



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **73263** | Service: **DTV** | Call **WMHT** | Channel: **25 (UHF)** |  
ID: | Sign:  
File **0000027901**  
Number:  
FRN: **0006595441** | Date **07/11**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WMHT EDUCATIONAL TELECOMMUNICATIONS</b> Doing Business As: WMHT	ROBERT ALTMAN 4 GLOBAL VIEW TROY, NY 12180 United States	+1 (518) 880-3400	raltman@wmht. org	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
<b>Robert Cummings</b> <i>Director of Technology</i> <i>WMHT Educational</i> <i>Telecommunications</i>	Robert Cummings 4 Global View Troy, NY 12180 United States	+1 (518) 880- 3474	bcummings@wmht. org

**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	Replace IOT Transmitter and associated equipment. AUX antenna and transmission line, add combiner for WTEN. Replace main transmission line to combiner, combiner and shared transmission line to antenna. Add AC and electric to transmitter room.

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Paragon
	Year	2005
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 kW

**Primary Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THU9evo
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	31 kW
	Justification for New Transmitter	Cost of retuning and replacing exciters exceeds cost of new transmitter.

**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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	Yes
	Description	Unsure of new electrical requirements
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	30 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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
<b>MASK Filter</b>	Channel Change requires new mask filter (prior cut for Channel 34)

**Antennas**

Section	Question	Response
<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	Yes

**Primary Antenna****Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Retune Existing
	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?	Yes
	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	4
	Number of Panels	60
	Design power capacity in use	100.0 %
Lower Limit	470.00 MHz	

Upper Limit	698.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	105.0 kW
Manufacturer	Dielectric
Model	TUD-05-12 /60H-1-B
Year	2005

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
11970	WXXA-TV
73264	WCWN
73942	WRGB
74422	WTEN

**Primary Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
	Frequency	N/A

**Enter a list of RF channel numbers.**

**RF Channel Number**

24

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22

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25

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**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.



**Auxiliary  
Antenna**

**Add Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	WMHT Aux Antenna
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	No
	Is this antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	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) .....	19.0 kW

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Manufacturer	
Model	DCA
Year	2005

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**Auxiliary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Auxiliary (Backup)
	Description of Use	Aux antenna
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels/Bays	24
	Lower Limit	512.00 MHz
	Upper Limit	600.00 MHz
	Design power capacity in use	50.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	20.0 kW
Manufacturer		

Model	TU Deltastar
Year	2017
Justification for New Antenna	WMHT aux is for channel 34 only, WTEN does not have an aux antenna or back up facility needed for repack transition

**Auxiliary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	Upper and lower frequency
	Frequency	530.0 MHz - 542.0 MHz
	Do you need a combiner output splitter /switcher for dual feed lines?	Yes
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	6 1/8 inches inches

<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Auxiliary  
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

**Auxiliary  
Transmission  
Line**

**Add Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Aux transmission line
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	0
	Length	347 feet per run

**Auxiliary  
Transmission  
Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Auxiliary (Backup)
	Description of Use	new channel tx line
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	0
	Length	550 feet per run
Justification for New Transmission Line	existing tx line for channel 34 only. WTEN does not have an aux or back up needed for repack /transition	

**Auxiliary  
Transmission  
Line**      **Other Transmission Line Expenses Not Listed**

Information not provided.



**Primary  
Transmission  
Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	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?	Yes
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	0
	Length	600 feet per run

**Facility ID's and Call Signs of  
all stations with whom the  
transmission line is shared.**

Facility ID	Call Sign
11970	WXXA-TV
73264	WCWN

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73942	WRGB
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74422	WTEN
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**Primary  
Transmission  
Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	0
	Length	600 feet per run
	Justification for New Transmission Line	Existing transmission line does not support all the new channels assigned by the repack

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

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**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	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?	Unknown
	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)	42° 37' 31.3" N-
	Longitude (NAD83)	074° 00' 36.7" W-
	Overall Structure Height	499.01 feet
	Support Structure Height	495.07 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1780.82 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Capital Region Broadcasters, LLC
Date Constructed	05/31/2002

**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
73264	WCWN	DTV
11970	WXXA-TV	DTV
73266	WMHT-FM	FM
73942	WRGB	DTV
74422	WTEN	DTV
73363	WNYT	DTV

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	No study needed
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	No 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 Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	50
	Explanation	We are a PBS station with only one engineer and may need assistance throughout the repack process.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes

	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	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
<b>RF Field Engineering Services</b>	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**  
Information not provided.



