



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **51597** | Service: **DTV** | Call **WTVQ-DT** | Channel: **27 (UHF)**  
ID: | Sign:  
File **0000028251**  
Number:  
FRN: **0018327387** | Date **09/21**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WTVQ-TV, LLC</b> Doing Business As: WTVQ-TV, LLC	Bobby Berry 301 Poplar Street Macon, GA 31201 United States	+1 (478) 745-4141	bberry@morrisnetwork.com	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>Anne Goodwin Crump</b> <i>communications counsel</i> <i>Fletcher, Heald &amp; Hildreth, P.L.C.</i>	Anne Goodwin Crump 1300 N. 17th Street Eleventh Floor Arlington, VA 22209 United States	+1 (703) 812-0426	crump@fhhlaw.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.	Yes
Briefly describe transition plan	WTVQ-DT plans to replace its existing transmitters to accomodate its new channel. The antenna and line is provided by WLEX-TV under a contract.

Question	Response
Sharee Station Facility ID	73203
Call Sign	WLEX-TV
Type	Commercial
Licensee Name	SCRIPPS BROADCASTING HOLDINGS, LLC
Status	LICENSED
DTS (Distributed Transmission System)	No
Community of License	LEXINGTON, KY
Pre-auction RF Channel	39
Post-auction RF Channel	28
Neilsen DMA	Lexington
Network Affiliation	

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

**Auxiliary  
Transmitter****Add Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	use as backup for main when main transmitter is down for repairs or maintance
	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Diamondcd DHD8P1
	Year	2001
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.8 kW

**Auxiliary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-4R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.5 kW
	Justification for New Transmitter	OLD TRANSMITTER WILL NOT TUNE TO NEW CHANNEL

**Auxiliary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	75.0 feet
	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

**Auxiliary Transmitter** **Other Transmitter Cost Not Listed**  
Information not provided.

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	sigmacd cd3200p2
	Year	2004
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	42 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<p><b>New Transmitter</b></p>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-40
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	25 kW
	<p>Justification for New Transmitter</p>	<p>WTVQ must go to V-POL because of contract with WLEX. WLEX upgrading to V-POL antenna, under contract WLEX provides antenna for both stations. Further, please see Attachment as to why change to solid state is simple replacement, not upgrade.</p>



**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	200.0 feet
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	10 tons
	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**

Name	Description
<b>Rigid line and componentss</b>	6-1/8 rigid line and components to connect transmitter to combiner

<b>tv dmod and monitor</b>	TV Tuner ATSC-SDI-4i HD for testing of new transmitter signal
<b>site survey</b>	Site survey By Gates/Air to provide electrical drawings and floor plan of transmitter site

**Antennas**

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

**Auxiliary  
Antenna****Add Antenna Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	back up antenna use when main system is down for maintance and repairs, will also be used for interim
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	No
	Is this 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>	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) .....	84.0 kW
Manufacturer	
Model	TLP-16D
Year	2001

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**Auxiliary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Auxiliary (Backup)
	Description of Use	backup antenna will be used when main is down for maintance and repairs.will also be used as a inter
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	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) .....	84.0 kW
Manufacturer	
Model	SWEDM16NCS /27
Year	2018
Justification for New Antenna	old antenna will not tune to new channel

## Auxiliary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	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
<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?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Auxiliary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.



**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Lease New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	WLEX-TV
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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>	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)	1000.0 kW
Manufacturer		

Model	TFU- 30DSC-R 3S180DC
Year	2004

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

Facility ID	Call Sign
73203	WLEX-TV

**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Lease New
	Is this a request for upgraded equipment?	No
	Ownership	Leased
	Owner	WLEX-TV
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	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) .....	487.0 kW
	Manufacturer	

Model	TFU-30DSC /VP-R 3S180
Year	2018
Justification for New Antenna	Old antenna will not tune to new channel. BY contract WLEX will supply antenna at no cost to WTVQ

**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	RF channel
	Frequency	N/A
	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?	Yes

