



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **18780** | Service: **DTV** | Call **WHLA-TV** | Channel: **15 (UHF)**  
ID: | Sign:  
File **0000026938**  
Number:  
FRN: **0002711455** | Date **01/21**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD</b> 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 Information

### Reimbursement Contact Name and 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.	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
<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	Diamond DHD60P2
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	15.0 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	TMU9
	Transmitter Type	Solid State
	Solid State Cooling	Liquid 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 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	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.
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	25 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**

<b>Name</b>	<b>Description</b>
<b>Temporary Mask Filter</b>	Facilitates removal of existing floor-mounted filter/N-1 combiner to make room for the new transmitter

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top 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) .....	307.5 kW



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Manufacturer	
Model	ATW25H3- HTOU-31-H
Year	2002

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	218.0 kW
Manufacturer		

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.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Temporary Antenna</b>	Required for continued operation between the time the main antenna is removed /replaced and commencement of operations on the new channel/antenna.

**Transmission  
Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary  
Transmission  
Line**

**Existing Transmission Line**

Section	Question	Response
<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?	No
	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	Other
	Other Segment Length	19.333 feet
	Number of parallel runs	0
	Length	875 feet per run

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

Name	Description
Temporary line	Feeds temporary antenna.
Transmissionline adapters	Required to connect interim antenna system to transmitter

**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
<b>Existing Tower Description</b>	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	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1024862
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	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**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower

<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	No reinforcements needed
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**Primary Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	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
	<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application
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
<b>RF Field Engineering Services</b>	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.

**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

Information not provided.

**Other Expenses**

Section	Question	Response
<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?	Yes
<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?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

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 TMU9</b>	<b>\$837,994.00</b>	<b>\$621,297.55</b>		<b>\$496,470.22</b>	
Temporary Mask Filter	<i>\$25,000.00</i>	\$25,000.00	N/A	\$20,166.67	N/A
2.5" Rigid Conduit and Wiring	<i>\$7,500.00</i>	\$7,500.00	N/A	\$4,500.00	N/A
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.	<i>\$29,994.00</i>	\$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
25 Ton system	\$91,500.00	\$87,000.00	N/A	N/A	N/A

UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$471,803.55	N/A	\$471,803.55	N/A
<b>Sub-total</b>	\$837,994.00	\$621,297.55	N/A	\$496,470.22	N/A
<b>Total for all systems</b>	\$1,729,962.00	\$1,415,305.55	N/A	\$658,750.71	N/A

## Components

Actual Information		
Description	File Name	
Temporary Mask Filter	<b>Component Description:</b>	First payment for temporary mask filter
	<b>Amount:</b>	\$9,085.00
	<b>Component Description:</b>	Final payment including shipping for temporary mask filter
	<b>Amount:</b>	\$11,081.67
2.5" Rigid Conduit and Wiring	<b>Component Description:</b>	First phase of electrical service installation for new transmitter
	<b>Amount:</b>	\$4,500.00





**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 ATW20H3-ETO-15H</b>	<b>\$356,230.00</b>	<b>\$285,000.00</b>		<b>\$83,996.25</b>	
Temporary Antenna	<i>\$60,000.00</i>	\$60,000.00	N/A	\$23,096.25	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.	\$60,900.00	N/A
Sweep test of existing antenna	\$6,730.00	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$356,230.00</b>	<b>\$285,000.00</b>	N/A	<b>\$83,996.25</b>	N/A
<b>Total for all systems</b>	<b>\$1,729,962.00</b>	<b>\$1,415,305.55</b>	N/A	<b>\$658,750.71</b>	N/A

