

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

| Facility ID: File | 18780 000002 | Service: DTV 6938 | Call Sign: | WHLA-TV | Channel: 15 (UHF) |
|-------------------------|-----------------|----------------------|---------------|---------|-------------------|
| Number: | | | | | |
| FRN: 000 | 2711455 | Date | 11/01 | | |
| | | Submitted: | /2017 | | |

Applicant Name, Type, and Contact Information

Information

| ו | Applicant | Address | Phone | Email | Applicant Type |
|---|---|--|-----------------------------|-----------------------------|----------------------|
| | STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD Doing Business As: STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD | Stephen Bauder 3319 W. BELTLINE HWY. MADISON, WI 53713 United States | +1 (608) 264- 9746 | steve. bauder@wi. gov | Government Entity |

Reimbursement Contact Name and Information Reimbursement Contact Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

| Preparer | Preparer Contact Name and Information | | | | | |
|------------------------|--|---------|-------|-------|--|--|
| Contact Information | Applicant | Address | Phone | Email | | |
| | The Preparer is same as the reimbursement contact. | | | | | |

| Broadcaster | Question | Response |
|--|--|--|
| Information and Transition Plan | 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 | Install temporary mask filter, antenna and line to facilitate continued operation on existing channel during transition. Replace transmitter and main antenna/line. |

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

| Primary | Existing Transmitter Information | | | | | |
|-------------|-------------------------------------|--|--------------------|--|--|--|
| Transmitter | 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 | Diamond DHD60P2 | | | |
| | | Year | 2002 | | | |
| | | Туре | Solid State | | | |
| | | Solid State Cooling | Air Cooled | | | |
| | | Solid State Power Capacity | 15.0 kW | | | |

Existing Transmitter Information

| Primary | New Transmitter Costs | | | | |
|-------------|-----------------------|---|--|--|--|
| Transmitter | Section | Question | Response | | |
| | New Transmitter | Use | Primary (Main) | | |
| | | Change Type | Purchase New | | |
| | | Is this a request for upgraded equipment? | No | | |
| | | Manufacturer | | | |
| | | Model | TMU9 | | |
| | | Transmitter Type | Solid State | | |
| | | Solid State Cooling | Air Cooled | | |
| | | Solid State Power capacity | 16.5 kW | | |
| | | Justification for New Transmitter | The existing Harris Diamond transmitter, which currently operates on channel 30, cannot be modified to perform correctly on channel 15. | | |

| Primary | Other Transmitter Costs | | | | | |
|-------------|-------------------------|---------------------------------------|----------|--|--|--|
| Transmitter | Section | Question | Response | | | |
| | Electrical Service | Service Entrance (3 phases 800A 208V) | No | | | |
| | | Switchgear (industrial 800 amp) | No | | | |
| | | Transformer (480V) | No | | | |
| | | Power | N/A | | | |
| | | Rigid Conduit and Wiring | Yes | | | |
| | | | | | | |

| | Size | 2.5 inches |
|---|--|--|
| | Length | 100.0 feet |
| | Other Electrical Service | Yes |
| | Description | Re-locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Туре | Cooling Only |
| | Size | 25 tons |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

| Primary | nittor | |
|-------------|-----------------------|--|
| Transmitter | Name | • |
| | Temporary Mask Filter | Facilitates removal of existing floor- mounted filter/N-1 combiner to make room |
| | | for the new transmitter |

| Antennas Section | | Question | Response |
|------------------|---------------|---------------------------------------|----------|
| Antenna Rela | ated 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 | Top 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) | 307.5 kW | |

| Manufacturer | |
|--------------|-----------------------|
| Model | ATW25H3- HTOU-31-H |
| Year | 2002 |

