



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **70158** | Service: **DCA** | Call **WVH-CD** | Channel: **18 (UHF)** |  
ID:  
File **0000026842**  
Number:  
FRN: **0004934246** | Date **07/02**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant                                                 | Address                                                                   | Phone                 | Email             | Applicant Type |
|-----------------------------------------------------------|---------------------------------------------------------------------------|-----------------------|-------------------|----------------|
| <b>Video Voice., Inc.</b><br>Doing Business As:<br>WVH-TV | Ernest Schimizzi<br>PO Box 769<br>Wainscott, NY<br>11975<br>United States | +1 (917) 559-<br>3323 | wvhtv@aol.<br>com | Corporation    |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

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

## Preparer Contact Information

### Preparer Contact Name and Information

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

## Broadcaster Information and Transition Plan

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

|                                                                                                                                                                                                                                                                                                                                                              |                                                                                                 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No                                                                                              |
| Briefly describe transition plan                                                                                                                                                                                                                                                                                                                             | Remove and replace existing antenna.<br>Install new transmission line and new Main Transmitter. |

## Transmitters

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

**Primary  
Transmitter**

**Existing Transmitter Information**

| Section                                               | Question                                                   | Response          |
|-------------------------------------------------------|------------------------------------------------------------|-------------------|
| <b>Existing Transmitter<br/>Description</b>           | Type of change                                             | Purchase<br>New   |
|                                                       | Use                                                        | Primary<br>(Main) |
|                                                       | Description of Use                                         | N/A               |
|                                                       | Ownership                                                  | Owned             |
|                                                       | Owner                                                      | N/A               |
|                                                       | Site                                                       | N/A               |
|                                                       | Is this transmitter currently shared with another station? | No                |
|                                                       | Is this transmitter currently in operating condition?      | Yes               |
| <b>Existing Transmitter<br/>Manufacturer and Type</b> | Manufacturer                                               |                   |
|                                                       | Model                                                      | AT71-500-10       |
|                                                       | Year                                                       | 2011              |
|                                                       | Type                                                       | Solid State       |
|                                                       | Solid State Cooling                                        | Air Cooled        |
|                                                       | Solid State Power Capacity                                 | 0.5 kW            |

**Primary  
Transmitter**

**New Transmitter Costs**

| Section         | Question                                  | Response                                                                                                                                  |
|-----------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|
| New Transmitter | Use                                       | Primary (Main)                                                                                                                            |
|                 | Change Type                               | Purchase New                                                                                                                              |
|                 | Is this a request for upgraded equipment? | No                                                                                                                                        |
|                 | Manufacturer                              |                                                                                                                                           |
|                 | Model                                     | EC710MP-BB                                                                                                                                |
|                 | Transmitter Type                          | Solid State                                                                                                                               |
|                 | Solid State Cooling                       | Air Cooled                                                                                                                                |
|                 | Solid State Power capacity                | 1.0 kW                                                                                                                                    |
|                 | Justification for New Transmitter         | Existing Transmitter can not be retuned as per manufacturer COMARK. Their announcement attached "AT Series Transmitter Retuning Options". |

**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              | Yes      |
|                    | Size                                  | 2 inches |
|                    |                                       |          |

