



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **54385** | Service: **DTV** | Call **WDEF-TV** | Channel:  
ID: | Sign:  
**8 (High VHF)** | File **000028097**  
Number:  
FRN: **0015347529** | Date **02/07**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WDEF-TV, INC.</b> Doing Business As: WDEF-TV, INC.	Bobby Berry 301 Poplar Street Macon, GA 31201 United States	+1 (478) 745-4141	bberry@morrisnetwork.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
<b>Ray Luke</b> <i>Project Manager</i> <i>Custom Specialty Services, Inc.</i>	Ray Luke 17363 Carlton Cuebas Road Gulfport, MS 39503 United States	+1 (228) 297-2500	ray.css@att.net

**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	WDEF-TV plans to replace its existing antenna and transmitter with new one that will accommodate its new channel. In the interim, it will connect its existing backup antenna for interim use.

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Auxiliary  
Transmitter****Add Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	use as backup for main when main transmitter is down for repairs or maintance
	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	HTEL 1000CD
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

**Auxiliary  
Transmitter****New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	VAXTE- 2R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	old transmitter is not supported and cannot be re-tuned.

**Auxiliary  
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)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	175.0 feet
	Other Electrical Service	No

	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	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

**Auxiliary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<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	PTCD10P11
	Year	2007
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	4 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	VAXTE-6R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	6.5 kW
	Justification for New Transmitter	Old transmitter is not supported and cannot be re-tuned to new channel

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	175.0 feet

	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	10 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>PSIP Generator</b>	needed to generate psip for new transmitter
<b>site survey</b>	site survey by Gates/air to provide electrical drawings and floor plan



**Antennas**

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

**Auxiliary  
Antenna****Add Antenna Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	back up antenna use when main system is down for maintance and repairs, will also be used for interim
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	No
	Is this 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) .....	4.0 kW
Manufacturer	
Model	TLS-V4
Year	2008

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**Auxiliary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Auxiliary (Backup)
	Description of Use	backup antenna will be used when main is down for maintenance and repairs. will also be used as interim
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	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	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) .....	4.0 kW
Manufacturer	
Model	TLS -v4
Year	2018
Justification for New Antenna	old antenna cannot be re-turned to new channel

**Auxiliary 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
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**Auxiliary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**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	Other
	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	Traveling wave
	ERP: (Effective Radiated Power) .....	26.0 kW

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Manufacturer	
Model	TW-9A12-F
Year	1966

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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?	No
	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	Horizontal
	Type	Other
	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	traveling wave
	ERP: (Effective Radiated Power) .....	26.0 kW
Manufacturer		

Model	THV-9A8-R 04
Year	2018
Justification for New Antenna	Old antenna can not be re-tuned to new channel.

**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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
<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?	Yes
<b>Sweep Test</b>	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?	No

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	Owned	
	Is this tower consider Complex?	Terrain Constrained	
	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?	No	
	Is tower compliant with Rev G?	No	
Existing Tower Structure Registration	Do you have a tower registration number?	Yes	
	ASR Number	1043736	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	35° 08' 06.0" N-	

Longitude (NAD83)	085° 19' 25.0" W-
Overall Structure Height	639.76 feet
Support Structure Height	570.86 feet
Ground Elevation Above Mean Sea Level (AMSL)	1907.79 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WDEF-TV, Inc.
Date Constructed	01/01/1966

**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
57827	WDEF-FM	FM

**Primary Tower**

**Tower Modification Costs**

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

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

Section	Question	Response
<p><b>Outside Project Management Services</b></p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>1255</p>
	<p>Explanation</p>	<p>Station is one of a group of co-owned stations, all of which are subject to repack. There is no group director of engineering and station has only IT engineer on staff. Co-ordination is needed for entire groups transition in different phases.</p>
<p><b>Outside RF consulting Engineering Services</b></p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare request for Special Temporary Authority</p>	<p>Yes</p>

	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	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	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	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No



Number of Days	N/A
Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Information not provided.

**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<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?	No
	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 VAXTE-6R44</b>	<b>\$489,490.00</b>	<b>\$466,715.00</b>		<b>\$58,037.58</b>	
site survey	<i>\$17,340.00</i>	\$17,340.00	N/A	N/A	N/A
10 Ton system	\$38,900.00	\$37,000.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$9,100.00	\$8,575.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
High VHF - Air Cooled Solid State Transmitter 6.5 . 12.5 kW	\$331,500.00	\$315,000.00	N/A	\$58,037.58	N/A
PSIP Generator	<i>\$14,500.00</i>	\$14,500.00	N/A	N/A	N/A

<b>Auxiliary Transmitter VAXTE-2R44</b>	<b>\$187,150.00</b>	<b>\$177,875.00</b>		<b>\$29,971.47</b>	
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	\$152,500.00	\$145,000.00	N/A	\$29,971.47	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$9,100.00	\$8,575.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$676,640.00</b>	<b>\$644,590.00</b>	<b>N/A</b>	<b>\$88,009.05</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,047,170.00</b>	<b>\$1,855,975.00</b>	<b>N/A</b>	<b>\$163,380.55</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name
site survey	Information not provided.
10 Ton system	Information not provided.
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
Service entrance 3 phase /800 amp/208 volt	Information not provided.