**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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?	No
<b>Permit and Filing Costs</b>	Local Zoning	No
	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
<b>Other Miscellaneous Expenses</b>	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?	No
	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?	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
<b>Primary Transmitter THU9evo</b>	<b>\$1,190,000.00</b>	<b>\$1,135,000.00</b>		<b>\$0.00</b>	
30 Ton system	\$166,000.00	\$158,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$900,000.00	N/A	N/A	N/A
Other Electrical Service: Unsure of new electrical requirements	<i>\$46,000.00</i>	\$46,000.00	N/A	N/A	N/A
MASK Filter	<i>\$31,000.00</i>	\$31,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$1,190,000.00</b>	<b>\$1,135,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,842,150.00</b>	<b>\$3,017,637.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

**Components**

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
<b>Primary Antenna TUD-05-12/60H-1-B</b>	<b>\$1,019,140.00</b>	<b>\$969,400.00</b>		<b>\$0.00</b>	
UHF - High Power Top Mount (200-1000 kW), Four Station broadband panel antenna, horizontally polarized	\$778,000.00	\$740,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	\$18,950.00	\$18,000.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Combiner output splitting /switching for dual feed lines, if applicable	\$126,000.00	\$120,000.00	N/A	N/A	N/A

<b>Auxiliary</b>	<b>\$394,040.00</b>	<b>\$381,400.00</b>		<b>\$0.00</b>	
<b>Antenna TU Deltastar</b>					
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Combiner output splitting /switching for dual feed lines, if applicable	\$126,000.00	\$120,000.00	N/A	N/A	N/A
UHF – Broadband Panel, Side Mount Auxiliary /Interim, 20 horizontally polarized	<b>\$135,000.00</b>	\$135,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$13,000.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$1,413,180.00</b>	<b>\$1,350,800.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

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<b>Total for all systems</b>	\$2,842,150.00	\$3,017,637.00	N/A	\$0.00	N/A
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### **Components**

Information not provided.

**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
<b>Primary Transmission Line</b>	<b>\$0.00</b>	<b>\$227,400.00</b>		<b>\$0.00</b>	
Rigid Transmission Line - copper, 8 3/16" broadband	\$0.00	\$227,400.00	existing transmission line does not support the new channel assignments	N/A	N/A
<b>Auxiliary Transmission Line</b>	<b>\$0.00</b>	<b>\$76,687.00</b>		<b>\$0.00</b>	
Rigid Transmission Line - copper, 6 1/8" broadband	\$0.00	\$76,687.00	existing transmission line does not support the new channel assignment. WTEN does not have an aux needed for the transition	N/A	N/A
<b>Sub-total</b>	<b>\$0.00</b>	<b>\$304,087.00</b>	N/A	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,842,150.00</b>	<b>\$3,017,637.00</b>	N/A	<b>\$0.00</b>	<b>N/A</b>

**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
<b>Primary Tower TOWER</b>	<b>\$84,200.00</b>	<b>\$80,000.00</b>		<b>\$0.00</b>	
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$84,200.00</b>	<b>\$80,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,842,150.00</b>	<b>\$3,017,637.00</b>	N/A	<b>\$0.00</b>	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
<b>Outside Professional Services</b>	<b>\$140,770.00</b>	<b>\$133,750.00</b>		<b>\$0.00</b>	
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	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
Project management of the transition	\$7,900.00	\$7,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	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
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	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

Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$140,770.00	\$133,750.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,842,150.00	\$3,017,637.00	N/A	\$0.00	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
<b>Other Expenses</b>	<b>\$14,000.00</b>	<b>\$14,000.00</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$14,000.00	\$14,000.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,842,150.00	\$3,017,637.00	N/A	\$0.00	N/A

**Components**

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$2,842,150.00	\$3,017,637.00	\$0.00

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<b>Submission of Estimated Expenses Statements</b>	<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"> <li data-bbox="742 772 1029 1164">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.</li> <li data-bbox="742 1198 1013 1433">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="742 1467 1029 1747">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.</li> </ol>	

- 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><b>Julie A Raskin</b>  <i>Vice President Finance and Administration</i></p> <p>07/11/2017</p>

**Attachments**

Information not provided.