount: $2,667.65

Component Description: Project Management
Amount: $2,223.75

Component Description: Project Management
Amount: $1,931.10

Component Description: Project Management
Amount: $2,908.15

Component Description: Project Mgt
Amount: $2,481.05

Component Description: Project Management
Amount: $3,238.45

Component Description: Project Management
Amount: $2,158.20

Component Description: Project Management
Amount: $2,019.35

Component Description: Cost Reconciliation
Amount: $2,226.45

Component Description: Project Management
Amount: $1,974.15

Component Description: Project Management
Amount: $1,944.80

	Component Description: **Amount:**	Project Management $1,970.00
Prepare and or review reimbursement form	Information not provided.	

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	**$84,290.00**	**$74,965.00**		**$0.00**	
Security	***$15,000.00***	$15,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	***$10,600.00***	$10,600.00	N/A	N/A	N/A
MVPD Notification of Channel Change	***$1,000.00***	$1,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	$11,550.00	$2,350.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	$1,110.00	$1,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	$335.00	$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	$195.00	$190.00	N/A	N/A	N/A
Non-zoning permits	***$10,000.00***	$10,000.00	N/A	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	***$15,000.00***	$15,000.00	See attached Disposal Quote	N/A	N/A
Equipment Storage	***$19,500.00***	$19,500.00	N/A	N/A	N/A
Sub-total	$84,290.00	$74,965.00	N/A	$0.00	N/A
Total for all systems	$1,364,624.94	$1,300,608.94	N/A	$197,478.63	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$1,364,624.94	$1,300,608.94	$197,478.63

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	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 above-named applicant for the Authorization(s) specified above.	**Robert Folliard , III .** *Assistant Secretary* 11/07/2019

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 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. 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) .
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 above-named applicant for the Authorization(s) specified above.	**Robert Folliard , III .** *Assistant Secretary* 11/07/2019

Attachments