



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **68058** | Service: **DTV** | Call **WHSB-TV** | Channel: **22 (UHF)** |
ID:
File **0000028012**
Number:
FRN: **0004346060** | Date **02/02**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY CHRISTIAN CENTER OF SANTA ANA, INC. Doing Business As: TRINITY BROADCASTING NETWORK	P.O. BOX C-11949 SANTA ANA, CA 92711 United States	+1 (714) 832- 2950	cmmay@maylawoffices. com	Not-for- Profit

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Reduce TPO to 50% and remove 1/2 of the xmitter system. Install new SS xmitter system. Add AUX antenna & line to the tower & feed it with a reduced signal from the current xmitter. Remove & replace antenna. Test.

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	DCX 2
	Year	2004
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	HPTV PRLX U24
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	40 kW
	Justification for New Transmitter	See Attachment

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	500.0 feet
	Other Electrical Service	Yes
	Description	Labor, Disconnects, breakers...

HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	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 leasehold improvement?	Yes
	Size	1000.0 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

Name	Description
install	xmitter installation

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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 Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Panel
	Number of Stations Supported	4
	Number of Panels	14
	Design power capacity in use	80.0 %
	Lower Limit	470.00 MHz
	Upper Limit	800.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW

	Manufacturer	
	Model	TUD-05-14 /70U-2-B
	Year	2000

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

Facility ID	Call Sign
48813	WUVG-DT
64033	WPCH-TV
72120	WGCL-TV

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?	No
	Ownership	Leased
	Owner	aAMERICAN tOWER
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	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
	Type	Broadband Panel
	Number of Stations Supported	4
	Number of Panels/Bays	12
	Lower Limit	470.00 MHz
	Upper Limit	800.00 MHz
	Design power capacity in use	80.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW
	Manufacturer	

	Model	PEPL48D-C170-2-6
	Year	2017
	Justification for New Antenna	aAMERICAN tOWER

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	Additional Module
	Number of channels supported	1
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	8 3/16 inches inches
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

Enter a list of RF channel numbers.

RF Channel Number

22

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

Transmission Line

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

**Primary
Transmission Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing transmission line shared with another station or stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2000 feet per run

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

Facility ID	Call Sign
64033	WPCH-TV
48813	WUVG-DT

6900

WUPA

Primary
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2000 feet per run
	Justification for New Transmission Line	American tower

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
combiner install	installation

**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?	Candelabra
	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?	Yes
	ASR Number	1223132
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	33° 48' 26.4" N-
	Longitude (NAD83)	084° 20' 21.5" W-
	Overall Structure Height	1182.07 feet
	Support Structure Height	1056.09 feet
	Ground Elevation Above Mean Sea Level (AMSL)	867.12 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Tower, LLC
Date Constructed	03/27/2002

**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
48813	WUVG-DT	DTV
72120	WGCL-TV	DTV
6900	WUPA	DTV
64033	WPCH-TV	DTV
22819	WATL	DTV

**Primary
Tower**

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

Primary
Tower

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	Candelabra
Helicopter Services Required	Are helicopter services required?	No

Primary
Tower

Other Tower Expenses Not Listed

Name	Description
structural	load study
ground	package
drawing	permit

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	95
	Explanation	American Tower
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	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	No
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	NEPA Section 106 environmental review	No
	Environmental Assessment	Yes
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
site	meeting
RF System	testing

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	No
	Non-zoning permits	Yes
	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
	Does this relocation require MVPD Notification of a Channel Change?	No