<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes
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**Enter a list of RF channel numbers.**

**RF Channel Number**

28

27

**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?

**Auxiliary Transmission Line** **Add Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Auxiliary (Backup)
	Description of Use	Backup
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Dielectric
	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	560 feet per run

**Auxiliary  
Transmission  
Line**      **Other Transmission Line Expenses Not Listed**

Name	Description
Rigid line and componentss	line and components needed to connect backup transmitter to existing 3-1/8 line

**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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1044034
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	38° 02' 03.0" N-
	Longitude (NAD83)	084° 23' 39.0" W-
	Overall Structure Height	994.08 feet
	Support Structure Height	935.03 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1000.64 feet



Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Nexstar Broadcasting, Inc.
Date Constructed	01/01/1965

**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
73203	WLEX-TV	DTV

**Primary  
Tower**

**Tower Modification Costs**

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

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

Section	Question	Response
<p><b>Outside Project Management Services</b></p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>1150</p>
	<p>Explanation</p>	<p>Station is one of a group of co-owned stations, all of which are subject to repack. There is no group director of engineering, and station has only IT engineer on staff. Co-ordination is needed for the entire group's transition in different phases.</p>
<p><b>Outside RF consulting Engineering Services</b></p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare request for Special Temporary Authority</p>	<p>Yes</p>

	Quantity	1
	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	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	Yes
	Quantity	1
	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	Yes	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	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**

Name	Description
Additional legal fees	Additional legal fees for 399 forms and progress reports

**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	Yes
	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
<b>Other Miscellaneous Expenses</b>	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?	Yes
	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**

<b>Name</b>	<b>Description</b>
<b>Building Clean out and disposal</b>	removal of old transmitters and rf equipment and dispose of transformer oil

**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 ULXTE-40</b>	<b>\$2,517,170.00</b>	<b>\$1,483,894.91</b>		<b>\$913,117.21</b>	
Rigid line and componentss	<i>\$5,440.00</i>	\$5,440.00	N/A	\$5,438.70	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$842,179.89	N/A	\$295,887.49	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$0.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$10,400.00	\$0.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$57,500.00	this is all electrical for both main and backup transmitters and includes conduit, panels, wiring, transformers and labor all other line estimates have been changed to 0 dollars	\$57,500.00	this invoice is for 50% all electrical work for both main and backup transmitters includes all conduit, panels, wiring and labor



10 Ton system	\$38,900.00	\$37,000.00	N/A	\$14,996.00	N/A
tv dmod and monitor	<i>\$2,480.00</i>	\$2,480.00	N/A	\$0.00	N/A
site survey	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$539,295.02	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$539,295.02	N/A
<b>Auxiliary Transmitter UAXTE-4R37</b>	<b>\$155,450.00</b>	<b>\$125,687.06</b>		<b>\$125,687.06</b>	
3" Rigid Conduit and Wiring (Cost per foot)	\$3,900.00	\$1,510.82	N/A	\$1,510.82	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$124,176.24	N/A	\$124,176.24	shipping and state tax added making cost over estimate
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$2,672,620.00</b>	<b>\$1,609,581.97</b>	<b>N/A</b>	<b>\$1,038,804.27</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$3,931,212.50</b>	<b>\$2,269,864.47</b>	<b>N/A</b>	<b>\$1,356,341.37</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name

Rigid line and components	<p><b>Component Description:</b> 6-1/8 line sections used to connect filter to existing antenna line</p> <p><b>Amount:</b> \$5,438.70</p>
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<p><b>Component Description:</b> Main Transmitter final payment including installation, proof, freight and KY sales tax</p> <p><b>Amount:</b> \$72,948.31</p> <p><b>Component Description:</b> 3rd payment on main transmitter</p> <p><b>Amount:</b> \$222,939.18</p>
Service entrance 3 phase /800 amp/208 volt	Information not provided.
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	<p><b>Component Description:</b> AMTECK Invoice is 50% down payment for all electrical work on both main and backup transmitters</p> <p><b>Amount:</b> \$28,750.00</p> <p><b>Component Description:</b> Amteck Final invoice for all electrical work</p> <p><b>Amount:</b> \$28,750.00</p>

10 Ton system	<b>Component Description:</b> 10 TON HVAC System installed <b>Amount:</b> \$14,996.00
tv dmod and monitor	<b>Component Description:</b> TV dmod for testing of new transmitter <b>Amount:</b> \$2,479.19
site survey	Information not provided.

