

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 25065 Service: DTV Call WPTO Channel: 29 (UHF)

Sign:

0000028670

Number:

ID:

File

FRN: **0003025004** Date **10/24**

Submitted: /2017

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------------|-----------------------|--------------------|
| GREATER DAYTON PUBLIC TELEVISION, INC. Doing Business As: GREATER DAYTON PUBLIC TELEVISION, INC. | DAVID M. FOGARTY 110 SOUTH JEFFERSON STREET DAYTON, OH 45402 United States | +1 (937) 220- 1611 | DFOGARTY@THINKTV. ORG | 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. | Yes |
|--|-----------------|
| Briefly describe transition plan | Transition plan |

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 | |
| Manufacturer and Type | Model | CD3140P2 |
| | Year | 2002 |
| | Туре | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 140 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? | Yes |
| | Manufacturer | |
| | Model | ULXTE-30 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 19.2 kW |
| | Justification for New Transmitter | GatesAir technicians tell us our transmitter is obsolete and we will not be able to get parts for repair purposes. |

Primary Transmitter

Other Transmitter Costs

| | Response |
|---------------------------------------|--|
| Service Entrance (3 phases 800A 208V) | No |
| Switchgear (industrial 800 amp) | Yes |
| Transformer (480V) | Yes |
| Power | 150 kVA |
| Rigid Conduit and Wiring | Yes |
| Size | 4 inches |
| | Switchgear (industrial 800 amp) Transformer (480V) Power Rigid Conduit and Wiring |

| | | 500.0 () |
|---|--|---------------------------|
| | Length | 500.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Туре | Heating and Cooling |
| | Size | 10 tons |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold improvement? | Yes |
| | Size | 750.0 square feet |
| 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**

Transmitter Information not provided.

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? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna | Class | Full Power |
| 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) | 400.0 kW |

| Manufacturer | |
|--------------|------------------------|
| Model | TFU- 24DSB-H (C) |
| Year | 2002 |

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? | No |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna | Class | Full Power |
| Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | 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) | 408.0 kW |
| | Manufacturer | |
| | | 1 |

| Model | VFU- 24DSB-H |
|-------------------------------|---|
| Year | 2019 |
| Justification for New Antenna | New antenna necessary to carry new broadcast signal |

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? | Yes |

Other Antenna Cost Not Listed

Information not provided.

Interim Antenna

New Antenna Costs

| Section | Question | Response |
|--------------------------------------|--|--------------------|
| New Antenna Description | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | 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 Type | Class | Full Power |
| | Mounting | Side Moun |
| | Antenna position in stack | Not in Stac |
| | Polarization | Horizontal |
| | 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) | 400.0 kW |
| | Manufacturer | |
| | Model | TFU-16WE |
| | Year | 2019 |

| Justification for New Antenna | New interim |
|-------------------------------|--------------|
| | antenna as |
| | specified in |
| | transition |
| | plan. |
| | |

Interim Antenna

Other Antenna Costs

| Section | Question | Response |
|--------------------------|---|----------|
| 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 an 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 |

Interim Antenna

Other Antenna Cost Not Listed

Information not provided.

| Transmission | nSeftien | Question | Response |
|--------------|---------------------------------------|---|----------|
| | Transmission Line Related Expenses | Do you have transmission line related expenses? | Yes |

Interim Transmissi

New Transmission Line

| section | Question | Response |
|-----------------------|---|---|
| New Transmission Line | Use | Interim |
| Costs | Description of Use | N/A |
| | Change Type | Purchase New |
| | Туре | Rigid |
| | Diameter | 4 1/16 inches |
| | Segment Length | 19 ¾ ' |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 820 feet per run |
| | Justification for New Transmission Line | See transition plan. Need line for interim antenna. |

Interim 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

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) | Yes |
| | Others Types of Users | No |
| | 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) | 39° 07' 19.0" N- |
| | Longitude (NAD83) | 084° 32' 52.0" W- |
| | Overall Structure Height | 1020.98 fee |
| | Support Structure Height | 951.76 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 728.01 feet |

| Structure Type | LTOWER - Lattice Tower |
|------------------|------------------------------|
| Tower Owner | WXIX, LLC |
| Date Constructed | 01/01/1985 |

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 |
|-------------|-----------|---------|
| 39738 | WXIX-TV | DTV |

Primary Tower

Tower Modification Costs

| Section | Question | Response |
|----------------------|--|--------------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | No study needed |
| Tower Reinforcements | 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

| Name | Description |
|-----------------|--|
| Interim Antenna | Remove and install new Interim Antenna |

Outside Professional

| Section | Question | Response |
|--|--|---|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 100 |
| | Explanation | We do not have staff personnel available for the tasks that Project Management would cover, nor is the staff trained to provide those services. |
| 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 | Yes |
|---------------------------------------|--|-------------|
| Services | 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 | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 2 |
| | Justification | Site survey |

Outside Professional

Other Professional Services Expenses Not Listed

| I Services Costs | Description | |
|------------------|------------------------|--|
| Personnel costs | 100 hours x \$100/hour | |

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 Not Listed

Expenses Information not provided.