|                                                                            |                                                                                               |                                                                                         |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
|                                                                            | Length                                                                                        | 100.0 feet                                                                              |
|                                                                            | Other Electrical Service                                                                      | Yes                                                                                     |
|                                                                            | Description                                                                                   | Conduit and wiring run from switch panel to new transmitter. Lightning Surge Protector. |
| <b>HVAC Service</b>                                                        | Does the replacement transmitter require HVAC Service?                                        | Yes                                                                                     |
|                                                                            | Type                                                                                          | Cooling Only                                                                            |
|                                                                            | Size                                                                                          | 5 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**  
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          |
|---------------------------------------------------|------------------------------------------------------------------|-------------------|
| <b>Existing Antenna<br/>Description</b>           | Type of change                                                   | Purchase<br>New   |
|                                                   | Antenna Use                                                      | Primary<br>(Main) |
|                                                   | Description of Use                                               | N/A               |
|                                                   | Ownership                                                        | Owned             |
|                                                   | Owner                                                            | N/A               |
|                                                   | Site                                                             | N/A               |
|                                                   | Is the existing antenna shared with another station or stations? | 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<br/>Manufacturer and Type</b> | Class                                                            | Class A           |
|                                                   | Mounting                                                         | Side Mount        |
|                                                   | Antenna position in stack                                        | Not in Stack      |
|                                                   | Polarization                                                     | Horizontal        |
|                                                   | Type                                                             | Other             |
|                                                   | 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                                               | Yagi              |
|                                                   | ERP: (Effective Radiated Power)<br>.....                         | 15.0 kW           |
|                                                   | Manufacturer                                                     |                   |
|                                                   |                                                                  |                   |

|       |            |
|-------|------------|
| Model | AST0607330 |
| Year  | 2011       |

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## 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                                                                | Class A         |
|                                    | 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)                                      | 15.0 kW         |
|                                    | Manufacturer                                                         |                 |
|                                    | Model                                                                | PSILP8SLVVH-18  |
|                                    | Year                                                                 | 2018            |

|  |                               |                                     |
|--|-------------------------------|-------------------------------------|
|  | Justification for New Antenna | Existing antenna can not be retuned |
|--|-------------------------------|-------------------------------------|

**Primary Antenna**

**Other Antenna Costs**

| Section                            | Question                                                                                                    | Response |
|------------------------------------|-------------------------------------------------------------------------------------------------------------|----------|
| <b>Combiner for Shared Antenna</b> | 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      |
| <b>Elbow Complex</b>               | Do you require the separate purchase of the Elbow Complex?                                                  | No       |
|                                    | Broadband or Single Channel?                                                                                | N/A      |
|                                    | Feed Line Size                                                                                              | N/A      |
| <b>Side Mount Brackets</b>         | Do you require the separate purchase of side mount brackets for a high power antenna?                       | No       |
| <b>Pattern Scatter Analysis</b>    | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No       |
| <b>Sweep Test</b>                  | Do you require the sweep testing of transmission line and antenna?                                          | Yes      |

**Primary Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

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

**Primary  
Transmission Line**

**Existing Transmission Line**

| Section                                                 | Question                                                                   | Response         |
|---------------------------------------------------------|----------------------------------------------------------------------------|------------------|
| <b>Existing Transmission Line Description</b>           | Type of change                                                             | Purchase New     |
|                                                         | Use                                                                        | Primary (Main)   |
|                                                         | Description of Use                                                         | N/A              |
|                                                         | Ownership                                                                  | Owned            |
|                                                         | Owner                                                                      | N/A              |
|                                                         | Site                                                                       | N/A              |
|                                                         | Is the existing transmission line shared with another station or stations? | No               |
|                                                         | Is Transmission Line in operating condition?                               | Yes              |
| <b>Existing Transmission Line Manufacturer and Type</b> | Manufacturer                                                               |                  |
|                                                         | Type                                                                       | Flexible Foam    |
|                                                         | Diameter                                                                   | 7/8 inches       |
|                                                         | Other Diameter                                                             | N/A              |
|                                                         | Segment Length                                                             | N/A              |
|                                                         | Other Segment Length                                                       | N/A              |
|                                                         | Number of parallel runs                                                    | 1                |
|                                                         | Length                                                                     | 400 feet per run |

