



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **9939** | Service: **DCA** | Call **WOCB-CD** | Channel: **22 (UHF)** |
ID: | Sign:
File **0000024954**
Number:
FRN: **0003020260** | Date **12/13**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CENTRAL OHIO ASSOCIATION OF CHRISTIAN BROADCASTERS Doing Business As: CENTRAL OHIO ASSOCIATION OF CHRISTIAN BROADCASTERS	David Aiken 1282 NORTH MAIN STREET MARION, OH 43302 United States	+1 (740) 383- 1794	d. aiken@me. com	Not-for-Profit

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	The station will go off air. The present antenna will be replaced with a new antenna. The old xmtr will be replaced with a new one. Existing transmission line will be swept and used if determined to be good. No tower mods expected.

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)
	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	1 KW UHF Analogue
	Year	2004
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 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	2 KW UHF
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2 kW
	Justification for New Transmitter	Pineapple technology is out of business & cannot support the existing transmitter.

**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	1 inches
	Length	50.0 feet
	Other Electrical Service	Yes

	Description	50 Amp transmitter service , Wiring, Connectors and breakers
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
extend ground system	Improved grounding for transmitter.

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	15.0 kW

Manufacturer	
Model	PSIPLP8-39
Year	2012

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	PSILPD16EC-22-EP
Year	2017
Justification for New Antenna	Existing antenna can not be retuned for operation at the new channel.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for 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

**Primary
Antenna**

Other Antenna Cost Not Listed
Information not provided.

Transmission Line

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

Primary
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	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
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	380 feet per run

Primary **New Transmission Line**
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	240 feet per run
	Justification for New Transmission Line	Current line is very old and not tested on the new channel.

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**

Add Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1015652
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	40° 18' 47.0" N-
	Longitude (NAD83)	083° 03' 04.0" W-
	Overall Structure Height	187.00 feet
	Support Structure Height	187.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	932.00 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Consolidated Electric
Date Constructed	01/01/1957

Primary Tower

Tower Modification Costs

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

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	30
	Explanation	Engineer may have health problems that prevent him from coordinating and overseeing certain activities.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A

	For Main Facility	N/A
	Prepare and file Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

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

If wireless is not provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
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?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses	Other Expenses Not Listed
	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 2 KW UHF	\$152,200.00	\$145,200.00		\$104,052.80	
5 Ton system	\$20,250.00	\$19,250.00	N/A	\$19,000.00	N/A
1" Rigid Conduit and Wiring	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Other Electrical Service: 50 Amp transmitter service , Wiring, Connectors and breakers	<i>\$2,850.00</i>	\$2,850.00	N/A	\$2,850.00	N/A
extend ground system	<i>\$1,600.00</i>	\$1,600.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$120,000.00	N/A	\$82,202.80	N/A
Sub-total	\$152,200.00	\$145,200.00	N/A	\$104,052.80	N/A
Total for all systems	\$483,935.00	\$373,395.00	N/A	\$143,237.88	N/A

Components

Actual Information

Description	File Name
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5 Ton system	<div> <div>Component Description:</div> <div>Cooling system for transmitter Room</div> <div>Amount:</div> <div>\$19,000.00</div> </div>
1" Rigid Conduit and Wiring	Information not provided.
Other Electrical Service: 50 Amp transmitter service , Wiring, Connectors nd breakers	<div> <div>Component Description:</div> <div>This provides power for repack transmitter so both transmitters can operate at the same time.</div> <div>Amount:</div> <div>\$2,850.00</div> </div> <div> <div>Component Description:</div> <div>Electrical service for new transmitter</div> <div>Amount:</div> <div>N/A</div> </div>
extend ground system	Information not provided.
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<div> <div>Component Description:</div> <div>TV Transmitter</div> <div>Amount:</div> <div>\$81,590.00</div> </div> <div> <div>Component Description:</div> <div>Shipping charges for transmitter</div> <div>Amount:</div> <div>\$612.80</div> </div>

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 PSILPD16EC-22-EP	\$26,300.00	\$18,480.00		\$18,732.70	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$18,480.00	<p>***System Notice: Estimate adjusted and locked because line has been superseded.</p> <p>***We are purchasing an upgraded antenna PSILPD1601-25-EP (\$34650) We are asking for reimbursement costs of \$18480 and we will pay the difference.</p>	\$18,732.70	We agree to pay the difference in cost for the antenna we desire to use.
Sub-total	\$26,300.00	\$18,480.00	N/A	\$18,732.70	N/A
Total for all systems	\$483,935.00	\$373,395.00	N/A	\$143,237.88	N/A

Components

Actual Information Description	File Name
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UHF - Lower Power Side Mount, Class A One Station antenna -- basic		
	Component Description:	This is the cost of a horizontal only polarization. We desire to up grade to Elliptical Polarization and will pay the difference in price.
	Amount:	\$18,480.00
	Component Description:	delivery charge for antenn
	Amount:	\$252.70

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	\$7,920.00	\$7,430.00		\$7,584.76	
Flexible Air Transmission Line - dielectric, 1 5/8"	\$7,920.00	\$7,430.00	N/A	\$7,584.76	This is the delivery cost for the COAX Cable.
Sub-total	\$7,920.00	\$7,430.00	N/A	\$7,584.76	N/A
Total for all systems	\$483,935.00	\$373,395.00	N/A	\$143,237.88	N/A

