



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **66781-18-54679** | Service: **DRT** | Call **KIRO-TV** | Channel:
ID: | Sign:
18 (UHF) | File **0000089620**
Number:
FRN: **0014361620** | Eligibility **Eligible** | Date **10/08**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|----------------------|-----------------------|----------------|
| KIRO-TV, INC. Doing Business As: KIRO-TV, INC. | Chief Engineer 2807 THIRD AVENUE SEATTLE, WA 98121 United States | +1 (206) 728-7777 | knealey@kIRO7. 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 |
|--|---|-----------------------|-----------------------|
| Keith Nealey <i>Director Of Engineering KIRO-TV, INC</i> | Director of Engineering 2807 THIRD AVENUE SEATTLE, WA 98121 United States | +1 (206) 728- 7808 | knealey@kIRO7. com |

**Broadcaster
Information
and
Transition
Plan**

| Question | Response |
|--|--|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
| Briefly describe transition plan | New 220v power circuits will be installed with existing 110v circuits. We will install new transmitter and antenna alongside existing equipment. Once testing is completed we will move existing feed line onto new transmitter and antenna. |

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

| Section | Question | Response |
|--|--|-------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Ownership | Owned |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | |
| | Model | MX100U |
| | Year | 2005 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 100 W |

**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 | UAXTE-1P-C |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 200 W |
| | Justification for New Transmitter | Displacement location is within the predicted noise-limited contour and predicted interference greater than 0.5 percent to post spectrum repack for KWDK on channel 34 which is being repacked from channel 42. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|-------------------------|----------|----------|
| Other Transmitter Costs | | |

| | | |
|--|---|---|
| | Does the transmitter installation require a Transmitter Building Site Survey /Installation? | No |
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Rigid Conduit and Wiring | No |
| | Other Electrical Service | Yes |
| | Description | Add 220V breakers and outlets to existing service panel |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |

Primary Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|---------------------------|---|
| Freight | Transmitter shipping costs |
| Mask Filter System | Mask filter, post-filter coupler and flex line connectors |
| Sencore Receiver | Translator Receiver with ASI output |

Antennas

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

**Primary
Antenna**

Existing Antenna Information

| Section | Question | Response |
|--|--|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Ownership | Owned |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | Yes |
| Existing Antenna Manufacturer and Type | Mounting | Side Mount |
| | Antenna position in stack | Bottom |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 2 |
| | Design power capacity in use | 100.0 % |
| | Lower Limit | 590.00 MHz |
| | Upper Limit | 596.00 MHz |
| | ERP: (Effective Radiated Power) | 0.5 kW |
| | Manufacturer | |
| | Model | 1X2KBBU |
| | Year | 2010 |

**Primary
Antenna**

New Antenna Costs

| Section | Question | Response |
|---|--|----------------------------------|
| New Antenna Description | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | Yes |
| New Antenna Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Bottom |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 2 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 500.00 MHz |
| | Design power capacity in use | 50.0 % |
| | ERP: (Effective Radiated Power) | 5.0 kW |
| | Manufacturer | |
| | Model | 4DR-4-2HW |
| | Year | 2018 |
| | Justification for New Antenna | Current antenna is not retunable |

**Primary
Antenna**

Other Antenna Costs

| Section | Question | Response |
|--------------------------|---|----------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | No |
| Power Dividers | Does the panel antenna require power dividers? | Yes |
| | Number of Power Dividers | 1 |
| Cable Harness | Does the panel antenna require cable harness? | No |

**Primary
Antenna**

Other Antenna Cost Not Listed

| Name | Description |
|------------------|--|
| Freight | Shipping charges for antenna |
| Scala Connectors | Antenna-specific cables and connectors |

Transmission Line

| Section | Question | Response |
|------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