**Primary** **New Transmission Line**  
**Transmission Line**

| Section                            | Question                                  | Response                                                                                                                                                                        |
|------------------------------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>New Transmission Line Costs</b> | Use                                       | Primary (Main)                                                                                                                                                                  |
|                                    | Description of Use                        | N/A                                                                                                                                                                             |
|                                    | Change Type                               | Purchase New                                                                                                                                                                    |
|                                    | Is this a request for upgraded equipment? | No                                                                                                                                                                              |
|                                    | Type                                      | Flexible Foam                                                                                                                                                                   |
|                                    | Diameter                                  | 7/8 inches                                                                                                                                                                      |
|                                    | Other Diameter                            | N/A                                                                                                                                                                             |
|                                    | Segment Length                            | N/A                                                                                                                                                                             |
|                                    | Other Segment Length                      | N/A                                                                                                                                                                             |
|                                    | Number of parallel runs                   | 1                                                                                                                                                                               |
|                                    | Length                                    | 400 feet per run                                                                                                                                                                |
|                                    | Justification for New Transmission Line   | Present Transmission Line worn. We are located near the water and environmental conditions and salt water have degraded the present transmission line and needs to be replaced. |

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

| Section                                  | Question                                              | Response |
|------------------------------------------|-------------------------------------------------------|----------|
| Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | Yes      |

**Primary  
Tower**

**Existing Tower**

| Section                                             | Question                                                | Response            |
|-----------------------------------------------------|---------------------------------------------------------|---------------------|
| Existing Tower Description                          | Type of change                                          | Modify Existing     |
|                                                     | Tower Use                                               | Primary (Main)      |
|                                                     | Description of Use                                      | N/A                 |
|                                                     | Ownership                                               | Owned               |
|                                                     | Is this tower consider Complex?                         | Located on Building |
|                                                     | 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)                                        | 40° 57' 20.0" N-    |
|                                                     | Longitude (NAD83)                                       | 072° 15' 14.0" W-   |
|                                                     | Overall Structure Height                                | 18.30 feet          |
|                                                     | Support Structure Height                                | 15.20 feet          |
|                                                     |                                                         |                     |

|  |                                              |                            |
|--|----------------------------------------------|----------------------------|
|  | Ground Elevation Above Mean Sea Level (AMSL) | 16.00 feet                 |
|  | Structure Type                               | BTWR - Building with Tower |
|  | Tower Owner                                  | Video Voice, Inc.          |
|  | Date Constructed                             | 01/01/2011                 |

**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                     | Located on Building |
| Helicopter Services Required | Are helicopter services required? | No                  |

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional**

| Section                                                           | Question                                                                     | Response                                                                                                                                                                      |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Services Costs<br/>Outside Project<br/>Management Services</b> | Do you require outside project management services?                          | Yes                                                                                                                                                                           |
|                                                                   | Number of Hours                                                              | 645                                                                                                                                                                           |
|                                                                   | Explanation                                                                  | Please see the attached quote from Widely; also, the Pattern analysis Antenna Spec Transmitter Spec. Building drawings, installation Supervision Accounting, Internal, Legal. |
| <b>Outside RF consulting<br/>Engineering Services</b>             | Perform engineering study for new channel assignment and antenna development | Yes                                                                                                                                                                           |
|                                                                   | Prepare engineering section of Form FCC Construction Permit Application      | Yes                                                                                                                                                                           |
|                                                                   | For Auxiliary Facility                                                       | No                                                                                                                                                                            |
|                                                                   | For Main Facility                                                            | Yes                                                                                                                                                                           |
|                                                                   | Prepare engineering section of Form FCC License to Cover Application         | Yes                                                                                                                                                                           |
|                                                                   | For Auxiliary Facility                                                       | No                                                                                                                                                                            |
|                                                                   | For Main Facility                                                            | Yes                                                                                                                                                                           |
|                                                                   | Prepare request for Special Temporary Authority                              | No                                                                                                                                                                            |
|                                                                   | Quantity                                                                     | N/A                                                                                                                                                                           |
|                                                                   | Do you have Distributed Transmission System engineering services?            | N/A                                                                                                                                                                           |



|                                                               |                                                                                            |     |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----|
|                                                               | Critical Facility                                                                          | N/A |
|                                                               | Terrain-Shielded Facility                                                                  | N/A |
| <b>Attorney and Other<br/>Outside Consulting<br/>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  |
|                                                               | 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                                 | Yes |
|                                                               | 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<br/>Services</b>                      | Comprehensive coverage verification via field study                                        | Yes |
|                                                               | RF exposure measurements                                                                   | No  |
|                                                               | Additional Field Engineering Service                                                       | Yes |
|                                                               | Number of Days                                                                             | 4   |
|                                                               |                                                                                            |     |

|  |               |                                                         |
|--|---------------|---------------------------------------------------------|
|  | Justification | Antenna Sweep and transmitter installation and proofing |
|--|---------------|---------------------------------------------------------|

