



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **25078** | Service: **DCA** | Call **WMYO-CD** | Channel: **18 (UHF)**
ID: | Sign:
File **0000025197**
Number:
FRN: **0003769833** | Date **07/18**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
New Albany Broadcasting Co. Inc.	DAVID B. SMITH PO Box 2623 CLARKSVILLE, IN 47131 United States	+1 (502) 584-2400	DAVID@WKYITV. 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
Greg Best <i>Consulting Engineer</i> <i>Greg Best Consulting</i> <i>Inc.</i>	Greg Best 16100 Outlook Avenue Stilwell, KS 66085 United States	+1 (816) 792- 2913	gbconsulting54@gmail. com

**Broadcaster
Information
and
Transition
Plan**

Question		Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.		Yes
Briefly describe transition plan		The site location must change because the new antenna will not fit on the existing tower. New equipment will be purchased & installed at the new site. See attached plan.

Transmitters

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

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

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Backup Xmtr
	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	SC500UB
	Year	2005
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.2 kW

**Auxiliary
Transmitter****New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-2
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	This transmitter replaces the existing backup Screen Service transmitter that is no longer supported.

**Auxiliary
Transmitter****Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	2 inches

	Length	50.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	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

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

**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	NV Series
	Year	1999
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.2 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	UAXTE-2
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	The existing transmitter is no longer supported.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	50.0 feet
	Other Electrical Service	No
	Description	N/A

HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	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
RF SYSTEM	RF system to switch between main & backup and RF combining system for WMYO-CD & WJYL-CD.

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

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)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1028414

Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	38° 21' 55.2" N-
	Longitude (NAD83)	085° 50' 24.2" W-
	Overall Structure Height	464.89 feet
	Support Structure Height	459.97 feet
	Ground Elevation Above Mean Sea Level (AMSL)	962.91 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
	Tower Owner	SBA GC Towers, LLC
	Date Constructed	01/25/1996

**FM, AM or TV radio
broadcasters. Facility ID's,
Call Signs and Services of
other broadcast stations with
whom the tower is shared**

Facility ID	Call Sign	Service
38621	WFPK	FM
69113	WUOL-FM	FM
4258	WFPL	FM

**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

Name	Description
Remove existing antenna and Line	This task removes the existing equipment of antenna, T line, and xmtr at the existing site.
Tower Structure Analysis	Structure Analysis

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Provide project management & coordination between vendors to ensure project timeline and deliverables are met.
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	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	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**
 Services 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	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	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)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
	Does this relocation require MVPD Notification of a Channel Change?	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-2	\$393,528.66	\$324,331.67		\$57,308.67	
Switchgear - industrial 800 amp	\$38,200.00	\$37,150.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$25,550.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$1,300.00	\$1,300.00	N/A	N/A	N/A
RF SYSTEM	<i>\$56,220.00</i>	\$56,220.00	See Attached proposal for transmitter. This cost is one half of the combiner cost for WMYO-CD & WJYL-CD. The other half of the cost will be shown on the WJYL-CD 399.	N/A	N/A

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$57,853.01	N/A	\$57,308.67	N/A
UHF - Liquid Cooled Solid State Transmitter 4.3 kW	\$146,258.66	\$146,258.66	***System Notice: Estimate adjusted and locked because line has been superseded. ***GatesAir Quote Q-81483	\$0.00	Please reject this invoice.
Auxiliary Transmitter UAXTE-2	\$191,050.00	\$121,853.00		\$57,308.67	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$57,853.00	N/A	\$57,308.67	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$37,150.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$25,550.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$1,300.00	\$1,300.00	N/A	N/A	N/A
Sub-total	\$584,578.66	\$446,184.67	N/A	\$114,617.34	N/A
Total for all systems	\$774,278.66	\$557,694.67	N/A	\$134,611.24	N/A

Components

Actual Information	
Description	File Name
Switchgear - industrial 800 amp	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
RF SYSTEM	Information not provided.
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<div> <div>Component Description:</div> <div>First payment for transmitters and RF combining system.</div> <div>Amount:</div> <div>\$57,308.67</div> </div>
UHF - Liquid Cooled Solid State Transmitter 4.3 kW	<div> <div>Component Description:</div> <div>ULXTE-6 Transmitter per Quote Q-81483</div> <div>Amount:</div> <div>\$73,129.33</div> </div> <div> <div>Component Description:</div> <div>ULXTE-6 Transmitter per Quote Q-81483</div> <div>Amount:</div> <div>\$73,129.33</div> </div>
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<div> <div>Component Description:</div> <div>Second payment for transmitters and RF combiner system.</div> <div>Amount:</div> <div>\$57,308.67</div> </div>
Switchgear - industrial 800 amp	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.

