



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **39746-18** | Service: **DRT** | Call **WOIO** | Channel: **18 (UHF)** |  
ID: | Sign:  
File **0000089899**  
Number:  
FRN: **0018223693** | Eligibility **Eligible** | Date **06/03**  
Status: | Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Gray Television Licensee, LLC</b> Doing Business As: WOIO	4370 Peachtree Road Atlanta, GA 30319 United States	+1 (404) 504-9828	allfccclms@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
<b>Samuel Hariton</b> <i>Widely</i>	Samuel Hariton 4031 University Dr. Suite 100 Fairfax, VA 22030 United States	+1 (339) 222- 8107	sam.hariton@widely.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	WOIO is planning to retune its existing transmitter, to purchase an upgraded antenna, to utilize its existing transmission line, and to move equipment on its pre-displacement tower

**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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Harris
	Model	UAX2000AT
	Year	2011

	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.5 kW

## Primary Transmitter

### Retuning Transmitter Costs

Section	Question	Response
<b>New Mask Filter</b>	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Full Service
	Power	2.1-3kW
<b>New Exciter</b>	Is a new exciter needed?	No

## Primary Transmitter

### Other Transmitter Costs

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Low Pass Filter and parts	WOIO is required to retune its existing transmitter in order to provide enough power for the new channel. This will include costs for a low pass filter

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Ownership	Owned
	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
<b>Existing Antenna Manufacturer and Type</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Single Channel Slot
	ERP: (Effective Radiated Power) .....	11.0 kW
	Manufacturer	
	Model	SL-8
	Year	2011

Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	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	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Single Channel Slot
	ERP: (Effective Radiated Power) .....	11.0 kW
	Manufacturer	
	Model	TBD
	Year	2019

	Justification for New Antenna	Current antenna is a single channel model tuned to channel 24. WOIO is purchasing an antenna tuned to the new displacement channel and upgrading to include vertical polarization.
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**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
<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?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.



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

**Primary Existing Transmission Line**

Transmission Line	Section	Question	Response
	Existing Transmission Line Description	Type of change	Utilize Existing
	Existing Transmission Line Manufacturer and Type	Use	Primary (Main)
		Ownership	Owned
		Is the existing transmission line shared with another station or stations?	No
		Is Transmission Line in operating condition?	Yes
		Manufacturer	Andrew
	Existing Transmission Line Manufacturer and Type	Type	Flexible Air
		Diameter	1 5/8 inches
		Number of parallel runs	1
		Length	800 feet per run

**Primary Other Transmission Line Expenses Not Listed**

Transmission Line	Name	Description
	Transmission Line Extension	The length of the new antenna required it to be moved 30 ft. higher on the tower in order to fit in a slot on the side of the tower.

**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)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1047963
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	41° 03' 52.7" N-
	Longitude (NAD83)	081° 34' 58.3" W-
	Overall Structure Height	958.98 feet
	Support Structure Height	891.07 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1088.90 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes

	Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
	Date Constructed	01/01/1999

**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
6051	WAPS	FM
43873	WONE-FM	FM

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No 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
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**Structural analysis**

A structural analysis for this tower is necessary. The tower is currently well documented, so a mapping will not be necessary.

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**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	254
	Explanation	WOIO requires the aid of outside project management services in order to fulfill the requirements of the repack. WOIO does not have sufficient resource capacity and expertise in house to handle all of the reimbursement filing, expense tracking, etc.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for displacement application	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
	Prepare Form 601	Yes

<b>Attorney and Other Outside Consulting Services</b>	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
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	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	installation of mask filter and low pass filter

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Services provided.

**Other  
Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	Yes
	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
<b>Point to Point Microwave (STL/ICR)</b>	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**Other  
Expenses**

**Other Expenses Not Listed**

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
<b>Primary Transmitter UAX2000AT</b>	<b>\$20,150.29</b>	<b>\$23,567.81</b>		<b>\$7,317.81</b>	
2.1-3kW w mask filter Full Service	\$6,200.00	\$9,617.52	See Estimated Cost Justification WOIO MASK FILTER	\$4,367.52	N/A
Low Pass Filter and parts	<b>\$2,950.29</b>	\$2,950.29	see Estimated Cost Justification WOIO-110-Primary Transmitter - Low Pass Filter and Parts v0	\$2,950.29	N/A
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$11,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$20,150.29</b>	<b>\$23,567.81</b>	N/A	<b>\$7,317.81</b>	N/A
<b>Total for all systems</b>	<b>\$254,324.25</b>	<b>\$276,504.77</b>	N/A	<b>\$63,756.86</b>	N/A

