



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **8617** | Service: **DTV** | Call **WTVD** | Channel: **9 (High VHF)**  
ID: | Sign:  
File **0000026327**  
Number:  
FRN: **0013597448** | Date **02/09**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WTVD TELEVISION, LLC</b> Doing Business As: WTVD TELEVISION, LLC	77 WEST 66TH STREET, 16TH FLR ATTN: JOHN W. ZUCKER, ESQ. NEW YORK, NY 10023 United States	+1 (212) 456-7777	john.w.zucker@abc.com	Limited Liability Company

## 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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<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>Please see attachment for WTVD facilities and transition plan details.</p>

**Transmitters**

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

**Auxiliary  
Transmitter****Existing 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	Auxiliary (Backup)
	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	PTCD40P4i
	Year	2010
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	16 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-24R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	19.2 kW
	Justification for New Transmitter	The current channel 11 Auxiliary (Backup) transmitter cannot be re-channelled to meet new assignment on channel 9.

**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)	No
	Power	N/A
	Rigid Conduit and Wiring	No

	Size	N/A
	Length	N/A
	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**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	PTCD40P4i
	Year	2010
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	16 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-24R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	19.2 kW
	Justification for New Transmitter	The current channel 11 Primary (Main) transmitter cannot be re-channelled to meet new assignment on channel 9

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No

	Size	N/A
	Length	N/A
	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

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.



**Antennas**

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

**Auxiliary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	Auxiliary (Backup)
	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?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	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) .....	45.0 kW

Manufacturer	
Model	TLS-V8/VP-R S180
Year	2010

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**Auxiliary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Auxiliary (Backup)
	Description of Use	Auxiliary (Backup)
	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?	Yes
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	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) .....	45.0 kW
Manufacturer		

Model	TLS-V8 /VPR S180
Year	2018
Justification for New Antenna	The current channel 11 Auxiliary (Backup) antenna cannot be re-channelled to meet new assignment on channel 9.

## 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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes

<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

**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?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	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) .....	45.0 kW

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Manufacturer	
Model	THV-9A11 /CP-R O4
Year	2010

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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?	Yes
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	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) .....	45.0 kW
Manufacturer		

Model	THV-9A9 /CP-R O4
Year	2018
Justification for New Antenna	The current channel 11 Primary (Main) antenna cannot be re-channelled to meet new assignment on channel 9

**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	6 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?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Mounting pole</b>	New channel 9 Primary (Main) antenna requires a shorter mounting pole to maintain current antenna aperture and HAAT.

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	Move Equipment	
	Tower Use	Primary (Main)	
	Description of Use	N/A	
	Ownership	Owned	
	Is this tower consider Complex?		
	Is this tower currently shared with any other stations?	No	
	One or more FM, AM or TV radio broadcaster(s)	N/A	
	Others Types of Users	N/A	
	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?	Yes	
	ASR Number	1010348	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	35° 40' 06.0" N-	
	Longitude (NAD83)	078° 31' 58.0" W-	

Overall Structure Height	1994.07 feet
Support Structure Height	1885.80 feet
Ground Elevation Above Mean Sea Level (AMSL)	318.89 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WTVD Television, LLC
Date Constructed	01/01/1978

**Primary Tower**

**Tower Rigging Costs**

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

**Primary Tower**

**Other Tower Expenses Not Listed**

Name	Description
Tower reinforcements	Reinforcements necessary to comply with ANSI/TIA-222-G standard

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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
	<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application
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	No
	Quantity	N/A
	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	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Other Professional Services Expenses Not Listed**

**Outside Professional Services Costs**

<b>Name</b>	<b>Description</b>
<b>Structural Analysis</b>	Structural analysis to comply with TIA/EIA-222-G and design of required reinforcement.
<b>Structural project management</b>	Structural Engineering services to manage tower reinforcements, antenna replacements and rigging plans.
<b>Legal Advice re Reimbursement Process</b>	Outside counsel advice re reimbursement and repacking procedures.

