



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **4354** | Service: **DTV** | Call **WPCT** | Channel: **33 (UHF)** |
ID: | Sign:
File **0000027973**
Number:
FRN: **0004941621** | Date **01/29**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
BEACH TV PROPERTIES, INC. Doing Business As: BEACH TV PROPERTIES, INC.	Byron J. Colley, Jr. 8317 Front Beach Road Suite 23 PANAMA CITY BEACH, FL 32407 United States	+1 (850) 234- 2773	jud. colley@tripsmarter. com	Corporation

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		PLEASE SEE 08152017 PROJECT SUMMARY PDF WITH ATTACHED STRUCTURAL ANALYSIS AND MAJOR PROJECT COSTS DOCUMENTATION

Transmitters

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

**Primary
Transmitter**

Add 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	AT72-1KO
	Year	2014
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 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	TMx9
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Needed for the transition.

**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	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	120/240
HVAC Service	Does the replacement transmitter require HVAC Service?	No

	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	250.0 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**
Information not provided.

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	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	132.0 kW

Manufacturer	
Model	SWLP24D /46
Year	1995

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	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/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)	101.0 kW
	Manufacturer	

Model	ATC BCH320D 33
Year	2017
Justification for New Antenna	Old antenna cannot be retuned. Station understands that it will be reimbursed only for the cost of a horizontal polarization antenna. Please see Exhibit for further explanation and cost justification.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
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

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	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	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	205 feet per run

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	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	225 feet per run
	Justification for New Transmission Line	Need new transmission line for new tower and antenna.

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Construct New
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 10' 52.2" N-
	Longitude (NAD83)	085° 46' 42.8" W-
	Overall Structure Height	170.00 feet
	Support Structure Height	165.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	5.00 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Beach TV Properties, Inc.
	Date Constructed	07/07/1996

**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
4351	WPFN-CD	DTV

Primary
Tower

Tower Construction Costs

Section	Question	Response
Construct New Tower	Use	Primary (Main)
	Description of Use	N/A
	Is this a request for upgraded equipment?	No
	Height	250.00 feet
	Justification for New Tower	Old tower will not support new antennas.

Primary
Tower

Tower Rigging Costs

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

Primary
Tower

Other Tower Expenses Not Listed

Name	Description
Remove Old Tower	Remove old tower.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	400
	Explanation	Entity can not provide the required supervision and coordination required for this extensive project which involves local approvals, tower construction and demolition and new shelter with services.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A

	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	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	No
	Quantity	N/A
	NEPA Section 106 environmental review	Yes
	Environmental Assessment	Yes
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A

	Justification	N/A
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Outside Professional

Other Professional Services Expenses Not Listed

Services Costs

Name

Description

Thomaston Broadcasting

WPCT 400 hrs. x \$40/hr. \$16,000 see quote

Thomaston Broadcasting

Transmitter installs. 48 hrs. x \$40/hr. \$1,920.

Thomaston Broadcasting

Assist KM ENGR. on tower analysis 12 hrs x \$40/hr. \$480.00

Thomaston Broadcasting

MVPD 4 locations 8 hrs each. 32 hrs x \$40 /hr. \$1,280.

Thomaston Broadcasting

Assist with 399 filing 14 hrs. x \$40/hr. \$560.00

Thomaston Broadcasting

TQuotes for towers, site development, antennas, transmission line, and building. Planning application and electrical services. 97 hrs. x \$40/hr. \$3,880.00

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	Yes
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	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**

Other Expenses Not Listed

Name	Description
Mask Filter	Rhode & Swartz UT6E7F-1.5K

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 TMx9	\$164,500.00	\$96,630.00		\$43,143.64	
Other -- Building Addition Size: 250.0	<i>\$35,000.00</i>	\$35,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$58,130.00	N/A	\$43,143.64	N/A
Other Electrical Service: 120 /240	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
Sub-total	\$164,500.00	\$96,630.00	N/A	\$43,143.64	N/A
Total for all systems	\$937,978.00	\$644,583.00	N/A	\$70,488.04	N/A

Components

Actual Information	
Description	File Name
Other -- Building Addition Size: 250.0	Information not provided.

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<table> <tr> <td data-bbox="719 98 1145 488"> Component Description: </td><td data-bbox="1145 98 1430 488"> 1/3 down payment. Tax and freight not included in invoice amount. See Gates Air quote GA- 0021737. </td></tr> <tr> <td data-bbox="719 488 1145 600"> Amount: </td><td data-bbox="1145 488 1430 600"> \$20,200.24 </td></tr> <tr> <td data-bbox="719 600 1145 779"> Component Description: </td><td data-bbox="1145 600 1430 779"> 1/3 Due before shipping. See Gates Air quote GA-0021737. </td></tr> <tr> <td data-bbox="719 779 1145 887"> Amount: </td><td data-bbox="1145 779 1430 887"> \$22,943.40 </td></tr> </table>	Component Description:	1/3 down payment. Tax and freight not included in invoice amount. See Gates Air quote GA- 0021737.	Amount:	\$20,200.24	Component Description:	1/3 Due before shipping. See Gates Air quote GA-0021737.	Amount:	\$22,943.40
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Amount:	\$20,200.24								
Component Description:	1/3 Due before shipping. See Gates Air quote GA-0021737.								
Amount:	\$22,943.40								
Other Electrical Service: 120 /240	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 ATC BCH320D 33	\$96,130.00	\$37,750.00		\$15,695.00	
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	\$89,400.00	\$31,350.00	N/A	\$15,695.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$96,130.00	\$37,750.00	N/A	\$15,695.00	N/A
Total for all systems	\$937,978.00	\$644,583.00	N/A	\$70,488.04	N/A

Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	<div>Component Description:1/2 down with order. See Alive Telecom quote.</div> <div>Amount:\$15,695.00</div>
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
Primary Transmission Line	\$13,275.00	\$12,600.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$13,275.00	\$12,600.00	N/A	N/A	N/A
Sub-total	\$13,275.00	\$12,600.00	N/A	\$0.00	N/A
Total for all systems	\$937,978.00	\$644,583.00	N/A	\$70,488.04	N/A

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$0.00	\$0.00		\$0.00	
Primary Tower	\$404,178.00	\$319,978.00		\$0.00	
New tower	<i>\$293,978.00</i>	\$293,978.00	The new tower has to meet hurricane wind loads in our coastal area. See KM Engineering budget in PDF attachment. With tax cost is \$293,978.00	N/A	N/A
Remove Old Tower	<i>\$26,000.00</i>	\$26,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$0.00	N/A	N/A	N/A
Sub-total	\$404,178.00	\$319,978.00	N/A	\$0.00	N/A
Total for all systems	\$937,978.00	\$644,583.00	N/A	\$70,488.04	N/A

Components

Information not provided.

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$147,470.00	\$75,200.00		\$7,130.00	
Thomaston Broadcasting	<i>\$17,200.00</i>	\$17,200.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$5,000.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	\$0.00	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
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Project management of the transition	\$63,200.00	\$11,250.00	N/A	\$4,920.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$5,000.00	N/A	\$2,210.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$147,470.00	\$75,200.00	N/A	\$7,130.00	N/A
Total for all systems	\$937,978.00	\$644,583.00	N/A	\$70,488.04	N/A

Components

Actual Information	
Description	File Name
Thomaston Broadcasting	Information not provided.
RF Exposure Measurements	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
NEPA Section 106 environmental review, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Project management of the transition	<div> Component Description: Work assisting transition. </div> <div> Amount: \$4,920.00 </div>

Prepare and or review reimbursement form	Information not provided.												
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.												
Perform engineering study for new channel assignment and antenna development	<table> <tr> <td>Component Description:</td><td>Tower Drawings</td></tr> <tr> <td>Amount:</td><td>\$850.00</td></tr> <tr> <td>Component Description:</td><td>Site visit, structural analysis.</td></tr> <tr> <td>Amount:</td><td>\$2,450.00</td></tr> <tr> <td>Component Description:</td><td>Prepare transition and development costs.</td></tr> <tr> <td>Amount:</td><td>\$1,360.00</td></tr> </table>	Component Description:	Tower Drawings	Amount:	\$850.00	Component Description:	Site visit, structural analysis.	Amount:	\$2,450.00	Component Description:	Prepare transition and development costs.	Amount:	\$1,360.00
Component Description:	Tower Drawings												
Amount:	\$850.00												
Component Description:	Site visit, structural analysis.												
Amount:	\$2,450.00												
Component Description:	Prepare transition and development costs.												
Amount:	\$1,360.00												
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.												
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.												
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	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	\$112,425.00	\$102,425.00		\$4,519.40	
Local Zoning	<i>\$5,000.00</i>	\$5,000.00	N/A	\$0.00	N/A
AM Pattern Disturbance -- Impact study	\$7,890.00	\$7,500.00	N/A	N/A	N/A
AM Pattern Disturbance -- Remedy	\$21,050.00	\$12,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Non-zoning permits	<i>\$5,000.00</i>	\$5,000.00	N/A	\$2,300.00	N/A
BLM or NFS Coordination	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$30,000.00</i>	\$30,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A

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	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Mask Filter	\$4,100.00	\$4,100.00	N/A	N/A	N/A
Equipment Storage	\$5,000.00	\$5,000.00	N/A	\$2,219.40	N/A
Sub-total	\$112,425.00	\$102,425.00	N/A	\$4,519.40	N/A
Total for all systems	\$937,978.00	\$644,583.00	N/A	\$70,488.04	N/A

Components

Actual Information	
Description	File Name
Local Zoning	Information not provided.
AM Pattern Disturbance -- Impact study	Information not provided.
AM Pattern Disturbance -- Remedy	Information not provided.
DTV Medical Facility Notification	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Non-zoning permits	<p>Component Description: Survey tower site and set boundaries.</p> <p>Amount: \$2,300.00</p>
BLM or NFS Coordination	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Mask Filter	Information not provided.
Equipment Storage	<div> <div> Component Description: Amount: </div> <div> Storage for equipment \$2,219.40 </div> </div>

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$937,978.00	\$644,583.00	\$70,488.04

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>Jud Colley <i>Owner</i> 01/29/2018</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>Jud Colley <i>Owner</i></p> <p>01/29/2018</p>

Attachments