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name               | Description     |
|--------------------|-----------------|
| Progress Reporting | 387 Application |

**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                                                                          | No       |
| <b>Other Miscellaneous Expenses</b> | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?        | No       |
|                                     | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | No       |
|                                     | Does this relocation require Equipment Storage?                                                                      | No       |
|                                     | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?     | Yes      |
|                                     | Does this relocation require MVPD Notification of a Channel Change?                                                  | Yes      |

|                       |                                                               |
|-----------------------|---------------------------------------------------------------|
| <b>Other Expenses</b> | <b>Other Expenses Not Listed</b><br>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 EC710MP-BB</b>                                                                             | <b>\$157,850.00</b>         | <b>\$117,183.36</b> |                                                                                                               | <b>\$94,315.36</b>  |                           |
| 5 Ton system                                                                                                      | \$20,250.00                 | \$15,500.00         | N/A                                                                                                           | \$6,500.00          | N/A                       |
| Other Electrical Service: Conduit and wiring run from switch panel to new transmitter. Lightning Surge Protector. | <i>\$9,000.00</i>           | \$9,000.00          | N/A                                                                                                           | \$3,725.00          | N/A                       |
| 2" Rigid Conduit and Wiring (Cost per foot)                                                                       | \$2,600.00                  | \$2,400.00          | N/A                                                                                                           | \$0.00              | N/A                       |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW                                                               | \$126,000.00                | \$90,283.36         | see Estimated Cost Justification WVVH-CD-110-1st Primary Transmitter - UHF Air-Cooled Solid State 1-2.5 kW v0 | \$84,090.36         | N/A                       |
| <b>Sub-total</b>                                                                                                  | <b>\$157,850.00</b>         | <b>\$117,183.36</b> | <b>N/A</b>                                                                                                    | <b>\$94,315.36</b>  | <b>N/A</b>                |
| <b>Total for all systems</b>                                                                                      | <b>\$1,036,360.00</b>       | <b>\$644,821.99</b> | <b>N/A</b>                                                                                                    | <b>\$189,342.21</b> | <b>N/A</b>                |

## Components

| Actual Information                                                                                                |                                                                                                                                                                                                                                                                                                                                          |
|-------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                                                                                                       | File Name                                                                                                                                                                                                                                                                                                                                |
| 5 Ton system                                                                                                      | <p><b>Component Description:</b> Heating and Air Conditioning Unit for WVVH-CD</p> <p><b>Amount:</b> \$6,500.00</p>                                                                                                                                                                                                                      |
| Other Electrical Service: Conduit and wiring run from switch panel to new transmitter. Lightning Surge Protector. | <p><b>Component Description:</b> Demo cap and kill all hazardous circuits</p> <p><b>Amount:</b> \$3,725.00</p>                                                                                                                                                                                                                           |
| 2" Rigid Conduit and Wiring (Cost per foot)                                                                       | Information not provided.                                                                                                                                                                                                                                                                                                                |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW                                                               | <p><b>Component Description:</b> TV Transmitter Installation</p> <p><b>Amount:</b> \$9,747.00</p> <p><b>Component Description:</b> Labor to coordinate with customer</p> <p><b>Amount:</b> \$11,764.50</p> <p><b>Component Description:</b> EC710MP-BB 1000W UHF Air cooled Digital TV Transmitter</p> <p><b>Amount:</b> \$62,578.86</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 |
|--------------------------------------------------------------------|-----------------------------|----------------|----------------------------------|--------------|---------------------------|
| Primary Antenna PSILP8SLVVH-18                                     | \$33,030.00                 | \$39,812.13    |                                  | \$15,572.13  |                           |
| Sweep test of existing antenna                                     | \$6,730.00                  | \$6,000.00     | N/A                              | \$0.00       | N/A                       |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | \$26,300.00                 | \$33,812.13    | Propagation Systems, Inc Invoice | \$15,572.13  | N/A                       |
| Sub-total                                                          | \$33,030.00                 | \$39,812.13    | N/A                              | \$15,572.13  | N/A                       |
| Total for all systems                                              | \$1,036,360.00              | \$644,821.99   | N/A                              | \$189,342.21 | N/A                       |