2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
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Cost Information **Antennas**
Information not provided.

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 Justification
	Primary Tower GTOWER	\$105,600.00	\$21,400.00		\$1,400.00
	Tower Structure Analysis	<i>\$1,400.00</i>	\$1,400.00	Please see attached purchase order and Vertical Structures invoice 20182473	N/A
	Short Tower (less than 500')	\$84,200.00	\$0.00	Applicant is moving to an existing tower and combining into existing antenna so no tower expenses are expected.	N/A

Remove existing antenna and Line	\$20,000.00	\$20,000.00	Estimate will be followed by quote for removal of all equipment at the present site.	N/A	N/A
Sub-total	\$105,600.00	\$21,400.00	N/A	\$1,400.00	N/A
Total for all systems	\$774,278.66	\$557,694.67	N/A	\$134,611.24	N/A

Components

Actual Information	
Description	File Name
Tower Structure Analysis	<p>Component Description: Old Wave Tower Structure Analysis for WKYI-CD change to channel 18 repack</p> <p>Amount: \$1,400.00</p>
Short Tower (less than 500')	Information not provided.
Remove existing antenna and Line	Information not provided.

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	\$66,520.00	\$79,890.00		\$18,593.90	
Project management of the transition	\$31,600.00	\$46,200.00	N/A	\$14,434.40	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,275.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$612.50	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$2,050.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,680.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,210.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,272.00	N/A
Sub-total	\$66,520.00	\$79,890.00	N/A	\$18,593.90	N/A
Total for all systems	\$774,278.66	\$557,694.67	N/A	\$134,611.24	N/A

Components

Actual Information	File Name	
Description		
Project management of the transition	Component Description:	Project Management
	Amount:	\$2,360.30
	Component Description:	Project Management
	Amount:	\$3,444.15
	Component Description:	WKYI-CD internal invoice for services performed by GM /REPACK MANAGER. Revised with hourly rate and hour descriptions.
	Amount:	\$4,505.00
	Component Description:	Project Management
	Amount:	\$2,217.35
	Component Description:	Project Management
	Amount:	\$1,907.60
	Component Description:	Internal management and project manager for repack for WKYI-CD
	Amount:	\$4,505.00

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare and or review reimbursement form	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Perform engineering study for new channel assignment and antenna development	<p>Component Description: Review system design, transmitter and antenna quotes for WKYI-CD. Services performed by Greg Best. Service through 8-1-18.</p> <p>Amount: \$1,050.00</p> <p>Component Description: Antenna study to prepare for CP.</p> <p>Amount: \$700.00</p> <p>Component Description: Execute study for WKYI-CD omniod collocated with WJYL-CD due to possible current tower limitations. Minor mod application.</p> <p>Amount: \$875.00</p> <p>Component Description: Engineering Repack Services</p> <p>Amount: \$525.00</p>	

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p>Component Description: Greg Best engineering services repack WKYI-CD</p> <p>Amount: \$612.50</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p>Component Description: Advise client on post-auction filing requirements and filings.</p> <p>Amount: \$1,272.00</p>

Cost
Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$17,580.00	\$10,220.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$4,200.00	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 - Special Temporary Authorization request	\$195.00	\$195.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$500.00</i>	\$500.00	Electrical Work permit.	N/A	N/A
Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Sub-total	\$17,580.00	\$10,220.00	N/A	\$0.00	N/A

Total for all systems	\$774,278.66	\$557,694.67	N/A	\$134,611.24	N/A
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Components

Information not provided.

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$774,278.66	\$557,694.67	\$134,611.24

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.

<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>David Bryan Smith , Sr. . <i>Vice President</i></p> <p>07/18/2019</p>

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 Bryan Smith , SR . <i>Vice President</i></p> <p>07/18/2019</p>

Attachments