

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Service: DCA Call WOCB-CD Channel: 22 (UHF) Facility Sign:

ID:

File 0000024954

Number:

FRN: 0003020260 Date 02/28

> Submitted: /2019

#### **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 Name and Information Reimbursement Contact 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**

rs	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	
Manufacturer and Type	Model	1 KW UHF Analogue
	Year	2004
	Туре	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 nd breakers
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Туре	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 leashold 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

# **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	Class	Class A
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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

### **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
lew Antenna	Class	Class A
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	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.

# **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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

**Other Antenna Cost Not Listed** 

Information not provided.

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Primary Transmission Se

# **Existing Transmission Line**

on 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	
	Туре	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	n 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
		Туре	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 loine tion 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
oordinates (NAD83 ( orth American Datum of	Latitude (NAD83)	40° 18' 47.0" N-
1983))	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 activites.
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	Prepare and file Form FCC Construction Permit Application	No
Services	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
Outside
Professional Services Expenses Not Listed
Professional Services ©qstsided.

# 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 Not Listed

**Expenses** 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	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$120,000.00	N/A	\$82,202.80	N/A
1" Rigid Conduit and Wiring	\$1,500.00	\$1,500.00	N/A	N/A	N/A
Other Electrical Service: 50 Amp transmitter service, Wiring, Connectors nd breakers	\$2,850.00	\$2,850.00	N/A	\$2,850.00	N/A
5 Ton system	\$20,250.00	\$19,250.00	N/A	\$19,000.00	N/A
extend ground system	\$1,600.00	\$1,600.00	N/A	N/A	N/A
Sub-total	\$152,200.00	\$145,200.00	N/A	\$104,052.80	N/A
Total for all systems	\$483,935.00	\$380,765.00	N/A	\$149,570.50	N/A

# Components

Actual Information		
Description	File Name	

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

# **Cost** Information

#### **Antennas**

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

Description Primary Antenna PSILPD16EC- 22-EP	Predetermined Cost Estimate \$26,300.00	Estimated Cost \$25,600.00	Estimated Cost Justification	Actual Cost \$18,732.70	Actual Cost Justification
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$25,600.00	We are purchasing an upgraded antenna PSIPLPD1601-25-EP (\$34650) We are asking for reimbursement costs of \$18480 for the antenna and the shipping cost we have payed the difference. in order to upgrade the antenna.	\$18,732.70	We agree to pay the difference in cost for the antenna we desire to use.
Sub-total	\$26,300.00	\$25,600.00	N/A	\$18,732.70	N/A
Total for all systems	\$483,935.00	\$380,765.00	N/A	\$149,570.50	N/A

# Components

<b>Actual Information</b>		
Description	File Name	

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	\$7,680.00		\$7,584.76	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$7,920.00	\$7,680.00	Delivery cost of \$254.81 is in addition to the cost of the COAX cable and Connectors	\$7,584.76	This is the delivery cost for the COAX Cable.\$254.81 and is in addition to the cost of the cable and connectors.
Sub-total	\$7,920.00	\$7,680.00	N/A	\$7,584.76	N/A
Total for all systems	\$483,935.00	\$380,765.00	N/A	\$149,570.50	N/A

# Components

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

# **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		\$12,840.24	
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	\$12,840.24	N/A
Sub-total	\$254,800.00	\$164,000.00	N/A	\$12,840.24	N/A
Total for all systems	\$483,935.00	\$380,765.00	N/A	\$149,570.50	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 on

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

Component Description: Final payment for

WOCB-CD tower modification

**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).

<b>Description Outside</b>	Predetermined Cost Estimate \$27,825.00	Estimated Cost \$24,000.00	Estimated Cost Justification	Actual Cost \$875.00	Actual Cost Justification
Professional Services	\$27,025.00	\$24,000.00		\$675.UU	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$262.50	N/A

Total for all systems	\$483,935.00	\$380,765.00	N/A	\$149,570.50	N/A
Sub-total	\$27,825.00	\$24,000.00	N/A	\$875.00	N/A
					estimate.
					more than our
					\$1,500 more than
					cost is
					The actua
					required.
					that was
					consider a
					we did not
					estimates
					assigning
					were
					When we
					covers.
					invoice
					of all this
					description
					full
management of the transition					Invoice 17 1238 for a
Project	\$4,740.00	\$4,500.00	N/A	\$0.00	Please see
form					
or review reimbursement					
Prepare and	\$2,630.00	\$2,500.00	N/A	\$612.50	N/A
		•			
and wireless					
issues w/ other stations					
coordination					
timing and					
transition					
Address	\$2,630.00	\$2,500.00	N/A	N/A	N/A
and antenna development					
assignment					
channel					
•					
study for new					

Actual Information Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application

Component Description: In the repack

program we were assigned Ch 32. WCPX uses Ch 32 and they plan to maximize. Interference analysis when WCPX Maximized Showing our assigned repack channel was no longer usable. We then applied for a new channel.

**Amount:** \$262.50

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: 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

Perform engineering study for new channel assignment and antenna development Information not provided.

and coordination issues w/ other stations and wireless		
Prepare and or review reimbursement form	Component Description:	Assistance / Review form 39: For WOCB-CD
	Amount:	\$612.50
Project management of the transition	Component Description:	Project Manage
	Amount:	\$6,000.00

# **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	\$14,890.00	\$14,285.00		\$5,485.00	
MVPD Notification of Channel Change	\$500.00	\$500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$500.00	\$500.00	N/A	N/A	N/A
Equipment Storage	\$200.00	\$200.00	N/A	N/A	N/A
Local Zoning	\$500.00	\$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

Sub-total	\$14,890.00	\$14,285.00	N/A	\$5,485.00	N/A
Total for all systems	\$483,935.00	\$380,765.00	N/A	\$149,570.50	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.	
Equipment Storage	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	Component Description: Amount:	Required Notifications of Medical Facilities \$5,485.00

# Cost Information

### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$483,935.00	\$380,765.00	\$149,570.50

Reimbursem	envestiatus	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

Section Question Response

# Submission of Estimated Expenses Statements

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.

- 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 abovenamed applicant for the Authorization(s) specified above. David Raymond Aiken President

02/28/2019

#### **Attachments**