Components

| Actual Information                                                 |                                                                                                                                 |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|
| Description                                                        | File Name                                                                                                                       |
| Sweep test of existing antenna                                     | Information not provided.                                                                                                       |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | <div>Component Description: PSILP8SLVVH-18 8-Bay Low Power UHF Slot Antenna for Channel 18</div> <div>Amount: \$15,572.13</div> |

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                          | \$4,400.00                  | \$3,500.00     |                              | \$2,509.72   |                           |
| Flexible Foam Transmission Line - dielectric, 7/8" | \$4,400.00                  | \$3,500.00     | N/A                          | \$2,509.72   | N/A                       |
| Sub-total                                          | \$4,400.00                  | \$3,500.00     | N/A                          | \$2,509.72   | N/A                       |
| Total for all systems                              | \$1,036,360.00              | \$644,821.99   | N/A                          | \$189,342.21 | N/A                       |

Components

| Actual Information                                 |                                                               |
|----------------------------------------------------|---------------------------------------------------------------|
| Description                                        | File Name                                                     |
| Flexible Foam Transmission Line - dielectric, 7/8" | Component Description: 7/8" FOAM TRANSMISSION LINE EC5-50-A   |
|                                                    | Amount: \$2,289.72                                            |
|                                                    | Component Description: 1-5/8" - 7/8" PLATE REDUCER 201-017-BR |
|                                                    | Amount: \$220.00                                              |
|                                                    | Component Description: Invoice moved to another component.    |
|                                                    | Amount: N/A                                                   |



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 BTWR                                                                    | \$591,600.00                | \$261,500.00   |                                             | \$19,740.00  |                           |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00                | \$120,000.00   | N/A                                         | \$18,240.00  | N/A                       |
| Structural engineering tower load study for well documented tower                     | \$12,600.00                 | \$1,500.00     | per WVVH-CD ATC Customer Project Estimation | \$1,500.00   | N/A                       |
| Minor tower reinforcement /modifications                                              | \$158,000.00                | \$140,000.00   | N/A                                         | \$0.00       | N/A                       |
| Sub-total                                                                             | \$591,600.00                | \$261,500.00   | N/A                                         | \$19,740.00  | N/A                       |
| Total for all systems                                                                 | \$1,036,360.00              | \$644,821.99   | N/A                                         | \$189,342.21 | N/A                       |

Components

| Actual Information Description | File Name |
|--------------------------------|-----------|
|--------------------------------|-----------|