Other Expenses	Other Expenses Not Listed
	Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter HPTV PRLX U24	\$1,656,457.00	\$1,573,707.00		\$24,375.00	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,400,000.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$13,000.00	\$6,250.00	N/A	\$1,562.50	N/A
Other Electrical Service: Labor, Disconnects, breakers...	<i>\$49,957.00</i>	\$49,957.00	quoted	\$937.50	N/A
10 Ton system	\$60,500.00	\$57,500.00	N/A	\$14,375.00	N/A
Other -- Building Addition Size: 1000.0	<i>\$30,000.00</i>	\$30,000.00	American Tower	\$7,500.00	N/A
install	<i>\$30,000.00</i>	\$30,000.00	installation quote	N/A	N/A
Sub-total	\$1,656,457.00	\$1,573,707.00	N/A	\$24,375.00	N/A
Total for all systems	\$4,380,532.00	\$2,119,709.00	N/A	\$150,852.26	N/A

Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	Information not provided.
2" Rigid Conduit and Wiring (Cost per foot)	Component Description: 25% deposit, see attached Cap Con Amount: \$1,562.50
Other Electrical Service: Labor, Disconnects, breakers...	Component Description: 25% deposit, see attached Cap Con Amount: \$937.50
10 Ton system	Component Description: 25% deposit, see attached Cap Con Amount: \$14,375.00
Other -- Building Addition Size: 1000.0	Component Description: 25% deposit, see attached Cap Con Amount: \$7,500.00
install	Information not provided.

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna PEPL48D-C170-2-6	\$1,199,880.00	\$186,993.00		\$45,773.13	
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	\$18,950.00	\$5,400.00	N/A	\$1,350.00	N/A
UHF - High Power Top Mount (200-1000 kW), Four Station broadband panel antenna, elliptically or circularly polarized	\$1,090,000.00	\$122,693.00	N/A	\$30,673.13	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$625.00	N/A
Adding a module to existing combiner (without antenna)	\$84,200.00	\$52,500.00	N/A	\$13,125.00	N/A
Sub-total	\$1,199,880.00	\$186,993.00	N/A	\$45,773.13	N/A

Total for all systems	\$4,380,532.00	\$2,119,709.00	N/A	\$150,852.26	N/A
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Components

Actual Information	
Description	File Name
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	Component Description: 25% deposit, see attached Cap Con Amount: \$1,350.00
UHF - High Power Top Mount (200-1000 kW), Four Station broadband panel antenna, elliptically or circularly polarized	Component Description: 25% deposit, see attached Cap Con Amount: \$30,673.13
Sweep test of existing antenna	Component Description: 25% deposit, see attached Cap Con Amount: \$625.00
Adding a module to existing combiner (without antenna)	Component Description: 25% deposit, see attached Cap Con Amount: \$13,125.00

Cost
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$805,500.00	\$115,116.00		\$28,779.13	
combiner install	<i>\$7,500.00</i>	\$7,500.00	N/A	\$1,875.00	N/A
Rigid Transmission Line - copper, 8 3/16" broadband	\$798,000.00	\$107,616.00	N/A	\$26,904.13	N/A
Sub-total	\$805,500.00	\$115,116.00	N/A	\$28,779.13	N/A
Total for all systems	\$4,380,532.00	\$2,119,709.00	N/A	\$150,852.26	N/A

Components

Actual Information	
Description	File Name
combiner install	<div>Component Description: 25% deposit, see attached Cap Con</div> <div>Amount: \$1,875.00</div>
Rigid Transmission Line - copper, 8 3/16" broadband	<div>Component Description: 25% deposit, see attached Cap Con</div> <div>Amount: \$26,904.13</div>

Cost
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower GTOWER	\$618,610.00	\$158,270.00		\$39,567.50	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$105,000.00	N/A	\$26,250.00	N/A
structural	<i>\$3,910.00</i>	\$3,910.00	American Tower	\$977.50	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$35,000.00	N/A	\$8,750.00	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$4,960.00	N/A	\$1,240.00	N/A
drawing	<i>\$4,700.00</i>	\$4,700.00	American Tower	\$1,175.00	N/A
ground	<i>\$4,700.00</i>	\$4,700.00	American Tower	\$1,175.00	N/A
Sub-total	\$618,610.00	\$158,270.00	N/A	\$39,567.50	N/A

