

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

| | | | 1 | | |
|----------------|----------|--------------|-------|------|-------------------|
| Facility | 16747 | Service: DTV | Call | WWTI | Channel: 31 (UHF) |
| ID: | | | Sign: | | |
| File | 00000 | 28756 | | | |
| Number: | | | | | |
| FRN: 00 | 09961889 | Date | 10/22 | | |
| | | Submitted: | /2018 | | |

Applicant Name, Type, and Contact Information

Applicant 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 Applicant Address Phone Email Elizabeth Ryder Elizabeth Ryder +1 (972) 373 eryde

| Elizabeth Ryder | Elizabeth Ryder | +1 (972) 373- | eryder@nexstar. |
|-----------------------|-----------------------|---------------|-----------------|
| General Counsel | 545 E. John Carpenter | 8800 | tv |
| Nexstar Broadcasting, | Freeway | | |
| Inc. | Suite 700 | | |
| | Irving, TX 75062 | | |
| | United States | | |
| | | | |

| Broadcaster | Question | Response |
|--|--|--|
| Information and Transition Plan | 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 | Replace transmitter and antenna using existing line. Acquire interim antenna and line for continued operation during construction and duration of the assigned phase. Map and analyze tower; design and implement modifications if required. See attached. |

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

| Primary | Existing Transmitter Information | | | | |
|-------------|-------------------------------------|--|--------------------|--|--|
| Transmitter | 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 | Diamond DHD10P1 | | |
| | | Year | 2003 | | |
| | | Туре | Solid State | | |
| | | Solid State Cooling | Air Cooled | | |
| | | Solid State Power Capacity | 2.5 kW | | |

Existing Transmitter Information

| Primary | New Transmitter Costs | | | | |
|-------------|--------------------------------------|---|--|--|--|
| Transmitter | Section | Question | Response | | |
| | New Transmitter | Use | Primary (Main) | | |
| | | Change Type | Purchase New | | |
| | | Is this a request for upgraded equipment? | No | | |
| | | Manufacturer | | | |
| | | Model | TBD | | |
| | Transmitter Type Solid State Cooling | Transmitter Type | Solid State | | |
| | | Solid State Cooling | Air Cooled | | |
| | | Solid State Power capacity | 6 kW | | |
| | | Justification for New Transmitter | The manufacturer of the existing solid state transmitter advises that the transmitter cannot be retuned to the assigned channel. See attachment. | | |

| Primary | Other Transmitter Costs | | | | |
|-------------|-------------------------|---------------------------------------|----------|--|--|
| Transmitter | Section | Question | Response | | |
| | Electrical Service | Service Entrance (3 phases 800A 208V) | No | | |
| | | Switchgear (industrial 800 amp) | Yes | | |
| | | Transformer (480V) | Yes | | |
| | | Power | 150 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? | No |
| | Туре | 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 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 | Other Transmitter Cost Not Listed | | | |
|-------------|-----------------------------------|---|--|--|
| Transmitter | Name | Description | | |
| | Additional Interior RF System | Interior RF System Existing Transmitter to Interim Transmission line | | |

| Antennas Section | | Question | Response |
|------------------|---------------|---------------------------------------|----------|
| Antenna Rela | ated Expenses | Do you have antenna related expenses? | Yes |

| Primary | Existing Antenna Information | | | |
|---------|---------------------------------|--|--------------------|--|
| Antenna | Section | Question | Response | |
| | Existing Antenna Description | Type of change | Purchase New | |
| | | Antenna Use | Primary (Main) | |
| | | Description of Use | N/A | |
| | | Ownership | Owned | |
| | | Owner | N/A | |
| | | Site | N/A | |
| | | Is the existing antenna shared with another station or stations? | No | |
| | | Is the existing antenna directional? | Yes | |
| | | Is antenna in operating condition? | Yes | |
| | | Is antenna located on or in close proximity to an antenna farm? | No | |
| | Existing Antenna | Class | Full Power | |
| | Manufacturer and Type | Mounting | Side Mount | |
| | | Antenna position in stack | Not in Stack | |
| | | Polarization | Horizontal | |
| | | Туре | Slotted Coaxial | |
| | | Number of Stations Supported | N/A | |
| | | Number of Panels | N/A | |
| | | Design power capacity in use | N/A | |
| | | Lower Limit | N/A | |
| | | Upper Limit | N/A | |
| | | Other Antenna Type | N/A | |
| | | ERP: (Effective Radiated Power) | 25.0 kW | |
| | | | | |

