



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **65942** | Service: **DTV** | Call **WMPT** | Channel: **21 (UHF)**
ID: | Sign:
File **0000027913**
Number:
FRN: **0003857380** | Date **04/06**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MARYLAND PUBLIC BROADCASTING COMMISSION Doing Business As: MARYLAND PUBLIC BROADCASTING COMMISSION	Larry D. Unger, President & CEO 11767 OWINGS MILLS BOULEVARD OWINGS MILLS, MD 21117 United States	+1 (410) 356- 5600	lunger@mpt. org	Government Entity

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
Joseph L. Snelson , Jr . <i>Technical Consultant</i> <i>Meintel, Sgrignoli & Wallace</i>	1282 Smallwood Drive, Suite 372 Waldorf, MD 20603 United States	+1 (303) 344- 8037	joe. snelson@mswdtv. 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	Current transmission system consists of a main/aux transmitter feeding a transmission line connected to an antenna. An interim antenna and line will be needed as the main antenna must be removed and replaced. See attached narrative.

Transmitters

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 and Type	Manufacturer	
	Model	CCT-U- DCX2
	Year	1999
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	40.0 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?	Yes
	Manufacturer	
	Model	HPTV-PRLX-U48
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	75 kW
	Justification for New Transmitter	See previous submissions regarding upgrade from IOT to solid state. This increase of power is part a multi-station agreement provided to the FCC to accommodate moving WETA to channel 31.

**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	Electrical contractor to connect transmitter into existing electrical panel and wire heat exchanger into transmitter. Includes material and labor.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	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
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CIF Mask Filter	Constant Impedance mask Filter. Current mask filter is a CIF.
Site Design and Survey	Incorporates all aspects of the transmitter room design, including power distribution requirements, equipment placement, RF system layout, plumbing, and remote control.
8-Pole MAsk Filter	A more rigid mask filter to protect adjacent land mobile stations on Ch. 20 in Philadelphia.
Remote Control Interface	License required to interface transmitter into current remote control system
Coolant	The coolant used for the transmitter heat exchanger is not included in the transmitter price
Rigid Coax Line	Rigid interconnection coax lines from transmitter to filter to antenna switch.

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	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)	516.0 kW

Manufacturer	
Model	TFU-24-GTH-R04
Year	2001

Primary Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	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 Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	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)	1000.0 kW
	Manufacturer	
	Model	TFU-20GTH /VP-R O4

Year	2018
Justification for New Antenna	Current antenna tuned for channel 42 and cannot be retuned. Applicant is proposing to replace with similar make and model tuned to channel 21 with elliptical polarization. part a multi-station agreement provided to the FCC to accommodate moving WETA.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel

	Feed Line Size	6 1/8 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Name	Description
Mounting Pole	62.7 ft. mounting pole to bring Center of Radiation to current height.
Wedding Cake Adaptor	Joins antenna to mounting pole
RF Feed Though Components	Elbows and cut line segments to feed antenna to tower top plate

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	32
	Lower Limit	470.00 MHz
	Upper Limit	698.00 MHz
	Design power capacity in use	50.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	516.0 kW
	Manufacturer	
	Model	TUA-O4-8 /32H-1-R SM

	Year	2018
	Justification for New Antenna	See attached narrative regarding Interim facility.

**Interim
Antenna**

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	B
	Feed Line Size	6 1/8 inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an 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

**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
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	935 feet per run

Primary
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	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	935 feet per run
	Justification for New Transmission Line	Current line will be used for the interim facility, This line will be used for the repack facility on channel 21. This is part of an agreement provided to the FCC to move WMPT to Ch. 21 to accommodate moving WETA to channel 31.

Primary Transmission Line	Other Transmission Line Expenses Not Listed
Information not provided.	

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	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?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1225569
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	39° 00' 36.7" N-
	Longitude (NAD83)	076° 36' 31.8" W-
	Overall Structure Height	902.88 feet
	Support Structure Height	786.08 feet
	Ground Elevation Above Mean Sea Level (AMSL)	146.00 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Maryland Public Broadcasting Commission
	Date Constructed	04/01/2003

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	400
	Explanation	Applicant has limited internal resources to oversee installing and commissioning this repack project. It will rely on outside services to manage all work required.
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	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside

Professional

Other Professional Services Expenses Not Listed

Services Costs

Name

Description

Progress Reporting

Prepare and file 10 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.