UHF - Liquid Cooled Solid  
State Transmitter 35 - 50 kW

**Component Description:** 2nd payment due  
to ship transmitter  
**Amount:** \$258,568.39

**Component Description:** 1/3 down  
payment for Main  
tx  
**Amount:** \$280,726.63

**Component Description:** WTVQ Main tx  
Quote # 62143  
**Amount:** N/A

**Component Description:** 3rd transmitter  
payment only,  
freight ,  
installation and  
proof not charged  
for at this time  
**Amount:** \$222,939.18

**Component Description:** WTVQ  
Transmitter  
Justification  
Letters  
**Amount:** N/A

**Component Description:** WLEX tower  
lease for  
Justification  
information  
**Amount:** N/A

<p>3" Rigid Conduit and Wiring (Cost per foot)</p>	<p><b>Component Description:</b> total cost of electrical minus \$38850.0 of transmitter 1/3 down payment invoice</p> <p><b>Amount:</b> \$1,510.82</p>
<p>UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW</p>	<p><b>Component Description:</b> WTVQ 3rd Back up transmitter payment</p> <p><b>Amount:</b> \$25,026.58</p> <p><b>Component Description:</b> WTVQ Quote # 62144</p> <p><b>Amount:</b> N/A</p> <p><b>Component Description:</b> 2nd payment due to ship bku transmitter</p> <p><b>Amount:</b> \$35,348.41</p> <p><b>Component Description:</b> 1/3 down payment on backup tx minus \$1510.82 for Electrical</p> <p><b>Amount:</b> \$38,850.01</p> <p><b>Component Description:</b> Backup Transmitter final payment including installation, proof, freight and KY sales tax</p> <p><b>Amount:</b> \$24,951.24</p>
<p>Transformer 3 phase/480v - 150 KVA</p>	<p>Information not provided.</p>



**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
<b>Primary Antenna TFU-30DSC/VP-R 3S180</b>	<b>\$323,190.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$0.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$0.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized	\$227,000.00	\$0.00	N/A	N/A	N/A
<b>Auxiliary Antenna SWEDM16NCS /27</b>	<b>\$124,540.00</b>	<b>\$91,400.00</b>		<b>\$47,947.95</b>	

Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$0.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$0.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	\$89,400.00	\$85,000.00	N/A	\$47,947.95	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	\$447,730.00	\$91,400.00	N/A	\$47,947.95	N/A
<b>Total for all systems</b>	\$3,931,212.50	\$2,269,864.47	N/A	\$1,356,341.37	N/A

## Components

Actual Information	
Description	File Name
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Information not provided.



New combiner, cost per channel (without antenna)	Information not provided.
Sweep test of existing antenna	Information not provided.
UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized	Information not provided.
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	<p><b>Component Description:</b> WTVQ AUX/ Backup antenna and side mounts WITH JUSTIFICATION</p> <p><b>Amount:</b> \$47,947.95</p>
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
<b>Auxiliary Transmission Line</b>	<b>\$9,000.00</b>	<b>\$9,000.00</b>		<b>\$0.00</b>	
Rigid line and componentss	<i>\$9,000.00</i>	\$9,000.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$9,000.00</b>	<b>\$9,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$3,931,212.50</b>	<b>\$2,269,864.47</b>	N/A	<b>\$1,356,341.37</b>	N/A

**Components**

Actual Information	
Description	File Name
Rigid line and componentss	<p><b>Component Description:</b> invoice with justification added</p> <p><b>Amount:</b> \$5,438.70</p>