| 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 | Top Mount | |
| | | Antenna position in stack | Not in Stack | |
| | | Polarization | Elliptical | |
| | | Туре | Slotted Coaxial | |
| | | Number of Stations Supported | N/A | |
| | | Number of Panels/Bays | N/A | |
| | | Lower Limit | N/A | |
| | | Upper Limit | N/A | |
| | | Design power capacity in use | N/A | |
| | | Other Antenna Type | N/A | |
| | | ERP: (Effective Radiated Power) | 218.0 kW | |
| | | Manufacturer | | |
| | | | 1 | |

| Model | ATW20H3- ETO-15H |
|-------------------------------|---|
| Year | 2018 |
| Justification for New Antenna | Existing antenna will not function on new channel. Incremental cost associated with 15% elliptical polarization of new antenna to be borne entirely by licensee. |

Other Antenna Costs Primary

Antenna

| 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 |

Primary
Antenna Other Antenna Cost Not Listed Name Description Temporary Antenna Required for continued operation between the time the main antenna is removed //replaced and commencement of operations on the new channel/antenna.

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

| ransmissio | Section | Question | Response |
|------------|--|--|---------------------|
| | Existing Transmission Line Description | Type of change | Purchase New |
| | | Use | Primary (Main) |
| | | Description of Use | N/A |
| | | Ownership | Owned |
| | | Owner | N/A |
| | | Site | N/A |
| | | Is the existing transmission line shared with another station or stations? | No |
| | | Is Transmission Line in operating condition? | Yes |
| | Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | | Туре | Rigid |
| | | Diameter | 8 3/16 inches |
| | | Other Diameter | N/A |
| | | Segment Length | Other |
| | | Other Segment Length | 19.333 fee |
| | | Number of parallel runs | 0 |
| | | Length | 875 feet per run |

Primary Existing Transmission Line

| Primary Transmissio | New Transmission Line | | | |
|------------------------|--------------------------------|---|---|--|
| | n Line Section | Question | Response | |
| | New Transmission Line Costs | Use | Primary (Main) | |
| | | Description of Use | N/A | |
| | | Change Type | Purchase New | |
| | | Is this a request for upgraded equipment? | No | |
| | | Туре | Rigid | |
| | | Diameter | 6 1/8 inches | |
| | | Other Diameter | N/A | |
| | | Segment Length | 20 inches | |
| | | Other Segment Length | N/A | |
| | | Number of parallel runs | 1 | |
| | | Length | 875 feet per run | |
| | | Justification for New Transmission Line | Existing line length will not support operation on new channel. | |

Primary Transmission Line Expenses Not Listed Description Temporary line Feeds temporary

| Temporary line | Feeds temporary antenna. |
|---------------------------|---|
| Transmissionline adapters | Required to connect interim antenna system to transmitter |

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

Primary Existing Tower

| Tower | | | | | |
|-------|---|---|----------------------|--|--|
| | Section | Question | Response | | |
| | Existing Tower | Type of change | Modify Existing | | |
| | Description | 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 | Yes | | |
| | | Is tower documented for structural analysis? | Yes | | |
| | | Is tower compliant with Rev G? | Yes | | |
| | Existing Tower Structure Registration | Do you have a tower registration number? | Yes | | |
| | | ASR Number | 1024862 | | |
| | Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 43° 48' 18.3" N- | | |
| | | Longitude (NAD83) | 091° 22' 05.1" W- | | |
| | | Overall Structure Height | 824.14 feet | | |
| | - | Support Structure Height | 772.63 feet | | |
| | | Ground Elevation Above Mean Sea Level (AMSL) | 1215.86 feet | | |
| | | | , | | |

| Structure Type | GTOWER - Guyed Structure Used for Communication Purposes |
|------------------|--|
| Tower Owner | State of Wisconsin - Educational Communications Board |
| Date Constructed | 10/01/2002 |

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 |
|-------------|-----------|---------|
| 63055 | WHLA | FM |
| 4327 | WLSU | FM |