### Components

Actual Information Description	File Name
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2.1-3kW w mask filter Full Service	<div> <div> <b>Component Description:</b> Mask 2.5KW 6P  UHF ATSC/6  Tuned </div> <div> <b>Amount:</b> \$4,367.52 </div> </div>
Low Pass Filter and parts	<div> <div> <b>Component Description:</b> LINE, XMSN 1-5  /8 50 OHM </div> <div> <b>Amount:</b> \$651.24 </div> </div> <div> <div> <b>Component Description:</b> FREIGHT </div> <div> <b>Amount:</b> \$2,299.05 </div> </div>
Retune - UHF and VHF - minor re-channel issues	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 TBD	\$19,288.25	\$19,288.25		\$0.00	
UHF-Low Power, Side Mount, Other, 11.0kW input, Horizontal	\$13,558.25	\$13,558.25	see Estimated Cost Justification WOIO-210-Primary Antenna - UHF Low Power Side Mount, H-POL v0	\$0.00	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$5,730.00	N/A	N/A	N/A
Sub-total	\$19,288.25	\$19,288.25	N/A	\$0.00	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$63,756.86	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	\$1,911.21	\$1,911.21		\$0.00	
Transmission Line Extension	<i>\$1,911.21</i>	\$1,911.21	See Estimated Cost Justification WOIO Transmission Line Extension	N/A	N/A
Sub-total	\$1,911.21	\$1,911.21	N/A	\$0.00	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$63,756.86	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 GTOWER	\$159,500.00	\$159,500.00		\$45,369.80	
Structural analysis	\$1,750.00	\$1,750.00	American Tower Invoice A196251	\$1,750.00	N/A
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$157,750.00	N/A	\$43,619.80	N/A
Sub-total	\$159,500.00	\$159,500.00	N/A	\$45,369.80	N/A
Total for all systems	\$254,324.25	\$276,504.77	N/A	\$63,756.86	N/A

Components

Actual Information Description	File Name
Structural analysis	<div><div>Component Description:</div><div>"PO Line 1 - WOIO (LD) CH 18 FID: 39746 /ASR: 1047963 PE Letter ATC Site #/Name: 307781 Cleveland - Akron"</div><div>Amount:</div><div>\$1,750.00</div></div>

Tower Rigging Tall Tower (greater than 500')	<div> <div> <b>Component Description:</b> 2 days travel one day on site </div> <div> <b>Amount:</b> \$5,250.00 </div> </div> <div> <div> <b>Component Description:</b> Tower services rendered per Warmus Job No. TS19-021 </div> <div> <b>Amount:</b> \$38,369.80 </div> </div>
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## 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
<b>Outside Professional Services</b>	<b>\$47,069.50</b>	<b>\$65,832.50</b>		<b>\$11,069.25</b>	
Project management of the transition	\$26,797.00	\$41,910.00	WOIO LPTV Widelity Strategic Support Quote	\$5,619.25	N/A
Perform engineering study for displacement application	\$1,800.00	\$5,450.00	see Estimated Cost Justification WOIO-530-RF Eng - Engineering Study for Displacement Application v0	\$5,450.00	N/A
Additional Field Engineering Service, 3 Days	<i>\$8,250.00</i>	\$8,250.00	Based on Field Engineering: Outside Engineering Assistance (per day) from the Catalog of Costs, the estimate is \$2,750.00 per day x 3 days = \$8,250.00	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Prepare Form 601	\$755.00	\$755.00	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A
<b>Sub-total</b>	\$47,069.50	\$65,832.50	N/A	\$11,069.25	N/A
<b>Total for all systems</b>	\$254,324.25	\$276,504.77	N/A	\$63,756.86	N/A

## Components

Actual Information		
Description	File Name	
Project management of the transition	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$481.70
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$118.90
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,267.05
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,880.70
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,870.90
Perform engineering study for displacement application	<b>Component Description:</b>	Regarding DRT near Akron and implementation of displacement to Ch-18
	<b>Amount:</b>	\$3,250.00
	<b>Component Description:</b>	"Regarding DRT on Ch-24 near Akron, conduct channel study of pending displacement application for Ch-18,"
	<b>Amount:</b>	\$2,200.00



Additional Field Engineering Service, 3 Days	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare Form 601	Information not provided.
Prepare/ Review 399 reimbursement form	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.

## 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>\$6,405.00</b>	<b>\$6,405.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,110.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 Major change CP application	\$4,960.00	\$4,960.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$6,405.00</b>	<b>\$6,405.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$254,324.25</b>	<b>\$276,504.77</b>	<b>N/A</b>	<b>\$63,756.86</b>	<b>N/A</b>

### Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$254,324.25	\$276,504.77
			\$63,756.86

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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.

**Robert  
Folliard , III**  
.  
*Assistant  
Secretary*

06/03/2020

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>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).</p>	
		<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.



<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>Robert Folliard , III</b> . <i>Assistant Secretary</i></p> <p>06/03/2020</p>

## Attachments