**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
<b>Primary Tower TOWER</b>	<b>\$394,800.00</b>	<b>\$175,000.00</b>		<b>\$104,697.00</b>	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	\$6,500.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	\$98,197.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$394,800.00</b>	<b>\$175,000.00</b>	<b>N/A</b>	<b>\$104,697.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$3,931,212.50</b>	<b>\$2,269,864.47</b>	<b>N/A</b>	<b>\$1,356,341.37</b>	<b>N/A</b>

**Components**

Actual Information Description	File Name
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<p>Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study</p>	<p><b>Component Description:</b> 4SE TOWER ANALYSIS INVOICE <b>Amount:</b> \$6,500.00</p> <p><b>Component Description:</b> 4SE QUOTE TOWER ANALYSIS <b>Amount:</b> N/A</p> <p><b>Component Description:</b> 4SE W9 FORM <b>Amount:</b> N/A</p>
<p>Minor tower reinforcement /modifications</p>	<p><b>Component Description:</b> completion of tower work invoice <b>Amount:</b> \$20,740.80</p> <p><b>Component Description:</b> FINAL PAYMENT CTC TOWER with information requested <b>Amount:</b> \$18,345.00</p> <p><b>Component Description:</b> Progress invoice for tower work <b>Amount:</b> \$31,111.20</p> <p><b>Component Description:</b> deposit for antennas removal and installation <b>Amount:</b> \$28,000.00</p> <p><b>Component Description:</b> CTC PROPOSAL # 10181701T <b>Amount:</b> N/A</p>

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Tall Tower (greater than  
500')

Information not provided.

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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>\$326,160.00</b>	<b>\$312,750.00</b>		<b>\$130,794.65</b>	
Project management of the transition	\$181,700.00	\$172,500.00	N/A	\$119,837.15	N/A
Additional legal fees	<i>\$8,500.00</i>	\$8,500.00	N/A	\$675.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$3,487.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$787.50	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,462.50	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$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	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
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$5,500.00	The process of completing the form and ensuring exact recording of information is time consuming in a way for which the predetermined estimate is inadequate.	\$4,545.00	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

Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$326,160.00	\$312,750.00	N/A	\$130,794.65	N/A
<b>Total for all systems</b>	\$3,931,212.50	\$2,269,864.47	N/A	\$1,356,341.37	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<b>Component Description:</b> April 2020 PM invoice
	<b>Amount:</b> \$1,762.50
	<b>Component Description:</b> CSS April 2019 invoice A19-0406
	<b>Amount:</b> \$7,206.35
	<b>Component Description:</b> WTVQ Sept. 2019 project management invoice 19-0906
	<b>Amount:</b> \$22,767.00
	<b>Component Description:</b> June 2019 Project Management invoice
	<b>Amount:</b> \$2,325.00
	<b>Component Description:</b> WTVQ Aug. 2019 project management invoice 19-0806
	<b>Amount:</b> \$16,790.10



