

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **18819** Service: **DTV** Call **WLAE-TV** Channel: 23 (UHF) Sign:

0000027988

Number:

ID:

File

FRN: **0001718832** Date 02/23

> Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|------------------|---------------|----------|------------|-------------------|
| EDUCATIONAL | 3900 Howard | +1 (504) | dave@wlae. | Not-for- |
| BROADCASTING | Ave. | 234-8989 | com | Profit |
| FOUNDATION, INC. | New | | | |
| | Orleans, LA | | | |
| | 70125 | | | |
| | United States | | | |

Reimbursement Contact Name and Information Reimbursement Contact Information

| Applicant | Address | Phone | Email | |
|----------------|---------|-------|-------|--|
| [Confidential] | | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|--|--|-----------------------|-----------------------|
| Charles L. Spencer Attorney Hebert, Spencer & Fry, L. L.P. | 701 Laurel Street Baton Rouge, LA 70802 United States | +1 (225) 344- 2601 | CLSAtty@gmail. com |

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 | WLAE-TV will transition from DT Channel 31 to DT Channel 23 as part of Transition Phase 7 with a Testing Period Start Date of 10/19/2019 and a Phase Completion Date of 1/17/2020. Testing will be coordinated with linked Station KNOV-CD (FIN 64048). |

Transmitters

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

Primary Transmitter

Existing Transmitter Information

| Section | Question | Response |
|----------------------------------|--|-------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter | Manufacturer | |
| Manufacturer and Type | Model | HU15000AD |
| | Year | 2009 |
| | Туре | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 15 kW |

Primary Transmitter

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|---|
| New Transmitter | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | CTX718 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 15.0 kW |
| | Justification for New Transmitter | The existing transmitter output mask filter is channel specific and must be replaced to accommodate the new repack channel (see attachments pertaining to mask filter). |

Primary Transmitter

Other Transmitter Costs

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

| | Size | N/A |
|---|--|--|
| | Length | N/A |
| | Other Electrical Service | Yes |
| | Description | Upgrade the existin 400 amp service to 600 amp service ar add a 400 amp switce fused at 225 amps to power the new transmitte The quote includes rigid conduit ar wiring. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Туре | Cooling Only |
| | Size | 5 tons |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|--|--|
| Storage and Delivery | Heavy lift equipment rental. |
| Equipment and Labor for moving transmitter | The transmitter vendor requires that we provide personnel and equipment to help move the transmitter rack as well as heat exchanger and mask filter from the delivery truck into our transmitter facility. |
| Electrical installation for HVAC | HVAC needs electrical installation for unit to operate. |
| Heat Exchanger Platform | A platform must be built to accommodate the transmitter's heat exchanger which will be located on the outside of the transmitter building. |
| Shipping and Handling | Manufacturer Delivery. |

Antennas

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

Existing Antenna Information

| Section | Question | Response |
|------------------------------|--|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna | Class | Full Power |
| Manufacturer and Type | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | 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) | 200.0 kW |

| Manufacturer | |
|--------------|---------|
| Model | TLP-16M |
| Year | 2005 |

New Antenna Costs

| Section | Question | Response |
|----------------------------|--|--------------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna | Class | Full Power |
| Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | Туре | 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) | 168.0 kW |
| | Manufacturer | |
| | Model | ATC- BCE12C2-23 |

| Year | 2018 |
|-------------------------------|---|
| Justification for New Antenna | The present antenna will be lowered on tower to accommodate space for new antenna. Station wishes to operate at full licensed power on Ch. 31 while new re-pack antenna is mounted on tower. See attachment for WLAE repack plan. |

Other Antenna Costs

| Section | Question | Response |
|--------------------------------|---|----------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Туре | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Single Channel |
| | Feed Line Size | 4 1/16 inches inches |

| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | Yes |
|--------------------------|---|-----|
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | Yes |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

Other Antenna Cost Not Listed

| Name | Description |
|-----------------------|---|
| Shipping and Handling | Manufacturer delivery. |
| Storage | Storage for antenna before delivery to site for tower crew to mount on tower. |

| Transmission ^{Seffien} | Question | Response |
|------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | Yes |

Primary Transmission Line

Existing Transmission Line

| on Line Section | Question | Response |
|--|--|---------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Туре | Rigid |
| | Diameter | 4 1/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 950 feet per run |

