

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

Facility 74422 Service: DTV Call WTEN Channel: 24 (UHF)

ID:

Sign:

File **0000028761** 

Number:

FRN: **0009961889** Date **04/18** 

Submitted: /2018

# Applicant Information

### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
NEXSTAR BROADCASTING, INC.	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar. tv	Corporation

## Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

### Preparer Contact Information

### **Preparer Contact Name and Information**

General Counsel 545 Nexstar Broadcasting, Fre Inc. Suit	cabeth Ryder 5 E. John Carpenter eway te 700 ng, TX 75062 ted States	+1 (972) 373- 8800	eryder@nexstar. tv

## 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.	Yes
Briefly describe transition plan	Replace transmitter and transmission line using existing antenna (see attached sweep for main transmission line replacement justification).

## **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	
Manufacturer and Type	Model	Sigma
	Year	2007
	Туре	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	42 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	THU9EVO- 30
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	46 kW
	Justification for New Transmitter	The manufacturer of the existing IOT transmitter advises that the transmitter cannot be retuned to the assigned channel. A new Comark Paragon MSDC IOT transmitter is the price used for a replacement. See attachment.

## Primary Transmitter

## **Other Transmitter Costs**

Section	Question	Response
Section	Question	Response

Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	100.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Туре	Cooling Only
	Size	15 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
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line

### **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	Retune Existing
	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?	Yes
	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	Top Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Туре	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	60
	Design power capacity in use	100.0 %
	Lower Limit	470.00 MH

Upper Limit	692.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	700.0 kW
Manufacturer	Dielectric
Model	TUD-05-12 /60H-1-B
Year	2007

# Facility ID's and Call Signs of all stations with whom the antenna is shared.

Facility ID	Call Sign
73263	WMHT

## Primary Antenna

## **Adjustment to Existing Antenna**

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

### Primary Antenna

### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Туре	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
	Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number		
22		
24		
25		

## Primary Antenna

## **Other Antenna Cost Not Listed**

Name	Description
Rigging	Rigging to replace elbow complex; assist with tuning; replace main transmission line; install interim antenna and interim transmission line.

## 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
	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)	700.0 kW
Manufacturer	
Model	TBD
Year	2019
Justification for New Antenna	New full-power interim antenna and interim transmission line is required while new transmission line is replaced and new elbow complex installed and tuned for main antenna.

## 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?	S
	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 <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

## **Existing Transmission Line**

## Primary Transmission

n 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?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission	Manufacturer	
Line Manufacturer and Type	Туре	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	500 feet per run

Facility ID's and Call Signs of all stations with whom the transmission line is shared.

Facility ID	Call Sign
73263	WMHT

#### **New Transmission Line**

Prima	ſy
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Transmission Line Question Response **New Transmission Line** Use Primary Costs (Main) Description of Use N/A Change Type Purchase New Is this a request for upgraded equipment? No Type Rigid Diameter 8 3/16 inches Other Diameter N/A Segment Length Broadband Other Segment Length N/A 1 Number of parallel runs Length 500 feet per run Justification for New Transmission Line See attached sweep test. Main transmission line measures well on preauction channel but does not measure well on postauction channel.

Primary
Other Transmission Line Expenses Not Listed
Transmission of provided.

## Interim

## **New Transmission Line**

Transmission	n Line Section	Question	Response
New Transmission Line Costs		Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Rigid
		Diameter	6 1/8 inches
		Segment Length	20'
		Other Segment Length	
		Number of parallel runs	1
		Length	395 feet per
		Justification for New Transmission Line	Interim transmission line required for interim operation while main transmission line is replaced and elbow complex is replaced and tuned.