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 ULXTE-30 | \$981,809.00 | \$939,159.00 | | \$0.00 | |
| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW | \$684,000.00 | \$650,000.00 | N/A | N/A | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| Transformer 3 phase /480v - 150 KVA | \$25,550.00 | \$24,300.00 | N/A | N/A | N/A |
| 4" Rigid Conduit and Wiring (Cost per foot) | \$50,500.00 | \$48,000.00 | N/A | N/A | N/A |
| 10 Ton system | \$60,500.00 | \$57,500.00 | N/A | N/A | N/A |
| Other Building Addition Size: 750.0 | \$123,059.00 | \$123,059.00 | Transmission line bridge included in this cost as only necessary because of move to new building. Building cost estimate attached. | N/A | N/A |

| Sub-total | \$981,809.00 | \$939,159.00 | N/A | \$0.00 | N/A |
|-----------------------|----------------|----------------|-----|-------------|-----|
| Total for all systems | \$2,041,869.00 | \$1,680,588.00 | N/A | \$22,394.45 | N/A |

Components

Information not provided.

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 |
|--|-----------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Interim Antenna TFU-16WB | \$189,500.00 | \$115,120.00 | | \$0.00 | |
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | \$189,500.00 | \$115,120.00 | N/A | N/A | N/A |
| Primary Antenna VFU-24DSB- H | \$196,230.00 | \$106,367.00 | | \$3,992.00 | |
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | \$189,500.00 | \$99,967.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$3,992.00 | N/A |
| Sub-total | \$385,730.00 | \$221,487.00 | N/A | \$3,992.00 | N/A |
| Total for all systems | \$2,041,869.00 | \$1,680,588.00 | N/A | \$22,394.45 | N/A |

Components

| Actual Information Description | File Name | |
|--|---------------------------|--------------------|
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | Information not provided. | |
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | Information not provided. | |
| Sweep test of existing antenna | | ce amount 92.00 |

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 |
|--|--------------------------------|-------------------|-------------------------------------|----------------|------------------------------|
| Interim Transmission Line | \$116,440.00 | \$82,732.00 | | \$0.00 | |
| Rigid Transmission Line - copper, 4 1 /16" | \$116,440.00 | \$82,732.00 | Dielectric quotation attached | N/A | N/A |
| Sub-total | \$116,440.00 | \$82,732.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,041,869.00 | \$1,680,588.00 | N/A | \$22,394.45 | N/A |

Components

Information not provided.

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 LTOWER | \$343,500.00 | \$231,590.00 | | \$0.00 | |
| Tall Tower (greater than 500') | \$210,500.00 | \$98,590.00 | Antenna installation as per Dielectric quotation. | N/A | N/A |
| Interim Antenna | \$133,000.00 | \$133,000.00 | Tower rigging as per bid received from Dielectric | N/A | N/A |
| Sub-total | \$343,500.00 | \$231,590.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,041,869.00 | \$1,680,588.00 | N/A | \$22,394.45 | N/A |

Components

Information not provided.

Outside Professional Services

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

| Description Outside Professional Services | Predetermined Cost Estimate \$182,340.00 | Estimated Cost \$174,120.00 | Estimated Cost Justification | Actual Cost \$18,402.45 | Actual Cost Justification |
|--|--|-----------------------------------|------------------------------------|-------------------------------|--|
| Additional Field Engineering Service, 2 Days | \$16,370.00 | \$16,370.00 | N/A | \$18,402.45 | The cost of the sweep came in at a cost in excess of estimated cost. |
| Personnel costs | \$10,000.00 | \$10,000.00 | 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 |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | 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 |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
|--|-------------|-------------|-----|-----|-----|
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$15,800.00 | \$15,000.00 | N/A | N/A | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | N/A | N/A | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | N/A | N/A | N/A |

| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | N/A | N/A | N/A |
|--|----------------|----------------|-----|-------------|-----|
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | N/A | N/A | N/A |
| Sub-total | \$182,340.00 | \$174,120.00 | N/A | \$18,402.45 | N/A |
| Total for all systems | \$2,041,869.00 | \$1,680,588.00 | N/A | \$22,394.45 | N/A |

Components

| Actual Information Description | File Name |
|---|--|
| Additional Field Engineering Service, 2 Days | Component Description: Total invoice Amount: \$18,402.45 |
| Personnel costs | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | 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 | Information not provided. |

| Perform engineering study for new channel assignment and antenna development | Information not provided. |
|--|---------------------------|
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |
| Prepare and or review reimbursement form | Information not provided. |
| Project management of the transition | Information not provided. |
| Prepare 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 request for Special Temporary Authorization | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| RF Exposure Measurements | Information not provided. |

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 | \$32,050.00 | \$31,500.00 | | \$0.00 | |
| MVPD Notification of Channel Change | \$500.00 | \$500.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$1,000.00 | \$1,000.00 | N/A | N/A | N/A |
| Equipment Storage | \$4,000.00 | \$4,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$9,000.00 | \$9,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| Local Zoning | \$1,000.00 | \$1,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | N/A | N/A |
| Sub-total | \$32,050.00 | \$31,500.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,041,869.00 | \$1,680,588.00 | N/A | \$22,394.45 | N/A |

Components

Information not provided.

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|-------------|
| Total for all systems | \$2,041,869.00 | \$1,680,588.00 | \$22,394.45 |

| 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 Fogarty President /CE0

10/24/2017

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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.

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 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.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. David Fogarty President /CEO

10/24/2017

Attachments