Primary Transmission Line

New Transmission Line

| New Transmission Line |
|------------------------------|
| Costs |

| Question | Response |
|---|-------------------|
| Use | Primary (Main) |
| Description of Use | N/A |
| Change Type | Purchase New |
| Is this a request for upgraded equipment? | No |
| Туре | Rigid |
| Diameter | 4 1/16 inches |
| Other Diameter | N/A |
| Segment Length | 20 inches |
| Other Segment Length | N/A |
| Number of parallel runs | 1 |
| Length | 950 feet per |

| | Justification for New Transmission Line | WLAE-TV wishes to continue broadcasting at full licensed power on our present channel using the existing transmission line while new transmission line is installed for new channel assignment. See attachment for WLAE repack plan. |
|--|---|--|
|--|---|--|

Primary

Other Transmission Line Expenses Not Listed

| Transmission | n Naine | Description | |
|----------------------|-----------------------|---|--|
| Storage and Delivery | Storage and Delivery | Heavy lift equipment needed for delivery. | |
| | Shipping and Handling | Manufacturer Shipping Charges | |

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

| Section | Question | Response |
|---|---|----------------------|
| Existing Tower Description | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | No |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | No |
| Existing Tower Structure | Do you have a tower registration number? | Yes |
| Registration | ASR Number | 1000007 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 29° 58' 58.0 N- |
| | Longitude (NAD83) | 089° 57' 09.0" W- |
| | Overall Structure Height | 1049.86 fee |
| | Support Structure Height | 1049.86 fee |
| | Ground Elevation Above Mean Sea Level (AMSL) | 0.00 feet |

| Structure Type | TOWER - Free Standing or Guyed Structure |
|------------------|--|
| Tower Owner | BAYOU BIENVENUE TOWER |
| Date Constructed | 05/01/1984 |

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 |
|-------------|-----------|---------|
| 58394 | WNOE-FM | FM |
| 54890 | WRNO-FM | FM |
| 52435 | WWL-FM | FM |

Primary Tower

Tower Modification Costs

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

Primary Tower

Tower Rigging Costs

| Section | Question | Response |
|---------------------|---------------|----------|
| Tower Rigging Costs | Complex Tower | N/A |

| Helicopter Services | Are helicopter services required? | No |
|---------------------|-----------------------------------|----|
| Required | | |

Primary Tower

Other Tower Expenses Not Listed

| Name | Description |
|---------------------|--|
| Structural Analysis | A structural analysis is needed for the conditions used to add the new repack antenna and transmission line. See WLAE-TV repack plan in attachments. |

Outside Professional

| Section | Question | Response |
|--|--|---|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 500 |
| | Explanation | WLAE-TV will need outside assistance and project management due to insufficient staffing levels to support a major project. |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | Yes |
| | Quantity | 2 |
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |
| | Terrain-Shielded Facility | N/A |
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | Yes |
| Jet Vices | 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 | 2 |
| NEPA Section 106 environmental review | No |
| Environmental Assessment | Yes |
| ASR Modification | No |
| FAA Consultation (including preparation of FAA Form 7460) | Yes |
| Negotiation of Lease and other Matter for Shared Locations | No |
| Prepare or Review FCC Form 399 for Reimbursement | Yes |
| Address transition timing and coordination issues w/ other stations and wireless providers | Yes |
| Comprehensive coverage verification via field study | Yes |
| RF exposure measurements | Yes |
| Additional Field Engineering Service | Yes |
| Number of Days | 22 |
| | Prepare and file Form FCC License to Cover Application For Auxiliary Facility For Main Facility Prepare request for Special Temporary Authority Quantity NEPA Section 106 environmental review Environmental Assessment ASR Modification FAA Consultation (including preparation of FAA Form 7460) Negotiation of Lease and other Matter for Shared Locations Prepare or Review FCC Form 399 for Reimbursement Address transition timing and coordination issues w/ other stations and wireless providers Comprehensive coverage verification via field study RF exposure measurements Additional Field Engineering Service |

| Justification | We do not |
|---------------|---------------|
| | have |
| | comprehensive |
| | internal |
| | resources. |
| | Consulting RF |
| | engineers are |
| | needed to |
| | meet the |
| | analytical, |
| | coordination, |
| | and FCC |
| | compliance |
| | needs of the |
| | station. |
| | |

Outside
Outside
Professional Services Expenses Not Listed
Professional Services Costsided.