| Manufacturer | |
|--------------|--------------------|
| Model | ALP16L4- HSW-21 |
| Year | 2003 |

| Antenna | Section | Question | Response |
|---------|---------------------------------------|--|--------------------|
| | New Antenna | Use | Primary (Main |
| | Description | Description of Use | N/A |
| | | Change Type | Purchase Nev |
| | | Is this a request for upgraded equipment? | No |
| | | Ownership | Owned |
| | | Owner | N/A |
| | | Is antenna shared? | No |
| | | Is antenna directional? | Yes |
| | | Will antenna be located on or in close proximity to an antenna farm? | No |
| | New Antenna Manufacturer and Types | 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) | 31.1 kW |
| | | Manufacturer | |
| | | Model | TBD |
| | | Year | 2018 |

| ustification for New Antenna |
|------------------------------|

Other Antenna Costs

Primary Antenna

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

PrimaryOther Antenna Cost Not ListedAntennaInformation not provided.

| 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) | 25.0 kW | |
| | | Manufacturer | | |
| | | Model | TBD | |
| | | Year | 2018 | |
| | | | | |

| Justification for New Antenna | An interim |
|-------------------------------|--------------|
| | antenna is |
| | necessary |
| | to keep |
| | station on |
| | the air |
| | during |
| | primary |
| | antenna |
| | replacement |
| | and for the |
| | duration of |
| | the |
| | assigned |
| | phase. |
| | Station will |
| | attempt to |
| | rent if |
| | renting is |
| | available at |
| | time of |
| | acquisition. |

Interim

Other Antenna Costs

Antenna

| Section | Question | Response |
|--------------------------|---|--------------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | S |
| | Feed Line Size | 3 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 Other Antenna Cost Not Listed

Antenna Information not provided.

| Transmissior | n Seffien | Question | Response |
|--------------|---------------------------------------|---|----------|
| | Transmission Line Related Expenses | Do you have transmission line related expenses? | Yes |

Existing Transmission Line Primary Existing Transmission

| ssior | Section | Question | Response |
|-------|--|--|---------------------|
| | Existing Transmission Line Description | Type of change | Utilize Existing |
| | | 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 | ERI |
| | | Туре | Flexible Air |
| | | Diameter | Other |
| | | Other Diameter | 2 1/4 inches |
| | | Segment Length | N/A |
| | | Other Segment Length | N/A |
| | | Number of parallel runs | 1 |
| | | Length | 850 feet per run |

Primary Other Transmission Line Expenses Not Listed

| Transmissior | Name | Description |
|--------------|-------------|--|
| | Sweep Tests | Sweep tests on assigned channel to confirm acceptability |

New Transmission Line

Transmission Line

Interim

| Section | Question | Response | | |
|----------------------------|-------------------------|---------------------|-----------------|--|
| New | Use | Interim | | |
| Transmission Line Costs | Description of Use | N/A | | |
| | Change Type | Purchase New | | |
| | Туре | Flexible Air | | |
| | Diameter | Other inches | 2 1/4 inches | |
| | Segment Length | N/A | | |
| | Other Segment Length | | | |
| | Number of parallel runs | 1 | | |
| | Length | 810 feet per run | | |
| | | | | |

| Justification for New Transmission Line | An interim |
|---|-------------|
| | transmissio |
| | line is |
| | necessary |
| | for the |
| | interim |
| | antenna to |
| | keep statio |
| | on the air |
| | during |
| | primary |
| | antenna |
| | replaceme |
| | and for the |
| | duration o |
| | the |
| | assigned |
| | phase. |
| | Station wil |
| | attempt to |
| | rent if |
| | renting is |
| | available a |
| | time of |
| | acquisition |

Other Transmission Line Expenses Not Listed Transmission

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

| Primary Ex | isting Tower |
|------------|--------------|
|------------|--------------|

| Primary 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? | Yes |
| | | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | | Others Types of Users | No |
| | | Is tower documented for structural analysis? | No |
| | | Is tower compliant with Rev G? | No |
| | Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | Registration | ASR Number | 1005424 |
| | Coordinates (NAD83 (North American Datum | Latitude (NAD83) | 43° 52' 47.0" N- |
| | of 1983)) | Longitude (NAD83) | 075° 43' 11.0" W- |
| | | Overall Structure Height | 1000.64 feet |
| | | Support Structure Height | 1000.64 feet |
| | | Ground Elevation Above Mean Sea Level (AMSL) | 1496.04 feet |

| | Structure Type | TOWER - Free Standing or Guyed Structure |
|--|------------------|--|
| | Tower Owner | Nexstar Broadcasting, Inc. |
| | Date Constructed | 01/01/1987 |

