



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **13602** | Service: **DTV** | Call **WEDH** | Channel: **45 (UHF)**  
 ID: | Sign:  
 File **0000028127**  
 Number:  
 FRN: **0003574662** | Date **02/27**  
 Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CONNECTICUT PUBLIC BROADCASTING, INC.</b>	Meg Sakellarides 1049 ASYLUM AVENUE HARTFORD, CT 06105 United States	+1 (860) 278-5310	MSAKELLARIDES@CPTV.ORG	Not-for-Profit
Doing Business As:	CONNECTICUT PUBLIC TELEVISION			

## 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>Yes</p>
<p>Briefly describe transition plan</p>	<p>Purchase of a new transmitter, new transmission line, and new antenna. Retuning of the existing transmitter to the new channel is cost-prohibitive. Interim antenna and transmission line are planned during transition to main antenna.</p>

**Transmitters**

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

**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	DCX Paragon MSDC-IOT
	Year	2008
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	36 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<p><b>New Transmitter</b></p>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	Parallax 40kW UHF Cooled
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	40 kW
	Justification for New Transmitter	<p>1) Comark has indicated that retuning the existing transmitter, coupled with the rental of a temporary transmitter, would be higher than the Widelity cost; 2) the temporary rental transmitter would reduce WEDH's public service to its community.</p>

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	4 inches
	Length	100.0 feet
	Other Electrical Service	Yes
	Description	Labor and materials to accomplish either modification of existing electrical service or new electrical service and new wiring for new transmitter and wiring for 480 3-phase.
<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**

<b>Name</b>	<b>Description</b>
<b>Mask Filter</b>	8-Pole Mask Filter
<b>Project Expenses</b>	Other services

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	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	Side Mount
	Antenna position in stack	Bottom
	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) .....	490.0 kW



Manufacturer	
Model	TFU- 16DSC-R C170
Year	2009

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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?	Yes
	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	Bottom
	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) .....	365.0 kW
Manufacturer		

Model	TFU-16DSC-R C170
Year	2019
Justification for New Antenna	Existing antenna is single channel and is channel-specific. Justification for side mount brackets: antenna is top-mounted on candelabra tower but is side mounted in the bottom of the stack and side mounted brackets are required (see attached quote).

**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	7 3/16 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

**Primary Antenna**

**Other Antenna Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Reducer</b>	6-75 x 7-75
<b>Project Expenses</b>	Other services

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	3
	Number of Panels/Bays	16
	Lower Limit	470.00 MHz
	Upper Limit	665.00 MHz
	Design power capacity in use	95.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1500.0 kW
	Manufacturer	
	Model	TFU-WB16
	Year	2020

Justification for New Antenna	Interim antenna is necessary for broadcast operation during tower work for 3 stations.
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**Interim Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	B
	Feed Line Size	6 1/8 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an 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

**Enter a list of RF channel numbers.**

<b>RF Channel Number</b>
31
20
45

**Interim  
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
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1480 feet per run

**Primary  
Transmission  
Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1480 feet per run
	Justification for New Transmission Line	Current shared transmission line is no longer supported by manufacturer and will not work on new channel.

**Primary  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
<b>Project Expenses</b>	Other services

**Interim  
Transmission  
Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Rigid
	Diameter	6 1/8 inches
	Segment Length	Broadband
	Other Segment Length	
	Number of parallel runs	1
	Length	1450 feet per run
	Justification for New Transmission Line	Transmission line for temporary operation of 3 stations during antenna changes.