**Components**

Actual Information	
Description	File Name

Temporary Antenna	<p><b>Component Description:</b> As invoiced, 45% of antenna and initial sweep costs, line costs claimed separately</p> <p><b>Amount:</b> \$23,096.25</p>
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<p><b>Component Description:</b> 30% deposit with antenna order per terms</p> <p><b>Amount:</b> \$60,900.00</p>
Sweep test of existing antenna	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>\$245,008.00</b>	<b>\$236,258.00</b>		<b>\$67,341.46</b>	
Transmissionline adapters	<i>\$17,258.00</i>	\$17,258.00	Required for various configurations of existing /new transmitter, main /temporary antenna, and temporary /new mask filter.	\$13,156.11	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.	\$36,900.57	N/A
Temporary line	<i>\$51,000.00</i>	\$51,000.00	N/A	\$17,284.78	N/A
<b>Sub-total</b>	<b>\$245,008.00</b>	<b>\$236,258.00</b>	N/A	<b>\$67,341.46</b>	N/A
<b>Total for all systems</b>	<b>\$1,729,962.00</b>	<b>\$1,415,305.55</b>	N/A	<b>\$658,750.71</b>	N/A

**Components**

Actual Information Description	File Name
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Transmissionline adapters	<p><b>Component Description:</b> RF Line parts for temporary and permanent antennas</p> <p><b>Amount:</b> \$13,156.11</p>
Rigid Transmission Line - copper, 6 1/8"	<p><b>Component Description:</b> 30% payment with order for transmission line per terms</p> <p><b>Amount:</b> \$36,900.57</p>
Temporary line	<p><b>Component Description:</b> As invoiced, 45% of line costs</p> <p><b>Amount:</b> \$17,284.78</p>

**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 GTOWER</b>	<b>\$223,100.00</b>	<b>\$212,000.00</b>		<b>\$4,500.00</b>	
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
<b>Sub-total</b>	<b>\$223,100.00</b>	<b>\$212,000.00</b>	<b>N/A</b>	<b>\$4,500.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,729,962.00</b>	<b>\$1,415,305.55</b>	<b>N/A</b>	<b>\$658,750.71</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Structural engineering tower load study for well documented tower	<p><b>Component Description:</b> Structural Analysis of WHLA tower</p> <p><b>Amount:</b> \$4,500.00</p>
Tall Tower (greater than 500')	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>\$31,080.00</b>	<b>\$24,750.00</b>		<b>\$6,442.78</b>	
Additional Field Engineering Service, 2 Days	<i>\$3,000.00</i>	\$3,000.00	2 days x \$1500/day	\$1,767.78	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,500.00	N/A	\$750.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$925.00	N/A
<b>Sub-total</b>	\$31,080.00	\$24,750.00	N/A	\$6,442.78	N/A
<b>Total for all systems</b>	\$1,729,962.00	\$1,415,305.55	N/A	\$658,750.71	N/A

## Components

### Actual Information

Description	File Name
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<p>Additional Field Engineering Service, 2 Days</p>	<p><b>Component Description:</b> Test and evaluate interior rigid RF components</p> <p><b>Amount:</b> \$1,430.28</p> <p><b>Component Description:</b> Portion of invoice related to WHLA RF consulting</p> <p><b>Amount:</b> \$337.50</p>
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> portion of invoice related to prep of engineering section of CP application for new channel</p> <p><b>Amount:</b> \$3,000.00</p>

<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b> portion of invoice related to engineering study of new channel assignment</p> <p><b>Amount:</b> \$750.00</p>
<p>Prepare and or review reimbursement form</p>	<p><b>Component Description:</b> Review of Form 1876</p> <p><b>Amount:</b> \$150.00</p> <p><b>Component Description:</b> Repack channel change mod work; review form 399</p> <p><b>Amount:</b> \$300.00</p> <p><b>Component Description:</b> Review form 399; review expense justifications</p> <p><b>Amount:</b> \$375.00</p> <p><b>Component Description:</b> Review form 387 and reimbursement allocations</p> <p><b>Amount:</b> \$100.00</p>

**Cost Information**

**Other Expenses**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$36,550.00</b>	<b>\$36,000.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$8,000.00</i>	\$8,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$36,550.00</b>	<b>\$36,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,729,962.00</b>	<b>\$1,415,305.55</b>	<b>N/A</b>	<b>\$658,750.71</b>	<b>N/A</b>

**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>	\$1,729,962.00	\$1,415,305.55	\$658,750.71

**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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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>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>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.

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*

01/21/2018

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></p>	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	



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 above-named applicant for the Authorization(s) specified above.

**Gene  
Purcell**  
*Executive  
Director*

01/21/2018

## Attachments