**Component Description:** AUG. 2017  
PROJECT  
MANAGEMENT  
INVOICE  
**Amount:** \$837.00

**Component Description:** Feb. 2019 CSS  
invoice 19-0206  
**Amount:** \$1,912.50

**Component Description:** PROJECT  
MANAGEMENT  
INVOICE  
**Amount:** \$2,025.00

**Component Description:** PROJECT  
MANAGEMENT  
HOURS JUNE 2017  
**Amount:** \$2,341.50

**Component Description:** SEPT. 2017  
PROJECT  
MANAGEMENT  
INVOICE  
**Amount:** \$405.00

**Component Description:** May 2019 Project  
Management  
invoice 19-0506  
**Amount:** \$1,987.50

**Component Description:** PROJECT  
MANAGEMENT  
INVOICE  
**Amount:** \$825.00

**Component Description:** FEB 2018 INVOICE  
FOR PROJECT  
MANAGEMENT  
**Amount:** \$2,850.00

**Component Description:** CSS JAN, 2018  
INVOICE FOR  
PROJECT  
MANAGEMENT  
HOURS  
**Amount:** \$1,800.00

**Component Description:** PROJECT  
MANAGEMENT  
INVOICE  
**Amount:** \$712.50

**Component Description:** MARCH 2018  
PROJECT  
MANAGEMENT  
INVOICE  
**Amount:** \$862.50

**Component Description:** CSS INVOICE  
OCT. 2018  
**Amount:** \$562.50

**Component Description:** March 2019 invoice  
for project  
Management  
**Amount:** \$1,650.00

**Component Description:** FEB Project  
Management  
invoice  
**Amount:** \$1,612.50

**Component Description:** Nov. Project Management invoice 19-1106  
**Amount:** \$1,650.00

**Component Description:** APRIL 2018 PROJECT MANAGEMENT INVOICE  
**Amount:** \$787.50

**Component Description:** JAN Project Management invoice  
**Amount:** \$1,912.50

**Component Description:** Dec. 2018 CSS invoice  
**Amount:** \$450.00

**Component Description:** DEC Project Management invoice  
**Amount:** \$2,175.00

**Component Description:** PROJECT MANAGEMENT INVOICE  
**Amount:** \$1,575.00

**Component Description:** PROJECT MANAGEMENT HOURS MAY 2017  
**Amount:** \$1,548.00

**Component Description:** CSS OCT. 2017  
INVOICE FOR  
PROJECT  
MANAGEMENT  
HOURS  
**Amount:** \$2,925.00

**Component Description:** MAR Project  
Management  
invoice  
**Amount:** \$1,650.00

**Component Description:** JULY 2017  
PROJECT  
MANAGEMENT  
INVOICE  
**Amount:** \$1,870.50

**Component Description:** Nov. 2018 CSS  
invoice  
**Amount:** \$225.00

**Component Description:** Oct. Project  
Management  
invoice 19-1006  
**Amount:** \$26,509.20

**Component Description:** CSS July 2019  
project  
Management  
invoice  
**Amount:** \$2,137.50

**Component Description:** Jan. 2019 CSS  
invoice 19-0106  
**Amount:** \$562.50

	<p><b>Component Description:</b> PROJECT MANAGEMENT HOURS APRIL 2017</p> <p><b>Amount:</b> \$2,625.00</p>
Additional legal fees	<p><b>Component Description:</b> Assist with required progress report</p> <p><b>Amount:</b> \$112.50</p> <p><b>Component Description:</b> Assisted with transition status progress reports</p> <p><b>Amount:</b> \$337.50</p> <p><b>Component Description:</b> Assist with transition status reports and provide advice on FCC rules and policies governing repack</p> <p><b>Amount:</b> \$225.00</p>
RF Exposure Measurements	Information not provided.

<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p><b>Component Description:</b> Legal fees for completing and filing then modifying and reformatting request for transition phase change per request from FCC staff</p> <p><b>Amount:</b> \$1,237.50</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> Legal fees for teleconfs. with FCC staff and station sharing antenna concerning STA request and advice to client regarding same</p> <p><b>Amount:</b> \$337.50</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> Legal fees for work on STA request for change in transition phase for WTVQ-DT</p> <p><b>Amount:</b> \$1,912.50</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> Provide legal advice and assistance with license application and related matters</p> <p><b>Amount:</b> \$787.50</p>

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Legal fees in connection with the preparation and filing of Form 2100 construction permit application</p> <p><b>Amount:</b> \$562.50</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Legal fees for advice concerning preparation and filing of Form 2100 application for construction permit</p> <p><b>Amount:</b> \$112.50</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Legal fees in connection with preparation of Form 2100 application for construction permit</p> <p><b>Amount:</b> \$787.50</p>
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Information not provided.</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>
<p>Prepare and or review reimbursement form</p>	

**Component Description:** Provide legal advice and assistance in connection with reimbursement requests  
**Amount:** \$450.00