Tower Equipment And Rigging Costs

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

Primary Tower**Existing Tower**

| Section | Question | Response |
|---|---|-------------------|
| Existing Tower Description | Type of change | Move Equipment |
| | Tower Use | Primary (Main) |
| | Ownership | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | No |
| | Is tower documented for structural analysis? | Unknown |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1202500 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 47° 00' 56.2" N- |
| | Longitude (NAD83) | 122° 55' 03.5" W- |
| | Overall Structure Height | 192.91 feet |
| | Support Structure Height | 185.04 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 418.96 feet |

| | | |
|--|------------------|----------------------|
| | Structure Type | MTOWER - Monopole |
| | Tower Owner | CCATT LLC |
| | Date Constructed | 09/30/2006 |

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

| Section | Question | Response |
|---|---|----------|
| Services Costs Outside Project Management Services | Do you require outside project management services? | No |
| Outside RF consulting Engineering Services | Perform engineering study for displacement application | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Prepare Form 601 | No |
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | No |
| | Form 399 assistance or other program management costs | No |

| | | |
|--------------------------------------|---|-----|
| RF Field Engineering Services | Comprehensive coverage verification via field study | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Services not provided.

**Other
Expenses**

| Section | Question | Response |
|---|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Permit and Filing Costs | FCC Construction Permit Major Change | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | No |
| | FCC Special Temporary Authority Application | No |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | No |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | No |
| | Does this relocation require Equipment Storage? | No |
| Point to Point Microwave (STL/ICR) | Frequency Coordination for Unidirection System | No |
| | Frequency Coordination for Bi-Direction System | No |
| | New Point to Point Microwave System | No |

**Other
Expenses**

Other Expenses Not Listed

Information not provided.

Cost Information

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|-----------------------------|--------------------|---|--------------------|--|
| Primary Transmitter UAXTE-1P-C | \$33,345.15 | \$34,131.61 | | \$23,339.86 | |
| Sencore Receiver | <i>\$2,708.80</i> | \$2,708.80 | N/A | \$2,708.80 | N/A |
| Mask Filter System | <i>\$4,560.23</i> | \$4,560.23 | N/A | \$4,560.23 | N/A |
| Freight | <i>\$276.12</i> | \$276.12 | N/A | \$276.12 | N/A |
| Other Electrical Service: Add 220V breakers and outlets to existing service panel | <i>\$1,500.00</i> | \$1,500.00 | N/A | \$554.71 | N/A |
| UHF - Air Cooled Solid State Transmitter 160 - 300 Watts | \$24,300.00 | \$25,086.46 | Estimate includes mask filter, Washington State sales tax and freight charges | \$15,240.00 | Please see "Q-81230 KIRO-DRT Olympia UAXTE-1P-C 200w with Call. pdf" for quote and |
| Sub-total | \$33,345.15 | \$34,131.61 | N/A | \$23,339.86 | N/A |
| Total for all systems | \$169,140.47 | \$52,773.49 | N/A | \$38,340.94 | N/A |

Components

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

| | |
|--|--|
| Sencore Receiver | Component Description: Translator receiver costs Amount: \$2,708.80 |
| Mask Filter System | Component Description: Includes Line 3 - Mask Filter, Line 4 - RF Accessories, and Line 5 - Flex assembly Amount: \$4,560.23 |
| Freight | Component Description: Shipping costs of transmitter, mask filter and transmitter accessories Amount: \$276.12 |
| Other Electrical Service: Add 220V breakers and outlets to existing service panel | Component Description: Install 250v 3W receptacle Amount: \$554.71 |
| UHF - Air Cooled Solid State Transmitter 160 - 300 Watts | Component Description: Line 1 - Transmitter cost Amount: \$15,240.00 Component Description: Tranmitter, Mask, assembly kit. Freight and tax have been added Amount: \$25,086.46 |

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 4DR-4-2HW | \$5,347.82 | \$3,029.82 | | \$3,029.82 | |
| Power Dividers (each, for panel antenna system, if not included in antenna cost) | \$1,300.00 | \$594.00 | N/A | \$594.00 | N/A |
| UHF Broadband panel antenna (per panel), horizontally-polarized | \$3,500.00 | \$1,888.00 | N/A | \$1,888.00 | N/A |
| Scala Connectors | <i>\$374.00</i> | \$374.00 | N/A | \$374.00 | N/A |
| Freight | <i>\$173.82</i> | \$173.82 | N/A | \$173.82 | N/A |
| Sub-total | \$5,347.82 | \$3,029.82 | N/A | \$3,029.82 | N/A |
| Total for all systems | \$169,140.47 | \$52,773.49 | N/A | \$38,340.94 | N/A |