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

Other Expenses	Other Expenses Not Listed Information not provided.
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Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter HPTV-PRLX-U48	\$2,126,470.00	\$2,133,045.00		\$1,021,806.82	
CIF Mask Filter	<i>\$40,690.00</i>	\$40,690.00	Constant Impedance mask Filter. Current mask filter is a CIF.	N/A	N/A
Other Electrical Service: Electrical contractor to connect transmitter into existing electrical panel and wire heat exchanger into transmitter. Includes material and labor.	<i>\$42,600.00</i>	\$42,600.00	Electrical contractor to connect transmitter into existing electrical panel. Includes material and labor for three transmitter cabinets. Attached quote is for each cabinet.	N/A	N/A
8-Pole MAsk Filter	<i>\$15,000.00</i>	\$15,000.00	A more rigid mask filter to protect adjacent land mobile stations on Ch. 20 in Philadelphia.	N/A	N/A

UHF - Liquid Cooled Solid State Transmitter 68.5 - 75 kW	\$1,999,000.00	\$2,005,575.00	See attached quote. An increase of power is part a multi-station agreement provided to the FCC to accommodate moving WETA to channel 31.	\$1,019,695.00	N/A
Remote Control Interface	\$2,940.00	\$2,940.00	License required to interface transmitter into current remote control system.	N/A	N/A
Coolant	\$3,000.00	\$3,000.00	The coolant used for the transmitter heat exchanger is not included in the transmitter price. Cost reflects what is need for two transmitter cabinets.	N/A	N/A
Rigid Coax Line	\$7,940.00	\$7,940.00	Rigid interconnection coax lines from transmitter to filter to antenna switch. NOTE: The full length will not be used. These will be cut to desired length for interconnection purposes inside building.	N/A	N/A

Site Design and Survey	\$15,300.00	\$15,300.00	Incorporates all aspects of the transmitter room design, including power distribution requirements, equipment placement, RF system layout, plumbing, and remote control.	\$2,111.82	N/A
Sub-total	\$2,126,470.00	\$2,133,045.00	N/A	\$1,021,806.82	N/A
Total for all systems	\$3,584,041.00	\$3,565,627.80	N/A	\$1,279,854.76	N/A

Components

Actual Information	
Description	File Name
CIF Mask Filter	Information not provided.
Other Electrical Service: Electrical contractor to connect transmitter into existing electrical panel and wire heat exchanger into transmitter. Includes material and labor.	Information not provided.
8-Pole MASK Filter	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 68.5 - 75 kW	Component Description: System WMPT PRLX u48 D21 Amount: \$1,019,695.00
Remote Control Interface	Information not provided.
Coolant	Information not provided.
Rigid Coax Line	Information not provided.

Site Design and Survey	<table><tr><td data-bbox="703 174 1023 212">Component Description:</td><td data-bbox="1155 174 1350 288">Site Survey expense for all 6 locations.</td></tr><tr><td data-bbox="703 297 823 331">Amount:</td><td data-bbox="1155 297 1273 331">\$2,111.82</td></tr></table>	Component Description:	Site Survey expense for all 6 locations.	Amount:	\$2,111.82
Component Description:	Site Survey expense for all 6 locations.				
Amount:	\$2,111.82				

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
Interim Antenna TUA-O4-8 /32H-1-R SM	\$271,740.00	\$266,348.00		\$116,825.85	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	\$953.10	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$10,298.00	N/A	\$4,634.10	N/A
UHF – Broadband Panel, Side Mount Auxiliary /Interim, 516 horizontally polarized	\$222,900.00	\$222,900.00	See attached narrative regarding Interim facility.	\$100,305.00	N/A

Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$21,750.00	N/A	\$10,933.65	N/A
Primary Antenna TFU-20GTH /VP-R 04	\$469,981.00	\$394,119.00		\$5,760.00	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$213,885.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$12,383.00	See attached revised quote.	N/A	N/A
Mounting Pole	\$122,215.00	\$122,215.00	Mounting pole to bring Center of Radiation to current height.	N/A	N/A
Wedding Cake Adaptor	\$18,330.00	\$18,330.00	Joins antenna to mounting pole	N/A	N/A

RF Feed Though Components	\$20,906.00	\$20,906.00	Elbows and cut line segments to feed antenna to tower top plate	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$5,760.00	N/A
Sub-total	\$741,721.00	\$660,467.00	N/A	\$122,585.85	N/A
Total for all systems	\$3,584,041.00	\$3,565,627.80	N/A	\$1,279,854.76	N/A

Components

Actual Information	
Description	File Name
Sweep test of existing antenna	Information not provided.
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Component Description: trans test 6-75 Amount: \$953.10
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	Component Description: complex broadband antenna input 45% with order 45% prior to shipping 10% net 30 Amount: \$4,634.10
UHF – Broadband Panel, Side Mount Auxiliary/Interim, 516 horizontally polarized	Component Description: UHF Broadband panel 45% with order 45% prior to shipping 10% net 30 Amount: \$100,305.00

Side mount brackets for high power antennas (if not included in antenna base cost)	<div> <div> Component Description: 6-75 pressure cap, includes gague, allows antenna to be capped and pressurized after installed on tower. </div> <div> Amount: \$372.60 </div> </div> <div> <div> Component Description: t/l 6-75 e/a length 15'to 20' fixed FLG 1 end/swivel flg 1 end </div> <div> Amount: \$773.55 </div> </div> <div> <div> Component Description: side mount brackets 45% with order 45% prior to shipping 10% Net 30 </div> <div> Amount: \$9,787.50 </div> </div>
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	Information not provided.
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
Mounting Pole	Information not provided.
Wedding Cake Adaptor	Information not provided.
RF Feed Though Components	Information not provided.

Sweep test of existing antenna		
	Component Description:	repack sweep includes 1 on site engineer for one day ,travel expenses and report
	Amount:	\$2,880.00
	Component Description:	repack sweep on site field engineer 45% with order 45% prior to shipping 10% net 30
	Amount:	\$2,880.00

Cost
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$271,150.00	\$179,550.80		\$80,669.59	
Rigid Transmission Line - copper, 7 3 /16"	\$271,150.00	\$179,550.80	N/A	\$80,669.59	N/A
Sub-total	\$271,150.00	\$179,550.80	N/A	\$80,669.59	N/A
Total for all systems	\$3,584,041.00	\$3,565,627.80	N/A	\$1,279,854.76	N/A

Components

Actual Information Description	File Name
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Rigid Transmission Line -
copper, 7 3/16"

Component Description:

Line copper 7 3/16
45% upon
ordering 45% prior
to shipment
Balance Net 30

Amount:

\$77,780.59

Component Description:

Rigid
Transmission line
copper 45% upon
ordering 45% prior
to shipment 10%
net 30

Amount:

\$877.50

Component Description:

rigid transmission
line copper tlscr's
45% upon
ordering 45% prior
to shipping 10%
net 30

Amount:

\$2,011.50

Cost
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$223,100.00	\$379,755.00		\$5,000.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$7,000.00	N/A	\$5,000.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$372,755.00	See attached quote.	N/A	N/A
Sub-total	\$223,100.00	\$379,755.00	N/A	\$5,000.00	N/A
Total for all systems	\$3,584,041.00	\$3,565,627.80	N/A	\$1,279,854.76	N/A

Components

Actual Information	
Description	File Name
Structural engineering tower load study for well documented tower	Component Description:
	Structural engineering
	Amount:
	\$2,500.00
	Component Description:
	Structural analysis Annapolis.
	Amount:
	\$2,500.00
Tall Tower (greater than 500')	Information not provided.