**Component Description:** Legal advice in connection with reimbursement  
**Amount:** \$315.00

**Component Description:** Legal advice and assistance with reimbursement request  
**Amount:** \$337.50

**Component Description:** Assist with compiling information for and preparation of Form 399  
**Amount:** \$337.50

**Component Description:** Assisted client and contacted FCC in attempt to resolve technical difficulties with Form 399 and inability to update  
**Amount:** \$225.00

**Component Description:** Provide legal advice and counsel in connection with reimbursement issues  
**Amount:** \$112.50



**Component Description:** Assist with preparation of Form 399  
**Amount:** \$1,012.50

**Component Description:** Provided legal advice and counsel in connection with reimbursement  
**Amount:** \$225.00

**Component Description:** Provide legal advice and assistance with reimbursement request  
**Amount:** \$225.00

**Component Description:** Legal fees for advice concerning reimbursement process and forms  
**Amount:** \$112.50

**Component Description:** Legal fees in connection with the preparation and filing of Form 1876 and Schedule 399  
**Amount:** \$337.50

**Component Description:** Legal fees in connection with preparation and filing of information necessary to enable reimbursement  
**Amount:** \$202.50

	<p><b>Component Description:</b> Provide legal advice and counsel in connection with reimbursement requests</p> <p><b>Amount:</b> \$112.50</p> <p><b>Component Description:</b> Legal fees in connection with preparation and filing of Schedule 399</p> <p><b>Amount:</b> \$540.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Comprehensive coverage verification via field study, if needed</p>	<p>Information not provided.</p>

**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>\$80,902.50</b>	<b>\$72,132.50</b>		<b>\$34,097.50</b>	
Building Clean out and disposal	<i>\$30,000.00</i>	\$30,000.00	N/A	\$29,550.00	N/A
Equipment Delivery and Handling Charges	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Local Zoning	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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 - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$2,835.00	N/A	\$2,835.00	N/A
MVPD Notification of Channel Change	<b>\$1,375.00</b>	\$1,375.00	N/A	\$1,375.00	N/A
Develop and air announcement of upcoming channel change	<b>\$337.50</b>	\$337.50	The prior estimate was slightly too low due to the need to provide more details about the notices when the time for airing them arrived.	\$337.50	N/A
Equipment Storage	<b>\$10,000.00</b>	\$10,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$80,902.50	\$72,132.50	N/A	\$34,097.50	N/A
<b>Total for all systems</b>	\$3,931,212.50	\$2,269,864.47	N/A	\$1,356,341.37	N/A

### Components

Actual Information	
Description	File Name
Building Clean out and disposal	<p><b>Component Description:</b> Clean out of building and removal of transformer oil</p> <p><b>Amount:</b> \$29,550.00</p>
Equipment Delivery and Handling Charges	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Non-zoning permits	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<p><b>Component Description:</b> Medical notification invoice</p> <p><b>Amount:</b> \$2,835.00</p>
MVPD Notification of Channel Change	<p><b>Component Description:</b> MVPD notification invoice</p> <p><b>Amount:</b> \$1,375.00</p>

<p>Develop and air announcement of upcoming channel change</p>	<p><b>Component Description:</b> Legal advice and assistance with preparing notices of channel change for viewers</p> <p><b>Amount:</b> \$112.50</p> <p><b>Component Description:</b> Provide legal advice and assistance in connection with required notices to consumers</p> <p><b>Amount:</b> \$225.00</p>
<p>Equipment Storage</p>	<p>Information not provided.</p>

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$3,931,212.50	\$2,269,864.47	\$1,356,341.37

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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.

**Bobby  
Berry**  
*Chief  
Operating  
Officer*

09/21/2020

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

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.

**Bobby  
Berry**  
*Chief  
Operating  
Officer*

09/21/2020

Certification	Section	Question	Response
	<p><b>Submission of Final Allocation or Accounting Information Statements</b></p>	<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 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.</li>   <li>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.</li> </ol>	

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.

**Bobby  
Berry**  
*Chief  
Operating  
Officer*

09/21/2020

## Attachments