Components

| Actual Information | |
|--|--|
| Description | File Name |
| Power Dividers (each, for panel antenna system, if not included in antenna cost) | <div>Component Description: Power Divider portion of invoice</div> <div>Amount: \$594.00</div> |

| | | |
|---|---|---|
| UHF Broadband panel antenna (per panel), horizontally-polarized | Component Description: Amount: | Line 1 of BGS invoice for Antenna cost only \$1,888.00 |
| Scala Connectors | Component Description: Amount: | Antenna-specific cable and connectors \$374.00 |
| Freight | Component Description: Amount: | Antenna freight costs \$173.82 |

Cost Information **Transmission Line**
Information not provided.

Cost Information **Tower Equipment and Rigging Costs**

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Primary Tower MTOWER | \$56,190.00 | \$5,100.00 | | \$5,082.45 | |
| Tower Rigging Short Tower (less than 500') | \$56,190.00 | \$5,100.00 | N/A | \$5,082.45 | N/A |
| Sub-total | \$56,190.00 | \$5,100.00 | N/A | \$5,082.45 | N/A |
| Total for all systems | \$169,140.47 | \$52,773.49 | N/A | \$38,340.94 | N/A |

Components

| Actual Information Description | File Name |
|--|--|
| Tower Rigging Short Tower (less than 500') | <div><div>Component Description:</div><div>Amount:</div><div>Antenna rigging and replacement</div><div>\$5,082.45</div></div> <div><div>Component Description:</div><div>Amount:</div><div>Replacing panel antennas on monopole</div><div>\$5,082.45</div></div> |

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|--------------------|------------------------------|-------------------|--|
| Outside Professional Services | \$74,257.50 | \$10,512.06 | | \$6,888.81 | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$2,102.50 | \$1,317.86 | N/A | \$0.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$3,025.00 | \$1,101.66 | N/A | \$1,101.66 | Combined invoices are further explained in "Olympia Translator KIRO-TV DRT2 Legal Costs Cover Letter 7-8-2020.pdf" |
| Perform engineering study for displacement application | \$1,800.00 | \$1,505.39 | N/A | \$0.00 | N/A |
| Comprehensive coverage verification via field study, if needed | \$52,600.00 | \$5,712.15 | N/A | \$5,712.15 | N/A |
| RF Exposure Measurements | \$12,100.00 | \$75.00 | N/A | \$75.00 | N/A |

| | | | | | |
|---|--------------|-------------|-----|-------------|-----|
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$1,577.50 | \$500.00 | N/A | \$0.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,052.50 | \$300.00 | N/A | \$0.00 | N/A |
| Sub-total | \$74,257.50 | \$10,512.06 | N/A | \$6,888.81 | N/A |
| Total for all systems | \$169,140.47 | \$52,773.49 | N/A | \$38,340.94 | N/A |

Components

| Actual Information | | |
|---|-------------------------------|--|
| Description | File Name | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: | RF CP application portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf |
| | Amount: | \$1,317.86 |
| | Component Description: | RF CP application portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf |
| | Amount: | \$1,317.86 |