Other Expenses

| Section | Question | Response |
|---------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | Yes |
| | FCC License to Cover Application | Yes |
| | FCC Special Temporary Authority Application | Yes |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | Yes |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | 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

| Name | Description |
|------------------------------------|---|
| In-House Labor Reimbursement Costs | Reimbursement for the cost of the salary of an internal employee for the time he or she works exclusively on tasks directly related to the station's channel change. |
| Bathroom Facilities | Temporary bathroom facilities are needed for crews working on repack project on the BBT tower. |

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmitter CTX718 | \$775,650.00 | \$600,525.00 | | \$0.00 | |
| Shipping and Handling | \$8,750.00 | \$8,750.00 | N/A | N/A | N/A |
| Heat Exchanger Platform | \$2,150.00 | \$2,150.00 | N/A | N/A | N/A |
| Electrical installation for HVAC | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| Equipment and Labor for moving transmitter | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Storage and Delivery | \$1,900.00 | \$1,900.00 | N/A | N/A | N/A |
| 5 Ton system | \$20,250.00 | \$19,250.00 | N/A | N/A | N/A |

| Other | \$51,100.00 | \$51,100.00 | N/A | N/A | N/A |
|-----------------------|----------------|----------------|-----|-------------|-----|
| Electrical | | | | | |
| Service: | | | | | |
| Upgrade | | | | | |
| the existing | | | | | |
| 400 amp | | | | | |
| service to a | | | | | |
| 600 amp | | | | | |
| service and | | | | | |
| add a 400 | | | | | |
| amp switch | | | | | |
| fused at | | | | | |
| 225 amps | | | | | |
| to power | | | | | |
| the new | | | | | |
| transmitter. | | | | | |
| The quote | | | | | |
| includes | | | | | |
| rigid conduit | | | | | |
| and wiring. | | | | | |
| UHF - | \$684,000.00 | \$509,875.00 | N/A | N/A | N/A |
| Liquid | . , | , | | | |
| Cooled | | | | | |
| Solid State | | | | | |
| Transmitter | | | | | |
| 14.2 - 20 kW | | | | | |
| Sub-total | \$775,650.00 | \$600,525.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,108,074.85 | \$1,384,875.65 | N/A | \$34,708.80 | N/A |

Components

Information not provided.

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Antenna ATC- BCE12C2-23 | \$152,160.00 | \$60,600.00 | | \$11,300.00 | |
| UHF - Lower Power Side Mount, One Station antenna . medium power (50- 200 kW), elliptically or circularly polarized | \$103,100.00 | \$38,000.00 | N/A | \$0.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$4,500.00 | N/A | \$2,250.00 | N/A |
| Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed) | \$9,570.00 | \$4,000.00 | N/A | \$2,000.00 | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$4,750.00 | N/A | \$2,375.00 | N/A |

| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) Storage Shipping and Handling | \$5,260.00 | \$5,000.00 | N/A | \$2,500.00 | N/A |
|--|--------------|-------------|-----|-------------|-----|
| Shipping and | | | | | |
| and | \$500.00 | \$500.00 | N/A | \$250.00 | N/A |
| | \$3,850.00 | \$3,850.00 | N/A | \$1,925.00 | N/A |
| Sub-total | \$152,160.00 | \$60,600.00 | N/A | \$11,300.00 | N/A |
| Total for all systems | | | | | |

Components

| Actual Information Description | File Name | |
|--|---------------------------------|--|
| UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized | Information not provided. | |
| Sweep test of existing antenna | Component Description: Amount: | First payment of 50% for Field Service System sweep is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice. \$2,250.00 |

| Elbow complex, single | | |
|--|------------------------|----------------------|
| channel, at antenna input, | Component Description: | First payment of |
| per 4 1/16. feedline (if | | 50% for 3 1/8" |
| needed) | | Elbow complex is |
| | | due now so I am |
| | | requesting |
| | | reimbursement for |
| | | 50% of this cost as |
| | | shown on the |
| | | invoice. |
| | Amount: | \$2,000.00 |
| Side mount brackets for | | |
| high power antennas (if not | Component Description: | First payment of |
| included in antenna base | | 50% for cost of |
| cost) | | custom mounts for |
| | | offset, 3 mount |
| | | locations for |
| | | antenna is due now |
| | | so I am requesting |
| | | reimbursement for |
| | | 50% of this cost as |
| | | |
| | | shown on the |
| | Amount: | invoice. |
| | Amount: | \$2,375.00 |
| Pattern scatter analysis for | | |
| side mount high/med power antennas (if not included in | Component Description: | First payment of |
| antenna base cost) | | 50% for antenna |
| antenna base costj | | scattering study for |
| | | side mounted |
| | | directional antenna |
| | | is due now so I am |
| | | requesting |
| | | reimbursement for |
| | | 50% of this cost as |
| | | shown on the |
| | | |
| | | invoice. |

| Storage | | |
|-----------------------|------------------------|---------------------|
| | Component Description: | First payment of |
| | | 50% for storage of |
| | | antenna is due now |
| | | so I am only |
| | | requesting |
| | | reimbursement for |
| | | 50% of this cost as |
| | | shown in the |
| | | invoice. |
| | Amount: | \$250.00 |
| Shipping and Handling | | |
| | Component Description: | First payment of |
| | | 50% for shipping |
| | | and handling of |
| | | antenna is due now |
| | | so I am requesting |
| | | reimbursement for |
| | | 50% of this cost as |
| | | shown in the |
| | | invoice. |
| | Amount: | \$1,925.00 |

Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmission Line | \$144,680.00 | \$81,775.00 | | \$0.00 | |
| Rigid Transmission Line - copper, 4 1 /16" | \$134,900.00 | \$71,995.00 | N/A | \$0.00 | N/A |
| Storage and Delivery | \$1,500.00 | \$1,500.00 | N/A | N/A | N/A |
| Shipping and Handling | \$8,280.00 | \$8,280.00 | N/A | N/A | N/A |
| Sub-total | \$144,680.00 | \$81,775.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,108,074.85 | \$1,384,875.65 | N/A | \$34,708.80 | N/A |

Components

Information not provided.

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Tower TOWER | \$662,800.00 | \$290,035.00 | | \$13,083.00 | |
| Major tower reinforcement /modifications | \$421,000.00 | \$129,127.00 | N/A | N/A | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$147,825.00 | N/A | N/A | N/A |
| Structural Analysis | \$5,000.00 | \$5,000.00 | N/A | \$5,000.00 | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$8,083.00 | N/A | \$8,083.00 | N/A |
| Sub-total | \$662,800.00 | \$290,035.00 | N/A | \$13,083.00 | N/A |
| Total for all systems | \$2,108,074.85 | \$1,384,875.65 | N/A | \$34,708.80 | N/A |

Components

| Actual Information Description | File Name |
|--|---------------------------|
| Major tower reinforcement /modifications | Information not provided. |

| Tall Tower (greater than 500') | Information not provided. | |
|-----------------------------------|---------------------------------|--|
| Structural Analysis | | |
| | Component Description: | FDH Velocitel |
| | | Invoice #2 for the |
| | | balance due for |
| | | the Structural |
| | | Analysis. |
| | Amount: | \$2,500.00 |
| | Amount | Ψ2,000.00 |
| | Component Description: | This invoice is a |
| | | 50% down |
| | | payment for the |
| | | signed and |
| | | accepted proposal |
| | | or quote. The |
| | | signed proposal is |
| | | in the |
| | | attachments. |
| | Amount: | \$2,500.00 |
| | Amount. | φ2,500.00 |
| Tower mapping for an | | |
| undocumented/poorly | Component Description: | This invoice is a |
| documented tower and | | 50% down |
| preparation of | | payment for the |
| documentation necessary | | signed and |
| for tower load study | | accepted proposal |
| | | or quote. The |
| | | proposal is |
| | | attached to the |
| | | bottom of the |
| | | invoice. It is also |
| | | in the |
| | | attachments. |
| | | attaorii i o i i o i |
| | Amount: | \$4,041.50 |
| | Amount: | \$4,041.50 |
| | | \$4,041.50 Invoice is for |
| | Amount: Component Description: | Invoice is for |
| | | Invoice is for remaining balance |
| | | Invoice is for remaining balance due after |
| | | Invoice is for remaining balance due after completion of |
| | | Invoice is for remaining balance due after |

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Outside Professional Services | \$293,315.00 | \$280,325.80 | | \$6,575.80 | |
| Additional Field Engineering Service, 22 Days | \$60,000.00 | \$60,000.00 | 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 |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$2,000.00 | N/A | N/A | N/A |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | \$10,520.00 | \$10,000.00 | N/A | N/A | N/A |

| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$7,360.00 | \$7,000.00 | N/A | N/A | N/A |
|--|------------|------------|-----|-----|-----|
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | 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 | N/A | 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 |

