



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **76324** | Service: **DTV** | Call **WSKY-TV** | Channel:  
ID: | Sign:  
**13 (High VHF)** | File **0000027685**  
Number:  
FRN: **0022836373** | Date **05/15**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>TIDEWATER TV LLC</b> Doing Business As: TIDEWATER TV LLC	150 Fayetteville Street Suite 1700 Raleigh, NC 27601 United States	+1 (919) 839- 0300	cramsey@brookspierce. com	Limited Liability Company

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Bob Pectelidis</b> <i>Director of Engineering TIDEWATER TV LLC</i>	Bob Pectelidis 3914 Wistar Road Richmond, VA 23228 United States	+1 (804) 672- 6565	bob@lockwoodbroadcast. 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	See attached

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Platinum
	Year	2010
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	11.96 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	HPTV-PRLX-V10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	14.4 kW
	Justification for New Transmitter	See Transition Plan, attached

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	500.0 feet
	Other Electrical Service	No
	Description	N/A

<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	15 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

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

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

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

Manufacturer	
Model	TW-9B9-R
Year	1999

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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	70.0 kW
	Manufacturer	

	Model	ATW9V3-HSO-13
	Year	2020
	Justification for New Antenna	See Transition Plan , attached

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**  
Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary**  
**Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1100 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1100 feet per run
	Justification for New Transmission Line	See Transition Plan, attached

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

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?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1252202
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	36° 31' 15.0" N-
	Longitude (NAD83)	076° 18' 15.0" W-
	Overall Structure Height	1036.40 feet
	Support Structure Height	979.32 feet
	Ground Elevation Above Mean Sea Level (AMSL)	12.80 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Tidewater TV LLC
	Date Constructed	11/23/2007

**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:	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
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	100
	Explanation	Expenses for experienced RF consultant to layout and assist with project management.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
<b>Additional Repack Legal Services Not Otherwise Specified in Form 399</b>	Non-Catalog Legal Services such as review of quarterly transition status reports and other miscellaneous non-catalog legal fees.

## Other Expenses

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

## Cost Information

### Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter HPTV-PRLX-V10</b>	<b>\$639,860.00</b>	<b>\$553,490.00</b>		<b>\$0.00</b>	
15 Ton system	\$88,400.00	\$3,780.00	N/A	N/A	N/A
High VHF - Liquid Cooled Solid State Transmitter 14.4 kW	<i>\$512,910.00</i>	\$512,910.00	See Transition Plan, attached	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$13,000.00	\$12,500.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$639,860.00</b>	<b>\$553,490.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,573,280.00</b>	<b>\$1,427,707.00</b>	<b>N/A</b>	<b>\$16,286.90</b>	<b>N/A</b>

### 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
Primary Antenna ATW9V3- HSO-13	\$356,330.00	\$338,800.00		\$0.00	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,400.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
High-VHF, One station antenna -- top mount, horizontally polarized	\$342,000.00	\$325,000.00	N/A	N/A	N/A
Sub-total	\$356,330.00	\$338,800.00	N/A	\$0.00	N/A
Total for all systems	\$1,573,280.00	\$1,427,707.00	N/A	\$16,286.90	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).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$64,900.00	\$61,600.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$64,900.00	\$61,600.00	N/A	N/A	N/A
Sub-total	\$64,900.00	\$61,600.00	N/A	\$0.00	N/A
Total for all systems	\$1,573,280.00	\$1,427,707.00	N/A	\$16,286.90	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 TOWER	\$394,800.00	\$366,987.00		\$8,493.50	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$16,987.00	Includes geotech and mapping, see attached quote.	\$8,493.50	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Sub-total	\$394,800.00	\$366,987.00	N/A	\$8,493.50	N/A
Total for all systems	\$1,573,280.00	\$1,427,707.00	N/A	\$16,286.90	N/A

Components

Actual Information Description	File Name
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Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<div> <div> <b>Component Description:</b> </div> <div> Partial Payment for structural analysis and geotechnical survey </div> </div> <div> <b>Amount:</b> </div> <div> \$8,493.50 </div>
Tall Tower (greater than 500')	Information not provided.
Minor tower reinforcement /modifications	Information not provided.

## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$51,510.00</b>	<b>\$48,750.00</b>		<b>\$7,793.40</b>	
Additional Repack Legal Services Not Otherwise Specified in Form 399	<i>\$5,000.00</i>	\$5,000.00	N/A	\$500.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$650.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$529.70	N/A
Project management of the transition	\$15,800.00	\$15,000.00	N/A	\$2,475.00	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
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - 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	\$1,888.70	N/A
<b>Sub-total</b>	\$51,510.00	\$48,750.00	N/A	\$7,793.40	N/A
<b>Total for all systems</b>	\$1,573,280.00	\$1,427,707.00	N/A	\$16,286.90	N/A