Components

Actual Information Description	File Name
Flexible Air Transmission Line - dielectric, 1 5/8"	<div><div>Component Description:</div><div>Amount:</div><div>Component Description:</div><div>Amount:</div></div> <div>delivery cost for COAX cable \$254.81 Coax Cable with connectors and hardware \$7,329.95</div>

Cost
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$254,800.00	\$164,000.00		\$6,420.12	
Structural engineering tower load study for well documented tower	\$12,600.00	\$4,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$80,000.00	N/A	\$6,420.12	N/A
Sub-total	\$254,800.00	\$164,000.00	N/A	\$6,420.12	N/A
Total for all systems	\$483,935.00	\$373,395.00	N/A	\$143,237.88	N/A

Components

Actual Information	
Description	File Name
Structural engineering tower load study for well documented tower	Information not provided.
Short Tower (less than 500')	Information not provided.

Minor tower reinforcement
/modifications

Component Description:

Final payment for
WOCB-CD tower
modification

Amount:

\$6,420.12

Component Description:

Quality Antenna
service requires
50% down when
project is
scheduled. This
holds our place in
line and starts the
project. The other
50% is due and
payable when job
is completed.

Amount:

\$6,420.12

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	\$27,825.00	\$24,000.00		\$962.50	
Project management of the transition	\$4,740.00	\$4,500.00	N/A	\$0.00	Please see Invoice 17-1238 for a full description of all this invoice covers. When we were assigning estimates we did not consider all that was required. The actual cost is \$1,500 more than our estimate.
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$612.50	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$350.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Sub-total	\$27,825.00	\$24,000.00	N/A	\$962.50	N/A
Total for all systems	\$483,935.00	\$373,395.00	N/A	\$143,237.88	N/A

Components

Actual Information
Description

File Name

Project management of the transition	Component Description: Project Manager Amount: \$6,000.00
Prepare and or review reimbursement form	Component Description: Assistance / Review form 399 For WOCB-CD Amount: \$612.50
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.

<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="719 174 1029 208">Component Description:</td><td data-bbox="1161 174 1374 521">Interference analysis when WCPX Maximized Showing our assigned repack channel was no longer usable. We then applied for a new channel.</td></tr> <tr> <td data-bbox="719 533 831 566">Amount:</td><td data-bbox="1161 533 1257 566">\$350.00</td></tr> <tr> <td data-bbox="719 674 1029 707">Component Description:</td><td data-bbox="1161 674 1366 1223">This invoice if for two COACB stations.The portion of the invoice belonging to WOCB-CD is for \$1400. The channel assigned to WOCB in the repack was not usable after WCPX filed application to maximize.</td></tr> <tr> <td data-bbox="719 1234 831 1267">Amount:</td><td data-bbox="1161 1234 1278 1267">\$1,400.00</td></tr> <tr> <td data-bbox="719 1375 1029 1408">Component Description:</td><td data-bbox="1161 1375 1366 1641">This invoice from Greg Best covers both WOCB-CD and Wxcb-CD. The portion for WOCB-CD is \$1400.</td></tr> <tr> <td data-bbox="719 1653 831 1686">Amount:</td><td data-bbox="1161 1653 1278 1686">\$1,400.00</td></tr> </table>	Component Description:	Interference analysis when WCPX Maximized Showing our assigned repack channel was no longer usable. We then applied for a new channel.	Amount:	\$350.00	Component Description:	This invoice if for two COACB stations.The portion of the invoice belonging to WOCB-CD is for \$1400. The channel assigned to WOCB in the repack was not usable after WCPX filed application to maximize.	Amount:	\$1,400.00	Component Description:	This invoice from Greg Best covers both WOCB-CD and Wxcb-CD. The portion for WOCB-CD is \$1400.	Amount:	\$1,400.00
Component Description:	Interference analysis when WCPX Maximized Showing our assigned repack channel was no longer usable. We then applied for a new channel.												
Amount:	\$350.00												
Component Description:	This invoice if for two COACB stations.The portion of the invoice belonging to WOCB-CD is for \$1400. The channel assigned to WOCB in the repack was not usable after WCPX filed application to maximize.												
Amount:	\$1,400.00												
Component Description:	This invoice from Greg Best covers both WOCB-CD and Wxcb-CD. The portion for WOCB-CD is \$1400.												
Amount:	\$1,400.00												
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>												
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>												

Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
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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	\$14,890.00	\$14,285.00		\$5,485.00	
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Local Zoning	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$5,485.00	N/A
Equipment Storage	<i>\$200.00</i>	\$200.00	N/A	N/A	N/A

Sub-total	\$14,890.00	\$14,285.00	N/A	\$5,485.00	N/A
Total for all systems	\$483,935.00	\$373,395.00	N/A	\$143,237.88	N/A

Components

Actual Information Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<div> <div>Component Description:</div> <div>Required Notifications of Medical Facilities</div> <div>Amount:</div> <div>\$5,485.00</div> </div>
Equipment Storage	Information not provided.

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$483,935.00	\$373,395.00	\$143,237.88

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

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

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

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

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

**David
Raymond
Aiken**
President

12/13/2018

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	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).	
		<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>David Raymond Aiken <i>President</i></p> <p>12/13/2018</p>

Attachments