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	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-24R44</b>	<b>\$526,000.00</b>	<b>\$523,707.10</b>		<b>\$0.00</b>	
High VHF - Air Cooled Solid State Transmitter 16.6 . 20.7 kW	\$526,000.00	\$523,707.10	See attached quote from GatesAir, which includes costs of power transformer, mask filter, shipping, and installation.	N/A	N/A
<b>Auxiliary Transmitter VAXTE-24R44</b>	<b>\$526,000.00</b>	<b>\$523,707.10</b>		<b>\$0.00</b>	
High VHF - Air Cooled Solid State Transmitter 16.6 . 20.7 kW	\$526,000.00	\$523,707.10	See attached quote from GatesAir, which includes costs of power transformer, mask filter, shipping, and installation	N/A	N/A
<b>Sub-total</b>	<b>\$1,052,000.00</b>	<b>\$1,047,414.20</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,313,651.57</b>	<b>\$2,126,010.77</b>	N/A	<b>\$92,399.69</b>	N/A

## **Components**

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
<b>Primary Antenna THV-9A9 /CP-R 04</b>	<b>\$450,529.00</b>	<b>\$444,923.00</b>		<b>\$0.00</b>	
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$7,024.00	This cost is included in the attached Dielectric Main antenna quote.	N/A	N/A
High VHF - High Power Top Mount One Station elliptically or circularly polarized	<i>\$305,777.00</i>	\$305,777.00	See attached quote from Dielectric. This Primary (Main) top-mount channel 9 antenna is a direct replacement for our current channel 11 Primary (Main) antenna.	N/A	N/A

Mounting pole	<b>\$125,722.00</b>	\$125,722.00	A shorter mounting pole for the new channel 9 Primary antenna is required to maintain current antenna aperture and HAAT. The cost for this mounting pole is included in the attached Dielectric Primary (Main) antenna quote.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	This cost is included in the attached Dielectric Main antenna quote.	N/A	N/A
<b>Auxiliary Antenna TLS-V8 /VPR S180</b>	<b>\$144,768.00</b>	<b>\$129,742.00</b>		<b>\$0.00</b>	

High VHF - High Power Side Mount One Station elliptically or circularly polarized	<b><i>\$105,318.00</i></b>	\$105,318.00	See attached quote from Dielectric. This Auxiliary (Backup) side-mount channel 9 antenna is a direct replacement for our current channel 11 Auxiliary (Backup) antenna.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	This cost is included in the attached Dielectric Auxiliary (Backup) antenna quote.	N/A	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$7,024.00	This cost is included in the attached Dielectric Auxiliary (Backup) antenna quote.	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$11,000.00	This cost is included in the attached Dielectric Auxiliary (Backup) antenna quote.	N/A	N/A
<b>Sub-total</b>	\$595,297.00	\$574,665.00	N/A	\$0.00	N/A

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<b>Total for all systems</b>	\$2,313,651.57	\$2,126,010.77	N/A	\$92,399.69	N/A
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### **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>\$480,650.00</b>	<b>\$332,364.00</b>		<b>\$65,000.00</b>	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$272,714.00	See attached quotes from Coast to Coast Tower Service which includes replacements of Primary and Auxiliary (Backup) antennas.	\$65,000.00	N/A
Tower reinforcements	<i>\$59,650.00</i>	\$59,650.00	Tower reinforcements are necessary to comply with TIA/EIA-222-G standards with the new antenna loads.	N/A	N/A
<b>Sub-total</b>	<b>\$480,650.00</b>	<b>\$332,364.00</b>	N/A	<b>\$65,000.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,313,651.57</b>	<b>\$2,126,010.77</b>	N/A	<b>\$92,399.69</b>	N/A

**Components**

Actual Information Description	File Name
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Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<b>Component Description:</b> Deposit for tower modifications and antenna replacements <b>Amount:</b> \$65,000.00
Tower reinforcements	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>\$169,819.57</b>	<b>\$161,949.57</b>		<b>\$27,399.69</b>	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$4,048.90	N/A
Structural Analysis	<i>\$10,000.00</i>	\$10,000.00	Structural analysis required to comply with current tower standards. See attached quote from Turris Engineering.	\$6,700.00	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$79,955.00	Attached quote includes services for field strength study to verify antenna and coverage performance.	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	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
Prepare engineering section of FCC Form 2100 (main), 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	\$2,317.50	N/A