Interim Other Transmission Line Expenses Not Listed

Transmission loine tion 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**

	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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	No
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower	Do you have a tower registration number?	No
Structure Registration	ASR Number	
Coordinates (NAD83 (	Latitude (NAD83)	42° 37' 31.3" N-
North American Datum of 1983))	Longitude (NAD83)	074° 00' 36.7" W-
	Overall Structure Height	499.01 feet
	Support Structure Height	495.07 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1780.82 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Capital Region Broadcasters, LLC
Date Constructed	05/31/2002

## Other Types of Users

Users	
WNYT	
WCWN	
WMHT	
WXXA	

## 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:	Minor 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	300
	Explanation	Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. Internal accounting and Project management.
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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	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	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No

RF exposure measurements	No
Additional Field Engineering Service	Yes
Number of Days	9
Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

Outside
Outside
Professional Services Expenses Not Listed
Professional Services registrated.

# 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	Yes
	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?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses Not Listed

**Expenses** Information not provided.

# **Cost Information**

## **Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THU9EVO-30	\$1,749,000.00	\$1,622,340.00		\$0.00	
Additional Interior RF System	\$140,000.00	\$140,000.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,388,470.00	Maximum reimbursement is based on the price of a 2 tube IOT since the catalog price is greater than the IOT price.	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	N/A	N/A

15 Ton	\$55,800.00	\$17,670.00	Catalog cost	N/A	N/A
system			for 15 ton		
			HVAC system		
			is \$53,000.		
			Cost shall be		
			divided by 3		
			between the		
			following 3		
			stations that		
			share the main		
			antenna and		
			line: WTEN,		
			WMHT and		
			WCWN.		
Sub-total	\$1,749,000.00	\$1,622,340.00	N/A	\$0.00	N/A
Total for all	\$3,381,175.00	\$2,338,175.00	N/A	\$2,100.00	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
Interim Antenna TBD	\$282,440.00	\$280,100.00		\$0.00	
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	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1 /8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A

UHF - High Power, Side Mount, basic slot antenna, 700 kW input, directional,, horizontally polarized	\$235,000.00	\$235,000.00	N/A	N/A	N/A
Primary Antenna TUD- 05-12/60H-1-B	\$670,215.00	\$74,805.00		\$0.00	
Rigging	\$13,335.00	\$13,335.00	Catalog cost for rigging is \$40,000. Cost shall be divided by 3 between the following three stations that share the main top-mount antenna: WTEN, WMHT and WCWN.	N/A	N/A

Elbow	\$18,950.00	\$6,000.00	Catalog	N/A	N/A
complex,			cost for		
broadband,			elbow		
at antenna			complex is		
input, per 8 3			\$18,000.		
/16. feedline			Cost shall		
(if needed)			be divided		
			by 3		
			between		
			the		
			following		
			three		
			stations		
			that share		
			the main		
			top-mount		
			antenna:		
			WTEN,		
			WMHT and		
			WCWN.		
New	\$84,200.00	\$53,335.00	Catalog	N/A	N/A
combiner,			cost for		
cost per			one		
channel			combiner is		
(without			\$80,000.		
antenna)			Two		
			combiners		
			are		
			required		
			due to 1st		
			adjacent		
			channels.		
			Cost shall		
			be divided		
			by 3		
			between		
			the		
			following 3		
			stations		
			that share		
			the main		
			antenna		
			and line:		
			WTEN,		
			WMHT and		

Sweep test	\$6,730.00	\$2,135.00	Catalog	N/A	N/A
of existing	¥-,	, , , , , , , , , , , , , , , , , , ,	cost for		, - •
antenna			sweep test		
			is \$6,400.		
			Cost shall		
			be divided		
			by 3		
			between		
			the		
			following		
			three		
			stations		
			that share		
			the main		
			top-mount		
			antenna		
			and line:		
			WTEN,		
			WMHT and		
			WCWN.		
UHF - High	\$547,000.00	\$0.00	N/A - main	N/A	N/A
Power Top			antenna is		
Mount (200-			being re-		
1000 kW),			purposed.		
Two Station					
broadband					
panel					
antenna,					
horizontally					
polarized					
Sub-total	\$952,655.00	\$354,905.00	N/A	\$0.00	N/A
Total for all	\$3,381,175.00	\$2,338,175.00	N/A	\$2,100.00	N/A