Other Types of Users

Users

Ambulance Fire

MN State Patrol

NOAA WX Radio

WI DNR

WI State Patrol

Primary Tower Modification Costs

Tower

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: | No reinforcements needed |
|----------------------|--|--------------------------------|
|----------------------|--|--------------------------------|

Primary Tower Rigging Costs Question Response Tower Rigging Costs Complex Tower N/A Helicopter Services Required Are helicopter services required? No

Primary Other Tower Expenses Not Listed

Tower Information not provided.

| Outside | Section | Question | Response |
|--------------|--|--|----------|
| Professional | Services Costs Outside Project Management Services | Do you require outside project management services? | No |
| | | Number of Hours | N/A |
| | | Explanation | N/A |
| | 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 | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 2 |
| | Justification | Consulting services related to the design, coordination and planning of tower and in-building RF work. |

Other Professional Services Expenses Not Listed Professional Services roostsided.

| Other | Section | Question | Response |
|----------|---------------------------------|--|----------|
| Expenses | 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 | 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

Cost Information

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 TMU9 | \$708,994.00 | \$704,494.00 | | \$144,367.47 | |
| Other Electrical Service: Re-locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter. | \$29,994.00 | \$29,994.00 | Re-locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter. | N/A | N/A |
| UHF - Air Cooled Solid State Transmitter 16.5 kW | \$555,000.00 | \$555,000.00 | N/A | \$119,700.80 | N/A |
| 2.5" Rigid Conduit and Wiring | \$7,500.00 | \$7,500.00 | N/A | \$4,500.00 | N/A |
| 25 Ton system | \$91,500.00 | \$87,000.00 | N/A | N/A | N/A |

| Temporary Mask Filter | \$25,000.00 | \$25,000.00 | N/A | \$20,166.67 | N/A |
|-----------------------------|----------------|----------------|-----|--------------|-----|
| Sub-total | \$708,994.00 | \$704,494.00 | N/A | \$144,367.47 | N/A |
| Total for all systems | \$1,600,962.00 | \$1,498,502.00 | N/A | \$152,954.97 | N/A |

Components

| Actual Information Description | File Name | |
|--|-----------------------------------|---|
| Other Electrical Service: Re- locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter. | Information not provided. | |
| UHF - Air Cooled Solid State Transmitter 16.5 kW | Component Description: Amount: | 20% payment for new transmitter \$119,700.80 |
| 2.5" Rigid Conduit and Wiring | Component Description: Amount: | First phase of electrical service installation for new transmitter \$4,500.00 |
| 25 Ton system | Information not provided. | |

| Temporary Mask Filter | | |
|-----------------------|------------------------|----------------------------------|
| | Component Description: | First payment for temporary mask |
| | | filter |
| | Amount: | \$9,085.00 |
| | Component Description: | Final payment including shipping |
| | | for temporary mask filter |
| | Amount: | \$11,081.67 |
| | | |

Antennas

Cost Information

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 ATW20H3- ETO-15H | \$356,230.00 | \$285,000.00 | | \$0.00 | |
| Temporary Antenna | \$60,000.00 | \$60,000.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$0.00 | N/A | N/A | N/A |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00 | \$225,000.00 | incremental costs associated with the addition of elliptical polarization will be borne entirely by licensee. | N/A | N/A |
| Sub-total | \$356,230.00 | \$285,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,600,962.00 | \$1,498,502.00 | N/A | \$152,954.97 | N/A |

Components

Information not provided.

Transmission Line

Cost Information

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 Cos Justificatio |
|---|--------------------------------|-------------------|--|--------------|----------------------------|
| Primary Transmission Line | \$245,008.00 | \$236,258.00 | | \$0.00 | |
| Transmissionline adapters | \$17,258.00 | \$17,258.00 | Required for various configurations of existing /new transmitter, main /temporary antenna, and temporary /new mask filter. | N/A | N/A |
| Temporary line | \$51,000.00 | \$51,000.00 | N/A | N/A | N/A |
| Rigid Transmission Line - copper, 6 1/8" | \$176,750.00 | \$168,000.00 | Existing 8 3 /16" line length will not work on new channel. Line must be replaced, electing to reduce line size to 6 1/8" to preserver tower loading. | N/A | N/A |
| Sub-total | \$245,008.00 | \$236,258.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,600,962.00 | \$1,498,502.00 | N/A | \$152,954.97 | N/A |

Components

Information not provided.