Structural project management	<b><i>\$28,550.00</i></b>	\$28,550.00	See attached quote from Turris Engineering to provide rigging plan and engineering services for antenna replacements and structural modifications.	N/A	N/A
Legal Advice re Reimbursement Process	<b><i>\$14,194.57</i></b>	\$14,194.57	Legal services relating to research and advice regarding reimbursable legal expenses and required backup support. See two attached quotes from Akin Gump.	\$10,954.54	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$5,000.00	N/A	\$2,853.75	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$525.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A

<b>Sub-total</b>	\$169,819.57	\$161,949.57	N/A	\$27,399.69	N/A
<b>Total for all systems</b>	\$2,313,651.57	\$2,126,010.77	N/A	\$92,399.69	N/A

## Components

<b>Actual Information Description</b>	<b>File Name</b>
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> See Invoice 1727603 (2100) line items (net of fee adjustment)</p> <p><b>Amount:</b> \$491.44</p> <p><b>Component Description:</b> See Invoice 1723104 (2100) line items (net of fee adjustment)</p> <p><b>Amount:</b> \$3,557.46</p>
Structural Analysis	<p><b>Component Description:</b> Structural analysis and report for WTVD 2000' transmission tower</p> <p><b>Amount:</b> \$6,700.00</p>
Comprehensive coverage verification via field study, if needed	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.

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Information not provided.						
Prepare engineering section of FCC Form 2100 (main), 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	<table border="0"> <tr> <td data-bbox="699 913 1011 949"><b>Component Description:</b></td> <td data-bbox="1145 913 1366 949">See Invoice # Item</td> </tr> <tr> <td></td> <td data-bbox="1145 958 1161 987">2</td> </tr> <tr> <td data-bbox="699 996 815 1032"><b>Amount:</b></td> <td data-bbox="1145 996 1265 1032">\$2,317.50</td> </tr> </table>	<b>Component Description:</b>	See Invoice # Item		2	<b>Amount:</b>	\$2,317.50
<b>Component Description:</b>	See Invoice # Item						
	2						
<b>Amount:</b>	\$2,317.50						
Structural project management	Information not provided.						

<p>Legal Advice re Reimbursement Process</p>	<p><b>Component Description:</b></p>	<p>Legal Advice re: Reimbursement process</p>
	<p><b>Amount:</b></p>	<p>\$1,122.23</p>
	<p><b>Component Description:</b></p>	<p>See Invoice for 399 line items (net of fee adjustment)</p>
	<p><b>Amount:</b></p>	<p>\$1,513.86</p>
	<p><b>Component Description:</b></p>	<p>Legal Advice re: Reimbursement process</p>
	<p><b>Amount:</b></p>	<p>\$1,797.83</p>
	<p><b>Component Description:</b></p>	<p>See Invoice for 399 line items (net of fee adjustment)</p>
	<p><b>Amount:</b></p>	<p>\$5,542.13</p>
	<p><b>Component Description:</b></p>	<p>Legal Advice re: Reimbursement process</p>
	<p><b>Amount:</b></p>	<p>\$663.76</p>
	<p><b>Component Description:</b></p>	<p>Legal Advice re: Reimbursement process</p>
	<p><b>Amount:</b></p>	<p>\$314.73</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b></p>	<p>See Invoice # Item 1</p>
	<p><b>Amount:</b></p>	<p>\$2,853.75</p>

Address transition timing and coordination issues w/ other stations and wireless	<b>Component Description:</b> Engineering study re: transition plan and interim facilities <b>Amount:</b> \$525.00
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
<b>Other Expenses</b>	<b>\$15,885.00</b>	<b>\$9,618.00</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$750.00	WTVD will be required to file license applications for both the Primary and Auxiliary facilities.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$4,868.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$0.00</i>	\$0.00	Do not anticipate seeking reimbursement for this expense at this time.	N/A	N/A
<b>Sub-total</b>	<b>\$15,885.00</b>	<b>\$9,618.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,313,651.57</b>	<b>\$2,126,010.77</b>	N/A	<b>\$92,399.69</b>	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>	\$2,313,651.57	\$2,126,010.77	\$92,399.69

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

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

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Curtis R  
Meredith ,  
P.E. .**  
*Director of  
Engineering*

02/09/2018

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.

<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><b>Curtis R Meredith , P.E. .</b> <i>Director of Engineering</i></p> <p>02/09/2018</p>

**Attachments**