|                                                                                              |                                                                                                                                                                                                                                                                                                                   |                               |                                                              |                |             |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------------------------------------------------------------|----------------|-------------|
| <p>Complex Tower (includes, for example, those with candelabras and/or stacked antennas)</p> | <table> <tr> <td data-bbox="708 174 1015 210"><b>Component Description:</b></td><td data-bbox="1150 174 1356 405">LABOR AND MATERIALS TO ASSEMBLE AND INSTALL PSILP8LVVH-18-CP</td></tr> <tr> <td data-bbox="708 416 815 452"><b>Amount:</b></td><td data-bbox="1150 416 1283 452">\$18,240.00</td></tr> </table> | <b>Component Description:</b> | LABOR AND MATERIALS TO ASSEMBLE AND INSTALL PSILP8LVVH-18-CP | <b>Amount:</b> | \$18,240.00 |
| <b>Component Description:</b>                                                                | LABOR AND MATERIALS TO ASSEMBLE AND INSTALL PSILP8LVVH-18-CP                                                                                                                                                                                                                                                      |                               |                                                              |                |             |
| <b>Amount:</b>                                                                               | \$18,240.00                                                                                                                                                                                                                                                                                                       |                               |                                                              |                |             |
| <p>Structural engineering tower load study for well documented tower</p>                     | <table> <tr> <td data-bbox="708 586 1015 622"><b>Component Description:</b></td><td data-bbox="1150 586 1342 701">BROADCAST STRUCTURAL - NOYACK</td></tr> <tr> <td data-bbox="708 712 815 748"><b>Amount:</b></td><td data-bbox="1150 712 1267 748">\$1,500.00</td></tr> </table>                                 | <b>Component Description:</b> | BROADCAST STRUCTURAL - NOYACK                                | <b>Amount:</b> | \$1,500.00  |
| <b>Component Description:</b>                                                                | BROADCAST STRUCTURAL - NOYACK                                                                                                                                                                                                                                                                                     |                               |                                                              |                |             |
| <b>Amount:</b>                                                                               | \$1,500.00                                                                                                                                                                                                                                                                                                        |                               |                                                              |                |             |
| <p>Minor tower reinforcement /modifications</p>                                              | <p>Information not provided.</p>                                                                                                                                                                                                                                                                                  |                               |                                                              |                |             |

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<br>Cost Estimate | Estimated<br>Cost | Estimated Cost<br>Justification                                  | Actual Cost | Actual Cost<br>Justification |
|----------------------------------------------------------------------------------------|--------------------------------|-------------------|------------------------------------------------------------------|-------------|------------------------------|
| Outside Professional Services                                                          | \$221,485.00                   | \$200,367.50      |                                                                  | \$47,881.00 |                              |
| Progress Reporting                                                                     | \$185.00                       | \$185.00          | See WVVH-CD Progress Reports Revision Justification Cover Letter | \$185.00    | N/A                          |
| Additional Field Engineering Service, 4 Days                                           | \$6,000.00                     | \$6,000.00        | N/A                                                              | \$0.00      | N/A                          |
| Comprehensive coverage verification via field study, if needed                         | \$84,200.00                    | \$65,000.00       | N/A                                                              | \$0.00      | N/A                          |
| Attorney Fees - Negotiation of lease and other matters for shared locations            | \$4,210.00                     | \$4,000.00        | N/A                                                              | \$0.00      | N/A                          |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application    | \$2,365.00                     | \$2,250.00        | N/A                                                              | \$0.00      | N/A                          |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00                     | \$5,000.00        | N/A                                                              | \$1,000.00  | N/A                          |

|                                                                                      |                |              |                                                 |              |     |
|--------------------------------------------------------------------------------------|----------------|--------------|-------------------------------------------------|--------------|-----|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application    | \$1,580.00     | \$1,500.00   | N/A                                             | \$1,500.00   | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00     | \$4,757.50   | Invoice Communications Technologies, Inc 008862 | \$3,220.00   | N/A |
| Perform engineering study for new channel assignment and antenna development         | \$7,360.00     | \$7,000.00   | N/A                                             | \$3,766.25   | N/A |
| Address transition timing and coordination issues w/ other stations and wireless     | \$2,630.00     | \$2,500.00   | N/A                                             | \$0.00       | N/A |
| Project management of the transition                                                 | \$101,910.00   | \$99,675.00  | see WVVH-CD Strategic support quote 4-1-19      | \$38,209.75  | N/A |
| Prepare and or review reimbursement form                                             | \$2,630.00     | \$2,500.00   | N/A                                             | \$0.00       | N/A |
| <b>Sub-total</b>                                                                     | \$221,485.00   | \$200,367.50 | N/A                                             | \$47,881.00  | N/A |
| <b>Total for all systems</b>                                                         | \$1,036,360.00 | \$644,821.99 | N/A                                             | \$189,342.21 | N/A |