| | | | | | | | | | |
|---|--|-------------------------------|---|----------------|------------|-------------------------------|---|----------------|------------|
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="700 87 1107 546">Component Description:</td><td data-bbox="1107 87 1426 546">Legal CP application portion of Olympia translator - See Cooley 399 costs worksheet - Olympia.pdf</td></tr> <tr> <td data-bbox="700 546 1107 546">Amount:</td><td data-bbox="1107 546 1426 546">\$1,101.66</td></tr> </table> | Component Description: | Legal CP application portion of Olympia translator - See Cooley 399 costs worksheet - Olympia.pdf | Amount: | \$1,101.66 | | | | |
| Component Description: | Legal CP application portion of Olympia translator - See Cooley 399 costs worksheet - Olympia.pdf | | | | | | | | |
| Amount: | \$1,101.66 | | | | | | | | |
| <p>Perform engineering study for displacement application</p> | <table> <tr> <td data-bbox="700 546 1107 1016">Component Description:</td><td data-bbox="1107 546 1426 1016">RF displacement study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</td></tr> <tr> <td data-bbox="700 1016 1107 1016">Amount:</td><td data-bbox="1107 1016 1426 1016">\$1,505.39</td></tr> <tr> <td data-bbox="700 1016 1107 1411">Component Description:</td><td data-bbox="1107 1016 1426 1411">RF displacement study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</td></tr> <tr> <td data-bbox="700 1411 1107 1411">Amount:</td><td data-bbox="1107 1411 1426 1411">\$1,505.38</td></tr> </table> | Component Description: | RF displacement study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf | Amount: | \$1,505.39 | Component Description: | RF displacement study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf | Amount: | \$1,505.38 |
| Component Description: | RF displacement study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf | | | | | | | | |
| Amount: | \$1,505.39 | | | | | | | | |
| Component Description: | RF displacement study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf | | | | | | | | |
| Amount: | \$1,505.38 | | | | | | | | |

| | |
|--|---|
| Comprehensive coverage verification via field study, if needed | <div data-bbox="715 174 1362 443"> <p>Component Description: RF study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</p> <p>Amount: \$5,712.15</p> </div> <div data-bbox="715 555 1362 824"> <p>Component Description: RF study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</p> <p>Amount: \$5,712.15</p> </div> |
| RF Exposure Measurements | <div data-bbox="715 965 1362 1234"> <p>Component Description: Duplicate component created due to being locked out of original. Can be deleted</p> <p>Amount: N/A</p> </div> <div data-bbox="715 1346 1362 1615"> <p>Component Description: RF exposure portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</p> <p>Amount: \$75.00</p> </div> |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | <div data-bbox="715 1756 1362 2063"> <p>Component Description: Legal LTC application portion of Olympia translator - See Cooley 399 costs worksheet - Olympia.pdf</p> <p>Amount: N/A</p> </div> |

Prepare engineering section
of FCC Form 2100 (main),
License to Cover Application

Component Description:

RF LTC
application portion
of Olympia
translator - See
Merrill Weiss 399
costs worksheet -
Olympia.pdf

Amount:

\$300.00

Component Description:

RF LTC
application portion
of Olympia
translator - See
Merrill Weiss 399
costs worksheet -
Olympia.pdf

Amount:

\$300.00

Cost Information

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|-----------------------|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Other Expenses | \$0.00 | \$0.00 | | \$0.00 | |
| Sub-total | \$0.00 | \$0.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$169,140.47 | \$52,773.49 | N/A | \$38,340.94 | N/A |

Components

Information not provided.

| | | | |
|-----------------------------|------------------------------|--|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$169,140.47 | \$52,773.49 |
| | | | \$38,340.94 |

| | | |
|-----------------------------|--|-----------------|
| Reimbursement Status | Question | Response |
| | The facility has ceased operating on its pre-auction channel. | Yes |
| | Construction of final facilities or all necessary modifications are complete. | Yes |
| | All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator. | No |

| Certification | Section | Question | Response |
|---------------|---|---|----------|
| | Submission of Estimated Expenses Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

| | |
|---|--|
| <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>Keith Nealey <i>Director of Engineering</i></p> <p>10/08/2020</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"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

| | |
|--|--|
| <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>Keith Nealey <i>Director of Engineering</i></p> <p>10/08/2020</p> |

| Certification | Section | Question | Response |
|---------------|---|--|----------|
| | Submission of Final Allocation or Accounting Information Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Keith
Nealey**
*Director of
Engineering*

10/08/2020

Attachments