## 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).

<b>Description</b> Interim	Predetermined Cost Estimate \$79,790.00	Estimated Cost \$75,840.00	Estimated Cost Justification	Actual Cost \$0.00	Actual Cost Justification
Transmission Line	ψ. 5,1 50.00	ψ, 0,040.00		ψ3.00	
Rigid Transmission Line - copper, 6 1/8"	\$79,790.00	\$75,840.00	N/A	N/A	N/A
Primary Transmission Line	\$199,500.00	\$63,170.00		\$0.00	
Rigid Transmission Line - copper, 8 3 /16" broadband	\$199,500.00	\$63,170.00	Catalog cost for main transmission line is \$189,500. Cost shall be divided by 3 between the following 3 stations that share the main antenna and line: WTEN, WMHT and WCWN.	N/A	N/A
Sub-total	\$279,290.00	\$139,010.00	N/A	\$0.00	N/A
Total for all systems	\$3,381,175.00	\$2,338,175.00	N/A	\$2,100.00	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
Primary Tower GTOWER	\$254,800.00	\$80,670.00		\$0.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$4,000.00	Catalog cost for Structural engineering tower load study for a well documented tower is \$12,000. Cost shall be divided by 3 between the following 3 stations that share the main antenna and line: WTEN, WMHT and WCWN. All Phase 4 stations.	N/A	N/A

Total for all systems	\$3,381,175.00	\$2,338,175.00	N/A	\$2,100.00	N/A
Sub-total	\$254,800.00	\$80,670.00	N/A	\$0.00	N/A
			stations.		
			Phase 4		
			WCWN. All		
			WMHT and		
			WTEN,		
			and line:		
			main antenna		
			share the		
			following 3 stations that		
			between the		
			divided by 3		
			Cost shall be		
			is \$150,000.		
			modifications		
			and		
			reinforcement		
/modifications			tower		
reinforcement	•	•	for Minor		
Minor tower	\$158,000.00	\$50,000.00	Catalog cost	N/A	N/A
			stations.		
			Phase 4		
			WCWN. All		
			WMHT and		
			WTEN,		
			and line:		
			main antenna		
			share the		
			stations that		
			following 3		
			between the		
			divided by 3		
			Cost shall be		
			\$80,000.		
			feet s		
			less than 500		
			for a tower		
000 j			and rigging		
(iess man 500')			equipment		
(less than			for tower		

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	\$90,380.00	\$86,750.00		\$2,100.00	
Additional Field Engineering Service, 9 Days	\$18,000.00	\$18,000.00	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
Project management of the transition	\$47,400.00	\$45,000.00	N/A	\$2,100.00	N/A
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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$90,380.00	\$86,750.00	N/A	\$2,100.00	N/A
Total for all systems	\$3,381,175.00	\$2,338,175.00	N/A	\$2,100.00	N/A

## Components

Actual Information Description	File Name
Additional Field Engineering Service, 9 Days	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.

Project management of the transition	Component Description:	Osborn time for project management and consultant fee reimbursement (for Kessler & Gehman
	Amount:	Associates, their related invoice to Osborn attached) \$2,100.00
Prepare and or review reimbursement form	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Perform engineering study for new channel assignment and antenna development	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Prepare engineering section of 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.	

# **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	\$55,050.00	\$54,500.00		\$0.00	
Non-zoning permits	\$10,000.00	\$10,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$9,000.00	\$9,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Equipment Storage	\$9,000.00	\$9,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$3,500.00	\$3,500.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$55,050.00	\$54,500.00	N/A	\$0.00	N/A
Total for all systems	\$3,381,175.00	\$2,338,175.00	N/A	\$2,100.00	N/A

## Components

Information not provided.

# Cost Information

## **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$3,381,175.00	\$2,338,175.00	\$2,100.00

Reimbursem	entestiatus	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. Elizabeth Ryder General Counsel

04/18/2018

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. Elizabeth Ryder General Counsel

04/18/2018

### **Attachments**