Cost
Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$130,490.00	\$126,250.00		\$0.00	
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$5,000.00	Fees related to multi-party resolution agreement with Maryland Public TV, WETA and HME Equity Fund II, LLC. Involved several stations moving channels to accommodate WETA moving from ch 14 to 31.	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	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Project management of the transition	\$63,200.00	\$60,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Progress Reporting	\$35,000.00	\$35,000.00	Prepare and file 10 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.	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
Sub-total	\$130,490.00	\$126,250.00	N/A	\$0.00	N/A
Total for all systems	\$3,584,041.00	\$3,565,627.80	N/A	\$1,279,854.76	N/A

Components

Information not provided.

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$91,110.00	\$86,560.00		\$49,792.50	
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	Notification will need to be made to MVPD's as required. Applicant to explore using an outside firm to determine which facilities will need to be notified and send the appropriate notification letters.	N/A	N/A
Equipment Storage	<i>\$9,840.00</i>	\$9,840.00	Station may receive antenna and transmission line prior to tower crew availability. No on-site storage is available. Obtained estimate from manufacturer for 60 days of storage.	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$7,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$41,145.00	\$41,145.00	See transmitter quote for equipment removal from building.	\$20,572.50	N/A
Equipment Delivery and Handling Charges	\$27,575.00	\$27,575.00	See attached transmitter quote. Estimating \$10,000 for two antennas and mounting pole.	\$29,220.00	Line items did not include the proof and installation.
Sub-total	\$91,110.00	\$86,560.00	N/A	\$49,792.50	N/A
Total for all systems	\$3,584,041.00	\$3,565,627.80	N/A	\$1,279,854.76	N/A

Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	Information not provided.
Equipment Storage	Information not provided.
DTV Medical Facility Notification	Information not provided.

<p>Disposal Costs (for equipment and other waste, net of any salvage value)</p>	<table> <tr> <td data-bbox="724 174 1027 210">Component Description:</td><td data-bbox="1166 174 1353 524">50% deposit for removal and disposal of existing transmitter. 45% due with installation/5% due upon proof</td></tr> <tr> <td data-bbox="724 497 831 524">Amount:</td><td data-bbox="1166 497 1299 524">\$20,572.50</td></tr> </table>	Component Description:	50% deposit for removal and disposal of existing transmitter. 45% due with installation/5% due upon proof	Amount:	\$20,572.50								
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Amount:	\$20,572.50												
<p>Equipment Delivery and Handling Charges</p>	<table> <tr> <td data-bbox="724 667 1027 703">Component Description:</td><td data-bbox="1166 667 1353 898">50% deposit on check out and proof parallax. 45% due upon installation, 5% due upon proof.</td></tr> <tr> <td data-bbox="724 909 831 936">Amount:</td><td data-bbox="1166 909 1283 936">\$6,550.00</td></tr> <tr> <td data-bbox="724 1048 1027 1084">Component Description:</td><td data-bbox="1166 1048 1369 1274">50% for shipping, Offloading, and placement. 45% due upon installation, 5% due upon proof</td></tr> <tr> <td data-bbox="724 1285 831 1312">Amount:</td><td data-bbox="1166 1285 1283 1312">\$8,787.50</td></tr> <tr> <td data-bbox="724 1424 1027 1460">Component Description:</td><td data-bbox="1166 1424 1358 1615">50% deposit on Installation, 45% due upon installation, 5% due upon proof</td></tr> <tr> <td data-bbox="724 1626 831 1653">Amount:</td><td data-bbox="1166 1626 1299 1653">\$13,882.50</td></tr> </table>	Component Description:	50% deposit on check out and proof parallax. 45% due upon installation, 5% due upon proof.	Amount:	\$6,550.00	Component Description:	50% for shipping, Offloading, and placement. 45% due upon installation, 5% due upon proof	Amount:	\$8,787.50	Component Description:	50% deposit on Installation, 45% due upon installation, 5% due upon proof	Amount:	\$13,882.50
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Amount:	\$13,882.50												

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$3,584,041.00	\$3,565,627.80
			\$1,279,854.76

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

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

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

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Holly Davenport <i>Fiscal accounts clerk</i></p> <p>04/06/2018</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	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).	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>HOLLY Davenport <i>Fiscal Accounts Clerk</i></p> <p>04/06/2018</p>

Attachments