Total for all systems	\$4,380,532.00	\$2,119,709.00	N/A	\$150,852.26	N/A
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Components

Actual Information		
Description	File Name	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	Component Description:	25% deposit, see attached Cap Con
	Amount:	\$26,250.00
structural	Component Description:	25% deposit, see attached Cap Con
	Amount:	\$977.50
Minor tower reinforcement /modifications	Component Description:	25% deposit, see attached Cap Con
	Amount:	\$8,750.00
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Component Description:	25% deposit, see attached Cap Con
	Amount:	\$1,240.00
drawing	Component Description:	25% deposit, see attached Cap Con
	Amount:	\$1,175.00
ground	Component Description:	25% deposit, see attached Cap Con
	Amount:	\$1,175.00

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$75,285.00	\$66,180.00		\$9,045.00	
RF System	<i>\$5,000.00</i>	\$5,000.00	Quoted by ATC	\$1,250.00	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,200.00	N/A	N/A	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A

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	\$4,100.00	\$3,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,550.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$625.00	N/A
Project management of the transition	\$15,010.00	\$9,480.00	N/A	\$2,370.00	N/A
site	\$2,000.00	\$2,000.00	American Tower	\$500.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$75,285.00	\$66,180.00	N/A	\$9,045.00	N/A
Total for all systems	\$4,380,532.00	\$2,119,709.00	N/A	\$150,852.26	N/A

Components

Actual Information Description	File Name
RF System	<p>Component Description: 25% deposit, see attached Cap Con</p> <p>Amount: \$1,250.00</p>
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.

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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License 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.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Information not provided.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p>Component Description: Engineering for 2100 CP</p> <p>Amount: \$1,750.00</p>

Perform engineering study for new channel assignment and antenna development	Component Description: Amount:	Interference study for CP \$650.00
	Component Description: Amount:	25% deposit, see attached Cap Con \$1,250.00
	Component Description: Amount:	Further interference study for CP \$650.00
Address transition timing and coordination issues w/ other stations and wireless	Component Description: Amount:	25% deposit, see attached Cap Con \$625.00
Project management of the transition	Component Description: Amount:	25% deposit, see attached Cap Con \$2,370.00
site	Component Description: Amount:	25% deposit, see attached Cap Con \$500.00
Prepare and or review reimbursement form	Information not provided.	

Cost
Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$24,800.00	\$19,443.00		\$3,312.50	
DTV Medical Facility Notification	\$11,550.00	\$6,193.00	N/A	N/A	N/A
Non-zoning permits	<i>\$750.00</i>	\$750.00	American Tower	\$187.50	N/A
Equipment Delivery and Handling Charges	<i>\$12,500.00</i>	\$12,500.00	American Tower	\$3,125.00	N/A
Sub-total	\$24,800.00	\$19,443.00	N/A	\$3,312.50	N/A
Total for all systems	\$4,380,532.00	\$2,119,709.00	N/A	\$150,852.26	N/A

Components

Actual Information Description	File Name
DTV Medical Facility Notification	Information not provided.
Non-zoning permits	<div>Component Description:25% deposit, see attached Cap Con</div> <div>Amount:\$187.50</div>

Equipment Delivery and Handling Charges	<table><tr><td data-bbox="719 98 1149 392">Component Description:</td><td data-bbox="1149 98 1434 392">25% deposit, see attached Cap Con</td></tr><tr><td data-bbox="719 392 1149 394">Amount:</td><td data-bbox="1149 392 1434 394">\$3,125.00</td></tr></table>	Component Description:	25% deposit, see attached Cap Con	Amount:	\$3,125.00
Component Description:	25% deposit, see attached Cap Con				
Amount:	\$3,125.00				

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$4,380,532.00	\$2,119,709.00	\$150,852.26

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>John B. Casoria , Esq. . <i>Assistant Secretary</i></p> <p>02/02/2018</p>

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

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>John B Casoria , Esq. . <i>Assistant Secretary</i></p> <p>02/02/2018</p>

Attachments