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

| Facility ID | Call Sign | Service |
|-------------|-----------|---------|
| 43748 | WBDR | FM |

Primary Tower Modification Costs

Tower

Tower

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

Primary Tower Rigging Costs

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

Primary
TowerOther Tower Expenses Not ListedInformation not provided.

| Outside Professional | Section | Question | Response |
|-------------------------|--|--|--|
| | Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | | Number of Hours | 277 |
| | | Explanation | Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or 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 | 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 | 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 | Yes |
| | Quantity | 1 |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | Yes |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | Yes |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | | 1 |

| RF exposure measurements | No |
|--------------------------------------|---|
| Additional Field Engineering Service | Yes |
| Number of Days | 17 |
| 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. |

Other Professional Services Expenses Not Listed Professional Services rCostsided.

| Other | Section | Question | Response |
|----------|---------------------------------|--|----------|
| Expenses | 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.

Transmitters

Cost Information

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 TBD | \$445,450.00 | \$430,500.00 | | \$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 |
| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | \$236,500.00 | \$225,000.00 | N/A | N/A | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| Transformer 3 phase/480v - 150 KVA | \$25,550.00 | \$24,300.00 | N/A | N/A | N/A |
| Sub-total | \$445,450.00 | \$430,500.00 | N/A | \$0.00 | N/A |
| Total for all systems | | | N/A | | N/A |

Components

Information not provided.

Antennas

Cost Information

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 | \$222,740.00 | \$220,800.00 | | \$0.00 | |
| 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 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 |
| UHF - High Power, Side Mount, basic slot antenna, 25 kW input, directional,, horizontally polarized | \$180,000.00 | \$180,000.00 | N/A | N/A | N/A |
| Primary Antenna TBD | \$222,740.00 | \$220,800.00 | | \$0.00 | |

| 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 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 |
| UHF - High Power, Side Mount, basic slot antenna, 31 kW input, directional,, horizontally polarized | \$180,000.00 | \$180,000.00 | N/A | N/A | N/A |
| Sub-total | \$445,480.00 | \$441,600.00 | N/A | \$0.00 | N/A |
| Total for all systems | | | N/A | | N/A |

Components

Information not provided.

Transmission Line

Cost Information

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 Transmission Line | \$34,020.00 | \$34,020.00 | | \$0.00 | |
| Flexible Air Transmission Line - dielectric, 2 1/4" | \$34,020.00 | \$34,020.00 | N/A | N/A | N/A |
| Primary Transmission Line | \$6,400.00 | \$6,400.00 | | \$0.00 | |
| Sweep Tests | \$6,400.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$40,420.00 | \$40,420.00 | N/A | \$0.00 | N/A |
| Total for all systems | | | N/A | | N/A |

Components

Information not provided.

Tower Equipment and Rigging Costs

Cost Information

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 | \$657,800.00 | \$625,000.00 | | \$0.00 | |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$25,000.00 | N/A | \$0.00 | N/A |
| Major tower reinforcement /modifications | \$421,000.00 | \$400,000.00 | N/A | N/A | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$200,000.00 | N/A | N/A | N/A |
| Sub-total | \$657,800.00 | \$625,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | | | N/A | | N/A |

Components

| Actual Information Description | File Name | |
|--|-----------------------------------|-----------------------------|
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study | Component Description: Amount: | Tower mapping \$3,250.00 |
| Major tower reinforcement /modifications | Information not provided. | |

Tall Tower (greater than 500') Info

Outside Professional Services

Cost Information

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

| Description Outside Professional Services | Predetermined Cost Estimate \$110,581.00 | Estimated Cost \$106,075.00 | Estimated Cost Justification | Actual Cost \$5,625.50 | Actual Cost Justification |
|---|--|-----------------------------------|------------------------------------|------------------------------|------------------------------|
| Additional Field Engineering Service, 17 Days | \$34,000.00 | \$34,000.00 | N/A | N/A | N/A |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$550.00 | 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 | 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 |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | \$0.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$8,225.00 | Additional work needed; see both Greg Best invoice 864 and KGA invoice | \$1,225.00 | N/A |
| Project management of the transition | \$43,766.00 | \$41,550.00 | N/A | \$4,400.50 | N/A |

| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$0.00 | N/A |
|---|--------------|--------------|-----|------------|-----|
| Sub-total | \$110,581.00 | \$106,075.00 | N/A | \$5,625.50 | N/A |
| Total for all systems | | | N/A | | N/A |