<p>High VHF - Air Cooled Solid State Transmitter 6.5 . 12.5 kW</p>	<p><b>Component Description:</b> gates quote Q-62747 main transmitter</p> <p><b>Amount:</b> N/A</p> <p><b>Component Description:</b> 1/3 down payment of main transmitter invoice total</p> <p><b>Amount:</b> \$58,037.58</p>
<p>PSIP Generator</p>	<p>Information not provided.</p>
<p>High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW</p>	<p><b>Component Description:</b> Gates quote Q-62748 backup transmitter</p> <p><b>Amount:</b> N/A</p> <p><b>Component Description:</b> 1/3 down payment gates backup transmitter</p> <p><b>Amount:</b> \$29,971.47</p>
<p>3" Rigid Conduit and Wiring (Cost per foot)</p>	<p>Information not provided.</p>
<p>Transformer 3 phase/480v - 150 KVA</p>	<p>Information not provided.</p>

**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 THV-9A8-R 04</b>	<b>\$319,590.00</b>	<b>\$318,800.00</b>		<b>\$0.00</b>	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,400.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
High VHF - High Power Top Mount One Station horizontally polarized	<i>\$300,000.00</i>	\$300,000.00	N/A	N/A	N/A
<b>Auxiliary Antenna TLS -v4</b>	<b>\$66,730.00</b>	<b>\$66,400.00</b>		<b>\$0.00</b>	

Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
High VHF - High Power Side Mount One Station horizontally polarized	<i>\$60,000.00</i>	\$60,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$386,320.00	\$385,200.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,047,170.00	\$1,855,975.00	N/A	\$163,380.55	N/A

### Components

Information not provided.



**Cost Information** **Transmission Line**  
 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
<b>Primary Tower TOWER</b>	<b>\$605,300.00</b>	<b>\$495,000.00</b>		<b>\$70,219.00</b>	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$320,000.00	N/A	\$70,219.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$605,300.00</b>	<b>\$495,000.00</b>	<b>N/A</b>	<b>\$70,219.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,047,170.00</b>	<b>\$1,855,975.00</b>	<b>N/A</b>	<b>\$163,380.55</b>	<b>N/A</b>

**Components**

Actual Information		
Description	File Name	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<b>Component Description:</b>	proposal for WDEF antennas install
	<b>Amount:</b>	N/A
	<b>Component Description:</b>	Deposit to start tower work
	<b>Amount:</b>	\$70,219.00
Minor tower reinforcement /modifications	Information not provided.	
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	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>\$331,620.00</b>	<b>\$284,500.00</b>		<b>\$5,152.50</b>	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$50,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
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	\$562.50	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	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$540.00	N/A
Project management of the transition	\$198,290.00	\$188,250.00	N/A	\$4,050.00	N/A
<b>Sub-total</b>	<b>\$331,620.00</b>	<b>\$284,500.00</b>	<b>N/A</b>	<b>\$5,152.50</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,047,170.00</b>	<b>\$1,855,975.00</b>	<b>N/A</b>	<b>\$163,380.55</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	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 - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Drafted Form 2100 application for construction permit for repack channel</p> <p><b>Amount:</b> \$112.50</p> <p><b>Component Description:</b> Assisted in preparation and filing of Form 2100 application for construction permit for repack channel</p> <p><b>Amount:</b> \$450.00</p>
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	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.

<p>Prepare and or review reimbursement form</p>	<p><b>Component Description:</b> Assisted in preparation, review, and transmittal of Form 1876 necessary for cost reimbursement and cost of transmittal</p> <p><b>Amount:</b> \$239.99</p> <p><b>Component Description:</b> Prepared and submitted to FCC information necessary for payment of reimbursement amounts</p> <p><b>Amount:</b> \$202.50</p> <p><b>Component Description:</b> Assisted in preparation, review and filing of Schedule 399</p> <p><b>Amount:</b> \$337.50</p>
<p>Project management of the transition</p>	<p><b>Component Description:</b> CSS JAN. 2018 Invoice for project management hours</p> <p><b>Amount:</b> \$1,462.50</p> <p><b>Component Description:</b> CSS OCT. 2017 invoice for project management hours</p> <p><b>Amount:</b> \$2,587.50</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>\$47,290.00</b>	<b>\$46,685.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$300.00</i>	\$300.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$300.00</i>	\$300.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$19,500.00</i>	\$19,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$11,000.00</i>	\$11,000.00	N/A	N/A	N/A
Local Zoning	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	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

FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Non-zoning permits	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$47,290.00	\$46,685.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,047,170.00	\$1,855,975.00	N/A	\$163,380.55	N/A

### 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>	\$2,047,170.00	\$1,855,975.00	\$163,380.55

**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 data-bbox="758 772 1053 1176">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 data-bbox="758 1198 1037 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="758 1467 1045 1747">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.

**Bobby  
Berry**  
*Chief  
Operating  
Officer*

02/07/2018

Certification	Section	Question	Response
	<b>Submission of Actual Cost Documentation Statements</b>	<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.

**Bobby  
Berry**  
*Chief  
Operating  
Officer*

02/07/2018

## Attachments