| engineering study for new channel assignment and antenna development Project \$79,000.00 \$75,000.00 N/A N/A N/A management of the transition Prepare and or review reimbursement form Address \$2,630.00 \$2,500.00 N/A N/A N/A transition timing and coordination issues w/ other stations and wireless Sub-total \$293,315.00 \$280,325.80 N/A \$6,575.80 N/A | | | | | | |
|---|---|----------------|----------------|-----|-------------|-----|
| management of the transition Prepare and or review reimbursement form \$2,630.00 \$2,500.00 N/A N/A N/A Address transition timing and coordination issues w/ other stations and wireless \$2,630.00 \$2,500.00 N/A N/A N/A Sub-total \$293,315.00 \$280,325.80 N/A \$6,575.80 N/A Total for all \$2,108,074.85 \$1,384,875.65 N/A \$34,708.80 N/A | engineering study for new channel assignment and antenna | \$7,360.00 | \$6,575.80 | N/A | \$6,575.80 | N/A |
| review reimbursement form Address \$2,630.00 \$2,500.00 N/A N/A N/A transition timing and coordination issues w/ other stations and wireless Sub-total \$293,315.00 \$280,325.80 N/A \$6,575.80 N/A Total for all \$2,108,074.85 \$1,384,875.65 N/A \$34,708.80 N/A | management of | \$79,000.00 | \$75,000.00 | N/A | N/A | N/A |
| transition timing and coordination issues w/ other stations and wireless Sub-total \$293,315.00 \$280,325.80 N/A \$6,575.80 N/A Total for all \$2,108,074.85 \$1,384,875.65 N/A \$34,708.80 N/A | review reimbursement | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Total for all \$2,108,074.85 \$1,384,875.65 N/A \$34,708.80 N/A | transition timing and coordination issues w/ other stations and | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| | Sub-total | \$293,315.00 | \$280,325.80 | N/A | \$6,575.80 | N/A |
| | | \$2,108,074.85 | \$1,384,875.65 | N/A | \$34,708.80 | N/A |

Components

| Actual Information Description | File Name |
|--|---------------------------|
| Additional Field Engineering Service, 22 Days | Information not provided. |
| RF Exposure Measurements | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |

| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information not provided. |
|--|---------------------------|
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | Information not provided. |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| 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 | | lavaia (2 |
|---|-------------------------------|---|
| assignment and antenna | Component Description: | Invoice for creating spread sheet to |
| development | | compare various |
| | | transmission line |
| | | sizes and affect |
| | | upon required |
| | | Transmitter Power |
| | | Output with various |
| | | antenna |
| | | configurations. |
| | Amount: | \$3,775.00 |
| | | |
| | Component Description: | Invoice for services |
| | | rendered including |
| | | performing a TV |
| | | Study coverage |
| | | and interference |
| | | analysis, including compliance with |
| | | coverage |
| | | requirements for |
| | | three different |
| | | antennas. |
| | Amount: | \$2,800.80 |
| | | . , |
| Project management of the transition | Information not provided. | |
| Prepare and or review reimbursement form | Information not provided. | |
| | | |
| Address transition timing | Information not provided. | |
| and coordination issues w/ | | |
| other stations and wireless | | |

Cost Information

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Other Expenses | \$79,469.85 | \$71,614.85 | | \$3,750.00 | |
| DTV Medical Facility Notification | \$11,550.00 | \$3,750.00 | N/A | \$3,750.00 | N/A |
| Bathroom Facilities | \$123.85 | \$123.85 | N/A | N/A | N/A |
| In-House Labor Reimbursement Costs | \$10,000.00 | \$10,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$10,000.00 | \$10,000.00 | | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$36,156.00 | \$36,156.00 | N/A | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | 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 - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |

| MVPD Notification of Channel Change | \$10,000.00 | \$10,000.00 | N/A | N/A | N/A |
|-------------------------------------|----------------|----------------|-----|-------------|-----|
| Sub-total | \$79,469.85 | \$71,614.85 | N/A | \$3,750.00 | N/A |
| Total for all systems | \$2,108,074.85 | \$1,384,875.65 | N/A | \$34,708.80 | N/A |

Components

| • | | | | |
|--|---------------------------------|---|--|--|
| Actual Information Description | File Name | | | |
| DTV Medical Facility Notification | Component Description: Amount: | First payment for first stage of medical notification preparation. \$3,750.00 | | |
| Bathroom Facilities | Information not provided. | | | |
| In-House Labor Reimbursement Costs | Information not provided. | | | |
| Develop and air announcement of upcoming channel change | Information not provided. | | | |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. | | | |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. | | | |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. | | | |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. | | | |

| MVPD Notification of |
|----------------------|
| Channel Change |

Information not provided.

Cost Information

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|-------------|
| Total for all systems | \$2,108,074.85 | \$1,384,875.65 | \$34,708.80 |

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

Section Question Response

Submission of Estimated Expenses Statements

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.

- 1. The Authorized
 Person signing
 below certifies that he
 /she is authorized to
 submit this TV
 Broadcaster
 Relocation Fund
 Reimbursement
 Form on behalf of
 the above-named
 entity.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.

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

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 abovenamed applicant for the Authorization(s) specified above. Ronald P. Yager President /General Manager

02/23/2018

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

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

- 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 abovenamed applicant for the Authorization(s) specified above. Ronald P. Yager President /General Manager

02/23/2018

Attachments