Components

| Actual Information Description | File Name |
|--|---------------------------|
| Additional Field Engineering Service, 17 Days | Information not provided. |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information not provided. |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |

| Prepare and or review reimbursement form | Information not provided. | |
|--|-----------------------------------|--|
| Perform engineering study for new channel assignment and antenna development | Component Description: Amount: | Engineering study for new channel assignment \$1,225.00 |
| Project management of the transition | Component Description: | Project management |
| | Amount: | services 5.26.18 through 6.29.18 \$750.00 |
| | Component Description: | Project management services 6.30.18 |
| | Amount: | through 7.27.18 \$750.00 |
| | Component Description: | Vendor has issued a revised invoice. |
| | Amount: | (\$1,900.50) |
| | Component Description: | Vendor has issued a revised invoice. |
| | Amount: | (\$1,000.00) |
| | | |
| | | |
| | | |
| | | |

| | Component Description: | Project |
|-----------------------------|-------------------------------|---------------------|
| | | Management for |
| | | Structural Analysis |
| | | and Tower |
| | | Modifications |
| | | including |
| | | consultants |
| | | Kessler and |
| | | Gehman |
| | | Associates. |
| | | Services from July |
| | | 1, 2017 through |
| | | July 28, 2017. |
| | Amount: | \$1,000.00 |
| | | |
| | | |
| | Component Description: | FCC Transition |
| | | study and design |
| | Amount: | \$225.00 |
| | | |
| | | |
| | Component Description: | FCC Transition |
| | | study and design |
| | Amount: | \$1,900.50 |
| | | |
| Prepare engineering section | Information not provided. | |
| of FCC Form 2100 (main), | | |
| Construction Permit | | |
| Application | | |
| | | |

Other Expenses

Cost Information

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 | \$113,157.00 | \$112,607.00 | | \$28,107.00 | |
| MVPD Notification of Channel Change | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$1,500.00 | \$1,500.00 | N/A | N/A | N/A |
| Equipment Storage | \$20,000.00 | \$20,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$28,107.00 | \$28,107.00 | Disposal services per attached quote 19a from USA Commercial 27000.00 and Bach & Co PO 1107.00 | \$28,107.00 | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | N/A | N/A |
| Non-zoning permits | \$25,000.00 | \$25,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$25,000.00 | \$25,000.00 | N/A | N/A | N/A |

| Sub-total | \$113,157.00 | \$112,607.00 | N/A | \$28,107.00 | N/A |
|-----------------------|--------------|--------------|-----|-------------|-----|
| Total for all systems | | | N/A | | N/A |

Components

| Actual Information Description | File Name | |
|--|-----------------------------------|----------------------------------|
| MVPD Notification of Channel Change | Information not provided. | |
| Develop and air announcement of upcoming channel change | Information not provided. | |
| Equipment Storage | Information not provided. | |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Component Description: Amount: | Disposal services \$27,000.00 |
| | Component Description: Amount: | Disposal costs \$1,107.00 |
| DTV Medical Facility Notification | Information not provided. | |
| Non-zoning permits | Information not provided. | |
| Equipment Delivery and Handling Charges | Information not provided. | |

Grand Total

Cost Information

| Predetermined | | |
|---------------|----------------|-------------|
| Cost Estimate | Estimated Cost | Actual Cost |

Total for all systems

| 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 |

| Certification | 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. | |
| | | 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. 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).
- The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
- 6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

| 8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested. | |
|---|--|
| I declare, under penalty of perjury, that I am an authorized representative of the above- named applicant for the Authorization(s) specified above. | Elizabeth Ryder General Counsel |
| | 10/22/2018 |

| 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 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). | |
| | | 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).
- 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.

| I declare, under penalty of perjury, that I am an authorized representative of the above- named applicant for the Authorization(s) specified above. Elizabeth Ryder General Counsel | | The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 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. | |
|--|---------------|--|-------|
| | an au name | thorized representative of the above- d applicant for the Authorization(s) | Ryder |

Attachments