



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **81593** | Service: **DTV** | Call **KXNW** | Channel: **25 (UHF)** |
ID: | Sign: |
File **0000028255**
Number: |
FRN: **0022824668** | Date **05/19**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Tribune Broadcasting Company II LLC Doing Business As: TRIBUNE BROADCASTING FORT SMITH LICENSE, LLC	Elizabeth Ryder 318 NORTH 13TH STREET FORT SMITH, AR 72901 United States	+1 (312) 222- 3894	Eryder@Nexstar. tv	Corporation

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Bill Vanduyndhoven , Vanduyndhov . <i>Sr Director of Engineering RF Systems</i> <i>Nexstar Broadcasting Inc.</i>	Bill Vanduyndhoven 2211 Rabbit Hill Cir Dacula, GA 30019 United States	+1 (404) 312-8693	bvanduyndhoven@nexstar. tv

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	Replace antenna Re-tune Transmitter Purchase interim antenna

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
	Owner	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	Harris
	Model	ULX-4700AT

Year	2010
Type	Solid State
Solid State Cooling	Liquid Cooled
Solid State Power capacity	4500 kW

Primary Transmitter

Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	10 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	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 leasehold 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**
Information not provided.

Interim Transmitter **New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Interim
	Description of Use	N/A
	Change Type	Lease New
	Manufacturer	
	Model	UAXTE-2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1000 kW
	Justification for New Transmitter	Temporary transmitter while current is channel changed

**Interim
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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	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 leasehold 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
Inside RF System	Is an additional interior RF system required to support this interim transmitter?	No

Interim	Other Transmitter Cost Not Listed
Transmitter	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 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	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)	70.0 kW

Manufacturer	
Model	SWCS24WC /34
Year	2004

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?	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	Elliptical
	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)	60.0 kW
	Manufacturer	

Model	TFU-22DSB /VP-R C160
Year	2019
Justification for New Antenna	Current antenna will not operate on assigned channel Changed to Dielectric model at same price Adding Epole

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	6 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

Information not provided.

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	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 Type	Class	Class A
	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)	50.0 kW
	Manufacturer	
	Model	DLP-8B
	Year	2018

	Justification for New Antenna	Temporary antenna during replacement of Main antenna
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Interim Antenna

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an 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

Interim 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?	No

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	Leased
	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?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	36° 24' 40.9" N-
	Longitude (NAD83)	093° 57' 12.9" W-
	Overall Structure Height	346.12 feet

Support Structure Height	339.89 feet
Ground Elevation Above Mean Sea Level (AMSL)	1700.11 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Arklahoma Broadcast & Communiaction Towers, LLC
Date Constructed	04/01/2015

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

Primary Tower

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
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	Yes
	Quantity	1
	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	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	No
	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	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

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

If wireless is not provided.

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	Yes
	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	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?	Yes

**Other
Expenses**

Other Expenses Not Listed

Name	Description
State Taxes	Arkansas State taxes

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
Interim Transmitter UAXTE-2R37	\$50,000.00	\$50,000.00		\$36,399.66	
UHF - Air Cooled Solid State Transmitter 1000 kW	<i>\$50,000.00</i>	\$50,000.00	N/A	\$36,399.66	N/A
Primary Transmitter ULX-4700AT	\$113,510.00	\$40,000.00		\$39,552.08	
UHF and VHF - minor banding issues	\$105,200.00	\$40,000.00	N/A	\$39,552.08	N/A
10 kW mask filter	\$8,310.00	\$0.00	Included in Gates Air quote	\$0.00	N/A
Sub-total	\$163,510.00	\$90,000.00	N/A	\$75,951.74	N/A
Total for all systems	\$643,620.18	\$333,905.18	N/A	\$255,502.48	N/A

Components

Actual Information	
Description	File Name

UHF - Air Cooled Solid State Transmitter 1000 kW	<div> Component Description: components for connection</div> <div> Amount: \$865.07</div> <div> Component Description: UAXTE-2R37 Interim transmitter first payment</div> <div> Amount: \$35,534.59</div>
UHF and VHF - minor banding issues	<div> Component Description: Deposit for ULX4700AT and Channel Change</div> <div> Amount: \$11,535.09</div> <div> Component Description: 3rd payment - channel change</div> <div> Amount: \$16,481.90</div> <div> Component Description: 2nd payment for ULX4700AT and Channel Change</div> <div> Amount: \$11,535.09</div>
10 kW mask filter	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
Interim Antenna DLP-8B	\$19,690.00	\$19,360.00		\$7,209.25	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$0.00	N/A
UHF - Lower Power, Side Mount, Class A, basic slot antenna, 50 kW input, directional,, horizontally polarized	<i>\$12,960.00</i>	\$12,960.00	N/A	\$7,209.25	N/A
Primary Antenna TFU-22DSB /VP-R C160	\$145,280.00	\$123,950.00		\$115,705.56	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$6,400.00	N/A
UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized	\$103,100.00	\$80,000.00	N/A	\$78,724.56	N/A

Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$15,000.00	Change order	\$14,336.00	change order
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,550.00	N/A	\$16,245.00	N/A
Sub-total	\$164,970.00	\$143,310.00	N/A	\$122,914.81	N/A
Total for all systems	\$643,620.18	\$333,905.18	N/A	\$255,502.48	N/A

Components

Actual Information	
Description	File Name
Sweep test of existing antenna	Information not provided.
UHF - Lower Power, Side Mount, Class A, basic slot antenna, 50 kW input, directional,, horizontally polarized	<div> Component Description: DLP-8B Interim Ant. payment Amount: \$5,062.50 </div> <div> Component Description: shipping of components Amount: \$918.35 </div> <div> Component Description: Jumper Flex air 1-5/8 10ft long payment Amount: \$1,228.40 </div>

Sweep test of existing antenna		
	Component Description:	3rd payment for
		Eng. on site
	Amount:	\$640.00
	Component Description:	3rd payment for
		Eng. on site
	Amount:	\$640.00
	Component Description:	On site engineer
		for sweep deposit
	Amount:	\$2,880.00
	Component Description:	On site engineer
		for sweep 2nd
	Amount:	payment \$2,880.00

UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized	Component Description: Amount:	Antenna TFU-22DSB/VP-R C160 Deposit N/A
	Component Description: Amount:	High power side mount antenna TFU-22DSB/VP-R C160 deposit \$31,787.44
	Component Description: Amount:	High power side mount antenna TFU-22DSB/VP-R C160 2nd payment \$31,787.44
	Component Description: Amount:	3rd payment TFU-22DSB/VP-R C160 \$7,063.87
	Component Description: Amount:	freight charges \$6,610.48
	Component Description: Amount:	parts needed during install \$1,475.33

Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Component Description: Amount:	elbow complex \$5,286.05
	Component Description: Amount:	Elbow Complex - change order \$4,324.95
	Component Description: Amount:	Elbow 6-50 Digit 9x9 deposit \$2,126.25
	Component Description: Amount:	Elbow 6-50 Digit 9x9 2nd payment \$2,126.25
	Component Description: Amount:	elbow 6-50 digit 9x9 \$472.50
Side mount brackets for high power antennas (if not included in antenna base cost)	Component Description: Amount:	Mounting brackets for Antenna \$8,934.75
	Component Description: Amount:	Mounting brackets - change order \$7,310.25

Cost Information

Transmission Line

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	\$254,800.00	\$58,000.00		\$51,590.75	
Short Tower (less than 500')	\$84,200.00	\$55,000.00	N/A	\$49,390.75	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$0.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$3,000.00	N/A	\$2,200.00	N/A
Sub-total	\$254,800.00	\$58,000.00	N/A	\$51,590.75	N/A
Total for all systems	\$643,620.18	\$333,905.18	N/A	\$255,502.48	N/A

Components

Actual Information
DescriptionFile Name

Short Tower (less than 500')	Component Description: antenna removal Amount: \$1,498.25	
	Component Description: tower rigging costs Amount: \$47,892.50	
	Component Description: tower rigging costs Amount: \$47,892.50	
	Component Description: removal of interim antenna Amount: \$1,498.25	
Minor tower reinforcement /modifications	Information not provided.	
Structural engineering tower load study for well documented tower	Component Description: Tower study Amount: \$2,200.00	

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	\$35,195.00	\$18,000.00		\$0.00	
RF Exposure Measurements	\$21,050.00	\$5,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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	N/A	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
Sub-total	\$35,195.00	\$18,000.00	N/A	\$0.00	N/A

Total for all systems	\$643,620.18	\$333,905.18	N/A	\$255,502.48	N/A
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Components

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	\$25,145.18	\$24,595.18		\$5,045.18	
State Taxes	<i>\$230.55</i>	\$230.55	N/A	\$230.55	N/A
Equipment Delivery and Handling Charges	<i>\$2,364.63</i>	\$2,364.63	N/A	\$2,364.63	N/A
MVPD Notification of Channel Change	<i>\$6,000.00</i>	\$6,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,450.00	N/A
Local Zoning	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Sub-total	\$25,145.18	\$24,595.18	N/A	\$5,045.18	N/A
Total for all systems	\$643,620.18	\$333,905.18	N/A	\$255,502.48	N/A

Components

Actual Information	
Description	File Name

State Taxes	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>State taxes</div> <div>\$230.55</div> </div>
Equipment Delivery and Handling Charges	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Freight charge</div> <div>\$2,364.63</div> </div>
MVPD Notification of Channel Change	Information not provided.
DTV Medical Facility Notification	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Medical Notification</div> <div>\$2,450.00</div> </div>
Local Zoning	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$643,620.18	\$333,905.18
			\$255,502.48

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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"> 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.

**Teri Ann
Guillory**
*Broadcasting
Operations*

05/19/2020

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"> 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.

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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>Teri Ann Guillory
<i>Broadcasting Operations</i></p> <p>05/19/2020</p> |

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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"> 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 acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Teri Ann
Guillory**
*Broadcasting
Operations*

05/19/2020

Attachments