## Components

**Actual Information**  
**Description**

**File Name**

Additional Repack Legal Services Not Otherwise Specified in Form 399	<table> <tr> <td data-bbox="708 174 1023 210"><b>Component Description:</b></td><td data-bbox="1155 174 1321 244">Brooks Pierce 3944883</td></tr> <tr> <td data-bbox="708 255 823 291"><b>Amount:</b></td><td data-bbox="1155 255 1238 291">\$59.40</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="708 394 1023 430"><b>Component Description:</b></td><td data-bbox="1155 394 1321 463">Brooks Pierce 3945606</td></tr> <tr> <td data-bbox="708 474 823 510"><b>Amount:</b></td><td data-bbox="1155 474 1254 510">\$184.40</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="708 613 1023 649"><b>Component Description:</b></td><td data-bbox="1155 613 1321 683">Brooks Pierce 3948020</td></tr> <tr> <td data-bbox="708 694 823 730"><b>Amount:</b></td><td data-bbox="1155 694 1238 730">\$42.70</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="708 833 1023 869"><b>Component Description:</b></td><td data-bbox="1155 833 1321 902">Brooks Pierce 3943444</td></tr> <tr> <td data-bbox="708 913 823 949"><b>Amount:</b></td><td data-bbox="1155 913 1254 949">\$213.50</td></tr> </table>	<b>Component Description:</b>	Brooks Pierce 3944883	<b>Amount:</b>	\$59.40			<b>Component Description:</b>	Brooks Pierce 3945606	<b>Amount:</b>	\$184.40			<b>Component Description:</b>	Brooks Pierce 3948020	<b>Amount:</b>	\$42.70			<b>Component Description:</b>	Brooks Pierce 3943444	<b>Amount:</b>	\$213.50
<b>Component Description:</b>	Brooks Pierce 3944883																						
<b>Amount:</b>	\$59.40																						
<b>Component Description:</b>	Brooks Pierce 3945606																						
<b>Amount:</b>	\$184.40																						
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<b>Amount:</b>	\$42.70																						
<b>Component Description:</b>	Brooks Pierce 3943444																						
<b>Amount:</b>	\$213.50																						
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td data-bbox="708 1077 1023 1113"><b>Component Description:</b></td><td data-bbox="1155 1077 1362 1146">Smith and Fisher, LLC</td></tr> <tr> <td data-bbox="708 1158 823 1193"><b>Amount:</b></td><td data-bbox="1155 1158 1273 1193">\$1,750.00</td></tr> </table>	<b>Component Description:</b>	Smith and Fisher, LLC	<b>Amount:</b>	\$1,750.00																		
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<b>Amount:</b>	\$1,750.00																						
Perform engineering study for new channel assignment and antenna development	<table> <tr> <td data-bbox="708 1330 1023 1366"><b>Component Description:</b></td><td data-bbox="1155 1330 1362 1400">Smith and Fisher, LLC</td></tr> <tr> <td data-bbox="708 1411 823 1447"><b>Amount:</b></td><td data-bbox="1155 1411 1254 1447">\$650.00</td></tr> </table>	<b>Component Description:</b>	Smith and Fisher, LLC	<b>Amount:</b>	\$650.00																		
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<b>Amount:</b>	\$650.00																						

Prepare and or review reimbursement form	<b>Component Description:</b> Brooks Pierce 3942263	
	<b>Amount:</b> \$158.40	
	<b>Component Description:</b> Brooks Pierce 3941525	
	<b>Amount:</b> \$138.60	
	<b>Component Description:</b> Brooks Pierce 3939261	
	<b>Amount:</b> \$232.70	
Project management of the transition	<b>Component Description:</b> WSKY Ed Murlatt WSKY180205	
	<b>Amount:</b> \$225.00	
	<b>Component Description:</b> WSKY Ed Murlatt WSKY171204	
	<b>Amount:</b> \$750.00	
	<b>Component Description:</b> WSKY Ed Murlatt WSKY170701	
	<b>Amount:</b> \$1,500.00	
Prepare request for Special Temporary Authorization	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	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	<b>Component Description:</b> <b>Amount:</b>	Brooks Pierce 3942263 \$79.20
	<b>Component Description:</b> <b>Amount:</b>	Brooks Pierce 3941525 \$1,809.50

## Cost Information

### Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$65,880.00</b>	<b>\$58,080.00</b>		<b>\$0.00</b>	
Site survey	<i>\$5,330.00</i>	\$5,330.00	see transition plan attached	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	See Transition Plan Attached	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$20,000.00</i>	\$20,000.00	See Transition Plan Attached	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$15,000.00</i>	\$15,000.00	See Transition Plan Attached	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	See Transition Plan Attached	N/A	N/A
Site Preparation	<i>\$8,000.00</i>	\$8,000.00	see transition plan attached	N/A	N/A
<b>Sub-total</b>	<b>\$65,880.00</b>	<b>\$58,080.00</b>	N/A	<b>\$0.00</b>	N/A

<b>Total for all systems</b>	\$1,573,280.00	\$1,427,707.00	N/A	\$16,286.90	N/A
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## Components

Information not provided.

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$1,573,280.00	\$1,427,707.00	\$16,286.90

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

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

<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><b>Tiffany Humphrey</b>  <i>Director of Business Services</i></p> <p>05/15/2018</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"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Tiffany Humphrey</b>  <i>Director of Business Services</i></p> <p>05/15/2018</p>

## Attachments