**Interim  
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
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Candelabra
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	No
	ASR Number	
<b>Coordinates ( NAD83 (North American Datum of 1983))</b>	Latitude (NAD83)	41° 42' 13.0" N-
	Longitude (NAD83)	072° 49' 55.0" W-
	Overall Structure Height	1338.89 feet
	Support Structure Height	1291.98 feet
	Ground Elevation Above Mean Sea Level (AMSL)	709.97 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	COMMUNICATIONS SITE MANAGEMENT, LLC
Date Constructed	09/01/1984

**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
1900	WZMX	FM
1910	WRCH	FM
66465	WTIC-FM	FM
14050	WCCT-TV	DTV
147	WTIC-TV	DTV

**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 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	Candelabra
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Tower Lease	Additional tower rent expense for interim antenna and transmission line necessary during transition.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	100
	Explanation	Project management services by the transmitter manufacturer and tower landlord.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	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	Yes
	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	Yes
	Additional Field Engineering Service	Yes
	Number of Days	2
	Justification	Field Engineering required for RF study for a nearby AM directional system.



**Other Professional Services Expenses Not Listed**

**Outside  
Professional  
Services  
Costs**

Information not provided.

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
<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	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Engineering and Administrative</b>	Internal Project Management
<b>Insurance</b>	Builder's Risk during construction
<b>Site Security</b>	Hire of outside security to secure the site during construction

**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 Parallax 40kW UHF Cooled</b>	<b>\$1,522,725.00</b>	<b>\$1,155,892.00</b>		<b>\$0.00</b>	
Project Expenses	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Other Electrical Service: Labor and materials to accomplish either modification of existing electrical service or new electrical service and new wiring for new transmitter and wiring for 480 3-phase.	<i>\$24,625.00</i>	\$24,625.00	See attached vendor quote supporting estimate.	N/A	N/A
4" Rigid Conduit and Wiring (Cost per foot)	\$10,100.00	\$9,600.00	N/A	N/A	N/A

UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,106,667.00	See COMARK quote and additional narrative with support and explanation for purchase of new Solid State transmitter.	N/A	N/A
Mask Filter	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,522,725.00	\$1,155,892.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,770,621.40	\$2,625,438.40	N/A	\$8,389.50	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>Interim Antenna TFU-WB16</b>	<b>\$138,630.00</b>	<b>\$132,400.00</b>		<b>\$0.00</b>	
UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 1500 kW input, directional,, horizontally polarized	<i>\$34,000.00</i>	\$34,000.00	In resubmission on 8/22/17, item has been reduced to 1 /3 the initially submitted amount for sharing of cost with WTIC and WCCT.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$12,000.00	N/A	N/A	N/A
<b>Primary Antenna TFU-16DSC-R C170</b>	<b>\$235,520.00</b>	<b>\$219,360.00</b>		<b>\$0.00</b>	

UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$180,000.00	N/A	N/A	N/A
Project Expenses	<b>\$0.00</b>	\$0.00	N/A	N/A	N/A
Reducer	<b>\$2,240.00</b>	\$2,240.00	See attached quote from Dielectric supporting cost.	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$17,520.00	Antenna is top-mounted on candelabra tower but is side mounted in the bottom of the stack of the candelabra and therefore side- mounted brackets are required (see attached quote from Dielectric).	N/A	N/A
Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed)	\$13,900.00	\$13,200.00	N/A	N/A	N/A

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Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	\$374,150.00	\$351,760.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,770,621.40	\$2,625,438.40	N/A	\$8,389.50	N/A

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### Components

Information not provided.



**Cost Information**

**Transmission Line**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Interim Transmission Line</b>	<b>\$336,400.00</b>	<b>\$80,000.00</b>		<b>\$0.00</b>	
Rigid Transmission Line - copper, 6 1/8" broadband	\$336,400.00	\$80,000.00	In resubmission on 8/22/17, item has been reduced to 1/3 the initially submitted amount for sharing of cost with WTIC and WCCT.	N/A	N/A
<b>Primary Transmission Line</b>	<b>\$429,200.00</b>	<b>\$260,000.00</b>		<b>\$0.00</b>	
Rigid Transmission Line - copper, 7 3/16"	\$429,200.00	\$260,000.00	N/A	N/A	N/A
Project Expenses	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$765,600.00</b>	<b>\$340,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$3,770,621.40</b>	<b>\$2,625,438.40</b>	N/A	<b>\$8,389.50</b>	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
<b>Primary Tower TOWER</b>	<b>\$758,620.00</b>	<b>\$459,020.00</b>		<b>\$3,840.00</b>	
Tower Lease	<i>\$167,020.00</i>	\$167,020.00	See attached explanation and estimate for COMSITE tower lease cost.	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$200,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$80,000.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$3,840.00	N/A
<b>Sub-total</b>	<b>\$758,620.00</b>	<b>\$459,020.00</b>	N/A	<b>\$3,840.00</b>	N/A
<b>Total for all systems</b>	<b>\$3,770,621.40</b>	<b>\$2,625,438.40</b>	N/A	<b>\$8,389.50</b>	N/A