Tower Equipment and Rigging Costs

Cost Information

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 GTOWER | \$223,100.00 | \$212,000.00 | | \$4,500.00 | |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$12,000.00 | N/A | \$4,500.00 | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$200,000.00 | N/A | N/A | N/A |
| Sub-total | \$223,100.00 | \$212,000.00 | N/A | \$4,500.00 | N/A |
| Total for all systems | \$1,600,962.00 | \$1,498,502.00 | N/A | \$152,954.97 | N/A |

Components

| Actual Information Description | File Name | |
|---|-----------------------------------|---|
| Structural engineering tower load study for well documented tower | Component Description: Amount: | Structural Analysis of WHLA tower \$4,500.00 |
| Tall Tower (greater than 500') | Information not provided. | |

Outside Professional Services

Cost Information

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 | \$31,080.00 | \$24,750.00 | | \$4,087.50 | |
| Additional Field Engineering Service, 2 Days | \$3,000.00 | \$3,000.00 | 2 days x \$1500/day | \$337.50 | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | 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 request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | 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 |
|---|----------------|----------------|-----|--------------|-----|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$3,000.00 | N/A |
| Prepare and or review reimbursement form | \$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 | \$2,500.00 | N/A | \$750.00 | N/A |
| Sub-total | \$31,080.00 | \$24,750.00 | N/A | \$4,087.50 | N/A |
| Total for all systems | \$1,600,962.00 | \$1,498,502.00 | N/A | \$152,954.97 | N/A |

Components

| Actual Information Description | File Name | |
|---|------------------------|--|
| Additional Field Engineering Service, 2 Days | Component Description: | Portion of invoice related to WHLA RF consulting |
| | Amount: | \$337.50 |

| Attorney Fees - Prepare and File request for Special Temporary Authorization | 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 request for Special Temporary Authorization | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: | portion of invoice related to prep of engineering section of CP application for new channel \$3,000.00 |
| Prepare and or review reimbursement form | Information not provided. | |
| Perform engineering study for new channel assignment and antenna development | Component Description: Amount: | portion of invoice related to engineering study of new channel assignment \$750.00 |

Other Expenses

Cost Information

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 | \$36,550.00 | \$36,000.00 | | \$0.00 | |
| Develop and air announcement of upcoming channel change | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| MVPD Notification of Channel Change | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Equipment Storage | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$10,000.00 | \$10,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$8,000.00 | \$8,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | N/A | N/A |
| Sub-total | \$36,550.00 | \$36,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,600,962.00 | \$1,498,502.00 | N/A | \$152,954.97 | N/A |

Components

Information not provided.

| Cost Information | Grand Total | | | | | |
|---------------------|-----------------------|--------------------------------|----------------|--------------|--|--|
| | | Predetermined Cost Estimate | Estimated Cost | Actual Cost | | |
| | Total for all systems | \$1,600,962.00 | \$1,498,502.00 | \$152,954.97 | | |

| Reimbursem | entestiatus | 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 | 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. | |
| | | 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).
- 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 above- named applicant for the Authorization(s) specified above. | Gene Purcell Executive Director |
| | 11/01/2017 |

| 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 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). | |
| | | 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).
- 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.

| | The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 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. | |
|---------------|--|--|
| an au name | are, under penalty of perjury, that I am thorized representative of the above- d applicant for the Authorization(s) fied above. | Gene Purcell Executive Director |
| | | 11/01/2017 |

Attachments