



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **13206** | Service: **DTV** | Call **WATC-DT** | Channel: **34 (UHF)** |
ID:
File **0000025456**
Number:
FRN: **0016652232** | Date **12/06**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Community Television, Inc.	1862 Enterprise Dr. Norcross, GA 30093 United States	+1 (770) 300-9828	scott@watc.tv	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
Joseph C. Chautin III <i>Hardy, Carey, Chautin & Balkin, LLP</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com

Broadcaster Information and Transition Plan

Question	Response
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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	Station plans to install new transmitter, filter, transmission line and antenna so that we may continue to serve our community fully during the transition time.

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	NV7640
	Year	2005
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	10 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	THU-9evo-12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19.0 kW
	Justification for New Transmitter	We are in receipt of an "end of life" letter from the manufacturer stating that any problems occurring from this day forward may result in a failure that cannot be corrected. The manufacturer states it is "a high risk."

**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	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
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
Spinner Load	Spinner 25kW Station Smart Load. 3-50 Input
Mask Filter	Dielectric RF System w/Floor Mount frame

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	Full Power
	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)	330.0 kW

Manufacturer	
Model	SWMP22 /OI-41
Year	2006

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?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	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)	288.0 kW
	Manufacturer	

Model	TLP 24B W /VP
Year	2018
Justification for New Antenna	Unable to retune old antenna for repack 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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
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?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Interim Rent	Additional rent costs.
Dehydrator	Dehydrator & accys needed to keep the line dry..

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	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	225 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?	Yes
	Type	Flexible Air
	Diameter	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	225 feet per run
	Justification for New Transmission Line	Old transmission line in use with pre-transition system. Cannot be off air for the time needed to change over to new line and testing.

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

Name	Description
Assessories to hang line	Various accessories needed to properly mount transmission line to tower, ice-bridge, & building entrance.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	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)	No
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 03' 59.3" N-
	Longitude (NAD83)	084° 27' 16.7" W-
	Overall Structure Height	195.00 feet
	Support Structure Height	195.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1883.00 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	American Tower, Inc.
	Date Constructed	01/01/0070

Other Types of Users

Users

Paging

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

Name	Description
Tower permit Drawing Package	If needed

Construction Project Management	For Tower Modification reinforcements & facilities
Antenna - Transmission line installers	Crew to install new transmission line & antenna and remove old line / antenna after repack.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	150
	Explanation	In the unlikely event that our staff engineer is unable to complete the project, we will need to hire someone or for American Tower Project Mgr.
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	No
	Quantity	N/A
	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	No
	Quantity	N/A
	NEPA Section 106 environmental review	Yes
	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	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Transmitter Installation	Transmitter install

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	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)?	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?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Public Hearing	If necessary.
Site Coordination Meeting	Coordination and transition planning with all parties onsite and management of the timelines and schedules occurring during the repack
Disposal Costs	Removal of equipment that would interfere with placement of new repack equipment.

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 THU-9evo-12	\$766,231.25	\$487,659.93		\$217,242.90	
Spinner Load	\$13,281.25	\$13,281.25	Non-radiating load for transmitter set up and maintenance large enough to handle the output of the THU9 transmitter.	\$7,039.06	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$406,907.68	Estimated cost of replacement transmitter, less installation.	\$203,453.84	N/A
5 Ton system	\$20,250.00	\$18,771.00	N/A	\$6,750.00	N/A
Mask Filter	\$48,700.00	\$48,700.00	List price less 25%. Quote attached on CLE-097 RevA WATC.	N/A	N/A
Sub-total	\$766,231.25	\$487,659.93	N/A	\$217,242.90	N/A
Total for all systems	\$1,629,212.36	\$880,491.04	N/A	\$221,963.25	N/A

Components

Actual Information		
Description	File Name	
Spinner Load	Component Description:	50% down payment for Load and tax.
	Amount:	\$7,039.06
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	Component Description:	50% down payment for the transmitter, freight and tax.
	Amount:	\$203,453.84
5 Ton system	Component Description:	50% down payment on AC system.
	Amount:	\$6,750.00
Mask Filter	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	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TLP 24B W /VP	\$303,837.00	\$130,642.00		\$2,113.69	
Elbow complex, single channel, at antenna input, per 4 1 /16. feedline (if needed)	\$9,570.00	\$9,255.00	Cost provided by the factory.	N/A	N/A
Dehydrator	<i>\$5,387.00</i>	\$5,387.00	N/A	\$0.00	N/A
Interim Rent	<i>\$32,000.00</i>	\$32,000.00	170630 American Tower cover letter with price. pdf. Rent for additional tower space required for pre-transition /post transition antenna.	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$21,900.00	N/A	N/A	N/A

UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized	\$227,000.00	\$60,000.00	N/A	\$2,113.69	N/A
Sweep test of existing antenna	\$6,730.00	\$2,100.00	N/A	N/A	N/A
Sub-total	\$303,837.00	\$130,642.00	N/A	\$2,113.69	N/A
Total for all systems	\$1,629,212.36	\$880,491.04	N/A	\$221,963.25	N/A

Components

Actual Information	
Description	File Name
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	Information not provided.
Dehydrator	Information not provided.
Interim Rent	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.

<p>UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized</p>	<p>Component Description: 5% down payment on repack antenna. This updated cover letter and original invoice addresses the earlier problems.</p> <p>Amount: \$2,113.69</p>
<p>Sweep test of existing antenna</p>	<p>Information not provided.</p>

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	\$20,594.11	\$15,104.11		\$0.00	
Flexible Air Transmission Line - dielectric, 4"	\$16,650.00	\$11,160.00	CLE 097 RevA WATC.	N/A	N/A
Assessories to hang line	\$3,944.11	\$3,944.11	CLE 097 RevA WATC	N/A	N/A
Sub-total	\$20,594.11	\$15,104.11	N/A	\$0.00	N/A
Total for all systems	\$1,629,212.36	\$880,491.04	N/A	\$221,963.25	N/A

Components

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 TOWER	\$289,760.00	\$110,435.00		\$0.00	
Construction Project Management	<i>\$5,000.00</i>	\$5,000.00	Project mgr for landlord during modification of tower.	N/A	N/A
Tower permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	The generation of a permitting drawing package.	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$10,475.00	N/A	N/A	N/A
Antenna - Transmission line installers	<i>\$25,260.00</i>	\$25,260.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$20,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$45,000.00	N/A	N/A	N/A
Sub-total	\$289,760.00	\$110,435.00	N/A	\$0.00	N/A
Total for all systems	\$1,629,212.36	\$880,491.04	N/A	\$221,963.25	N/A

Components

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	\$195,240.00	\$88,050.00		\$0.00	
Transmitter Installation	<i>\$35,000.00</i>	\$35,000.00	Transmitter installation costs.	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$8,300.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$5,000.00	N/A	N/A	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	If necessary.	N/A	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Project management of the transition	\$23,700.00	\$11,000.00	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	\$6,000.00	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	N/A	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
Sub-total	\$195,240.00	\$88,050.00	N/A	\$0.00	N/A
Total for all systems	\$1,629,212.36	\$880,491.04	N/A	\$221,963.25	N/A

Components

Information not provided.

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	\$53,550.00	\$48,600.00		\$2,606.66	
DTV Medical Facility Notification	\$11,550.00	\$6,600.00	N/A	N/A	N/A
Local Zoning	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$7,500.00</i>	\$7,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$750.00</i>	\$750.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,250.00</i>	\$1,250.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$7,500.00</i>	\$7,500.00	If necessary.	N/A	N/A
Public Hearing	<i>\$10,000.00</i>	\$10,000.00	If necessary.	N/A	N/A

Site Coordination Meeting	\$2,500.00	\$2,500.00	Coordination and transition planning with all parties onsite and management of the timelines and schedules occurring during the repack.	N/A	N/A
Disposal Costs	\$5,000.00	\$5,000.00	Disposal of existing equipment to make room for repack equipment.	\$2,606.66	N/A
Sub-total	\$53,550.00	\$48,600.00	N/A	\$2,606.66	N/A
Total for all systems	\$1,629,212.36	\$880,491.04	N/A	\$221,963.25	N/A

Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	Information not provided.
Local Zoning	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Equipment Storage	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.

MVPD Notification of Channel Change	Information not provided.
Public Hearing	Information not provided.
Site Coordination Meeting	Information not provided.
Disposal Costs	<div> <div> Component Description: </div> <div> This invoice was paid on 8/15/2018. Resubmitted, 9/24/18. Corrected Inv# on 10/4/18. </div> </div> <div> <div> Amount: </div> <div> \$2,606.66 </div> </div>

**Cost
Information****Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,629,212.36	\$880,491.04	\$221,963.25

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>Scott Wills <i>Chief Operator, WATC TV</i></p> <p>12/06/2018</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>Scott Wills <i>Chief Operator, WATC TV</i></p> <p>12/06/2018</p>

Attachments