## Components

| Actual Information                                                                     |                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                                                                            | File Name                                                                                                                                                                                                                                                                                                                                    |
| Progress Reporting                                                                     | <p><b>Component Description:</b> WVH-CD-530-RF<br/>Eng - Progress Reporting</p> <p><b>Amount:</b> \$185.00</p>                                                                                                                                                                                                                               |
| Additional Field Engineering Service, 4 Days                                           | Information not provided.                                                                                                                                                                                                                                                                                                                    |
| Comprehensive coverage verification via field study, if needed                         | <p><b>Component Description:</b> Please deny this invoice.</p> <p><b>Amount:</b> N/A</p>                                                                                                                                                                                                                                                     |
| Attorney Fees - Negotiation of lease and other matters for shared locations            | Information not provided.                                                                                                                                                                                                                                                                                                                    |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application     | Information not provided.                                                                                                                                                                                                                                                                                                                    |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | <p><b>Component Description:</b> Attorney Fees - Prepare and File FCC Form 2100 (main) Construction Permit Application</p> <p><b>Amount:</b> \$500.00</p> <p><b>Component Description:</b> Legal Services</p> <p><b>Amount:</b> \$500.00</p> <p><b>Component Description:</b> Legal Professional Services</p> <p><b>Amount:</b> \$500.00</p> |

|                                                                                      |                                                 |                                                                                                                          |
|--------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application    | <b>Component Description:</b><br><b>Amount:</b> | Preparation of FCC<br>\$1,500.00                                                                                         |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <b>Component Description:</b><br><b>Amount:</b> | Application to modify construction permit<br>\$1,757.50                                                                  |
|                                                                                      | <b>Component Description:</b><br><b>Amount:</b> | Prepare engineering section of FCC Form 2100 (main)<br>Construction Permit Application<br>\$1,462.50                     |
|                                                                                      | <b>Component Description:</b><br><b>Amount:</b> | FCC FORM 2100<br>MAIN<br>ENGINEERING<br>DOCUMENTATION<br>AND FORM PREP<br>\$1,000.06                                     |
| Perform engineering study for new channel assignment and antenna development         | <b>Component Description:</b><br><b>Amount:</b> | Engineering Study<br>\$1,248.75                                                                                          |
|                                                                                      | <b>Component Description:</b><br><b>Amount:</b> | N/A<br>N/A                                                                                                               |
|                                                                                      | <b>Component Description:</b><br><b>Amount:</b> | 5.5 HOURS<br>CUSTOM ANTENNA<br>DESIGN WORK.<br>REVIEW SITE<br>LIMITATIONS,<br>INITIAL TVSTUDY<br>ANALYSIS.<br>\$2,517.50 |

|                                                                                  |                                                 |                                  |
|----------------------------------------------------------------------------------|-------------------------------------------------|----------------------------------|
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided.                       |                                  |
| Project management of the transition                                             | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$2,774.60 |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$3,192.50 |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$1,976.25 |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$6,836.95 |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$926.25   |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$2,752.40 |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$581.25   |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$2,392.35 |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$1,854.80 |
|                                                                                  | <b>Component Description:</b><br><b>Amount:</b> | Project Management<br>\$2,565.35 |