**Components**

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>
Tower Lease	Information not provided.
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	Information not provided.
Minor tower reinforcement /modifications	Information not provided.
Structural engineering tower load study for well documented tower	<p><b>Component Description:</b> Tower structural analysis and report.</p> <p><b>Amount:</b> \$3,840.00</p>

**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>\$162,020.00</b>	<b>\$153,250.00</b>		<b>\$4,549.50</b>	
Additional Field Engineering Service, 2 Days	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
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	\$80,000.00	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 - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	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

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$600.00	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$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
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	\$2,625.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$250.50	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,074.00	N/A

Project management of the transition	\$15,800.00	\$15,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$162,020.00	\$153,250.00	N/A	\$4,549.50	N/A
<b>Total for all systems</b>	\$3,770,621.40	\$2,625,438.40	N/A	\$8,389.50	N/A

## Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 2 Days	Information not provided.
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 - Negotiation of lease and other matters for shared locations	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> Prepare and file Construction Permit Application (Form 2100).</p> <p><b>Amount:</b> \$600.00</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	<p><b>Component Description:</b></p>	<p>Engineering study work for new channel assignment and antenna development</p>
	<b>Amount:</b>	\$125.00
	<p><b>Component Description:</b></p>	<p>Engineering study work for new channel assignment and antenna development</p>
	<b>Amount:</b>	\$500.00
	<p><b>Component Description:</b></p>	<p>Engineering study work for new channel assignment and antenna development</p>
	<b>Amount:</b>	\$2,000.00

<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p><b>Component Description:</b> Address transition timing and coordination</p> <p><b>Amount:</b> \$39.00</p> <p><b>Component Description:</b> Address transition timing and coordination.</p> <p><b>Amount:</b> \$172.50</p> <p><b>Component Description:</b> Transition timing and coordination.</p> <p><b>Amount:</b> \$39.00</p>
<p>Prepare and or review reimbursement form</p>	<p><b>Component Description:</b> Legal services for preparing, reviewing and submitting FCC Reimbursement Form 399</p> <p><b>Amount:</b> \$540.00</p> <p><b>Component Description:</b> Legal services for preparing, reviewing and submitting FCC Reimbursement Form 399</p> <p><b>Amount:</b> \$534.00</p>
<p>Project management of the transition</p>	<p>Information not provided.</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>\$187,506.40</b>	<b>\$165,516.40</b>		<b>\$0.00</b>	
Site Security	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Insurance	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Engineering and Administrative	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$11,000.00</i>	\$11,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$6,000.00</i>	\$6,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$30,016.40</i>	\$30,016.40	See attached quotes from D'Amato and Tri-S for justification.	N/A	N/A
Non-zoning permits	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A

Local Zoning	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	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	\$0.00	Disallowed by FCC as it is duplicated by a request from WTIC.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$187,506.40	\$165,516.40	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,770,621.40	\$2,625,438.40	N/A	\$8,389.50	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>	\$3,770,621.40	\$2,625,438.40	\$8,389.50

**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 data-bbox="750 772 1037 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="750 1198 1021 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="750 1467 1029 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.

**Meg Sakellarides**  
*Chief  
Financial  
Officer*

02/27/2018

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.

**Meg Sakellarides**  
*Chief  
Financial  
Officer*

02/27/2018

## Attachments