|                                          |                               |                                                              |
|------------------------------------------|-------------------------------|--------------------------------------------------------------|
|                                          | <b>Component Description:</b> | Project Management                                           |
|                                          | <b>Amount:</b>                | \$2,221.25                                                   |
|                                          | <b>Component Description:</b> | Project Management                                           |
|                                          | <b>Amount:</b>                | \$6,507.90                                                   |
|                                          | <b>Component Description:</b> | Project Management                                           |
|                                          | <b>Amount:</b>                | \$1,961.65                                                   |
|                                          | <b>Component Description:</b> | Project Management                                           |
|                                          | <b>Amount:</b>                | \$451.25                                                     |
|                                          | <b>Component Description:</b> | Project Management                                           |
|                                          | <b>Amount:</b>                | \$1,215.00                                                   |
|                                          | <b>Component Description:</b> | Project Management                                           |
|                                          | <b>Amount:</b>                | \$1,215.00                                                   |
| Prepare and or review reimbursement form | <b>Component Description:</b> | FORM 399 INVOICE REVIEW, UPLOAD AND FIGURE OUT FORM HANDLING |
|                                          | <b>Amount:</b>                | \$462.44                                                     |



## 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>\$27,995.00</b>          | <b>\$22,459.00</b>  |                                            | <b>\$9,324.00</b>   |                           |
| MVPD Notification of Channel Change                      | <i>\$5,000.00</i>           | \$5,000.00          | N/A                                        | \$0.00              | N/A                       |
| Develop and air announcement of upcoming channel change  | <i>\$5,000.00</i>           | \$5,000.00          | N/A                                        | \$2,866.00          | N/A                       |
| Non-zoning permits                                       | <i>\$2,000.00</i>           | \$2,000.00          | N/A                                        | \$0.00              | N/A                       |
| Local Zoning                                             | <i>\$3,000.00</i>           | \$3,000.00          | N/A                                        | \$0.00              | N/A                       |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00                    | \$325.00            | N/A                                        | \$0.00              | N/A                       |
| FCC Filing Fees - Form 2100 minor change CP application  | \$1,110.00                  | \$0.00              | 4/22/2020 Category deemed non-reimbursable | \$0.00              | N/A                       |
| DTV Medical Facility Notification                        | \$11,550.00                 | \$7,134.00          | N/A                                        | \$6,458.00          | N/A                       |
| <b>Sub-total</b>                                         | <b>\$27,995.00</b>          | <b>\$22,459.00</b>  | <b>N/A</b>                                 | <b>\$9,324.00</b>   | <b>N/A</b>                |
| <b>Total for all systems</b>                             | <b>\$1,036,360.00</b>       | <b>\$644,821.99</b> | <b>N/A</b>                                 | <b>\$189,342.21</b> | <b>N/A</b>                |

## Components

| Actual Information                                       |                                                                                                                                                                                              |
|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                                              | File Name                                                                                                                                                                                    |
| MVPD Notification of Channel Change                      | Information not provided.                                                                                                                                                                    |
| Develop and air announcement of upcoming channel change  | <p><b>Component Description:</b> Notification of Cable and Satellite MVPD Providers of new RF Channel and Transport Stream Parameters on Repack Channel</p> <p><b>Amount:</b> \$2,866.00</p> |
| Non-zoning permits                                       | Information not provided.                                                                                                                                                                    |
| Local Zoning                                             | 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> Transmitter Medical Facility Notification per proposal.</p> <p><b>Amount:</b> \$6,458.00</p>                                                                |

|                  |                       |                             |                |
|------------------|-----------------------|-----------------------------|----------------|
| Cost Information | Grand Total           |                             |                |
|                  |                       | Predetermined Cost Estimate | Estimated Cost |
|                  |                       |                             | Actual Cost    |
|                  | Total for all systems | \$1,036,360.00              | \$644,821.99   |
|                  |                       |                             | \$189,342.21   |

|                      |                                                                                                                                                                                                                    |          |
|----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| 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. | Yes      |

| 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.

|  |                                                                                                                                                                                                                                   |                                                                                                   |
|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
|  | <p>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.</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>Ernest Joseph Schimizzi</b><br/> <i>President and General Manager</i></p> <p>07/02/2020</p> |

| 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>Ernest Joseph Schimizzi</b><br/> <i>President and General Manager</i></p> <p>07/02/2020</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"> <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.

**Ernest Joseph Schimizzi**  
*President and General Manager*

07/02/2020

**Attachments**