



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **74170** | Service: **DTV** | Call **WVIT** | Channel: **35 (UHF)** |
ID: | Sign:
File **0000028209**
Number:
FRN: **0019509470** | Date **06/28**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NBC TELEMUNDO LICENSE LLC	Margaret L. Tobey 300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524- 6401	MARGARET. TOBEY@NBCUNI. 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
Margaret L Tobey <i>NBCUniversal, LLC</i>	300 New Jersey Ave. NW Suite 700 Washington, DC 20001 United States	+1 (202) 524- 6401	Margaret.Tobey@nbcuni. 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		Use existing transmitter and antenna as interim during transition. Install new antenna in place of old analog antenna with new transmitter for new channel. Remove old transmitter and antenna after transition to new channel.

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	DCX-1H
	Year	2004
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	21 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	THU9-20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	28 kW
	Justification for New Transmitter	A new transmitter is requested as the current Comark DCX (non-paragon) is no longer supported by the vendor and cannot be re tuned. Additionally, we have selected a Solid State transmitter because it is less expensive than a new IOT (865,551)

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Proposal from electrician for disconnection of old services and connection to new transmitter
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary
Transmitter**

Other Transmitter Cost Not Listed

Name	Description
Comark Field Services	Comark to be on site to power up existing transmitter after powering down for new transmitter install.
Transmission Facility Design	Preparation of construction plans and specifications for transmission equipment installation.

Antennas

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

**Primary
Antenna**

Existing Antenna Information

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

Manufacturer	
Model	TFU-22GTH /VP-R 4C140
Year	2004

Primary
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	230.0 kW
	Manufacturer	

Model	TFU-20JTH /VP-R 4C140
Year	2019
Justification for New Antenna	A new antenna is required as the current antenna will not work on the new channel (ch 31). A top mount antenna was chosen as it eliminates the need for a interim build and is less costly then removing a side mount and replacing.

Primary Antenna

Other Antenna Costs

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

	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

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
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	984 feet per run

Primary **New Transmission Line**
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1055 feet per run
	Justification for New Transmission Line	New transmission line is required so that we can maintain coverage during the transition without having to build a interim facility.

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?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1044874
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	41° 42' 02.0" N-
	Longitude (NAD83)	072° 49' 55.0" W-
	Overall Structure Height	1128.92 feet
	Support Structure Height	1059.70 feet
	Ground Elevation Above Mean Sea Level (AMSL)	720.79 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Outlet Broadcasting LLC
	Date Constructed	06/01/1979

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:	Major 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 Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	693
	Explanation	Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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 Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	20

	Justification	Ground Level RF System Design
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Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Services not provided.

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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	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	Other Expenses Not Listed Information not provided.
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Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THU9-20	\$1,051,067.79	\$636,212.79		\$67,899.60	
Transmission Facility Design	<i>\$86,914.84</i>	\$86,914.84	N/A	\$67,899.60	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$532,145.00	N/A	N/A	N/A
Comark Field Services	<i>\$1,852.95</i>	\$1,852.95	See attachment "WVIT Comark Visit Quote"	N/A	N/A
Other Electrical Service: Proposal from electrician for disconnection of old services and connection to new transmitter	<i>\$15,300.00</i>	\$15,300.00	cost of service disconnect from old equipment and new connection to new transmitter	N/A	N/A
Sub-total	\$1,051,067.79	\$636,212.79	N/A	\$67,899.60	N/A
Total for all systems	\$2,528,822.61	\$1,921,575.71	N/A	\$563,553.36	N/A

Components

Actual Information	
Description	File Name
Transmission Facility Design	<p>Component Description: Review equipment data, site survey, and report brief. Design coordination and construction /permit documents. Misc. expenses as outlined in quote.</p> <p>Amount: \$67,899.60</p>
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	Information not provided.
Comark Field Services	Information not provided.
Other Electrical Service: Proposal from electrician for disconnection of old services and connection to new transmitter	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 TFU-20JTH /VP-R 4C140	\$299,070.00	\$212,093.00		\$190,883.70	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$201,795.00	N/A	\$181,615.50	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$10,298.00	See attached quote	\$9,268.20	N/A
Sub-total	\$299,070.00	\$212,093.00	N/A	\$190,883.70	N/A
Total for all systems	\$2,528,822.61	\$1,921,575.71	N/A	\$563,553.36	N/A

Components

Actual Information Description	File Name
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<p>UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized</p>	<table> <tr> <td data-bbox="726 98 1093 257"> <p>Component Description:</p> </td><td data-bbox="1109 98 1426 257"> <p>See lines 1 and 2 of invoice</p> </td></tr> <tr> <td data-bbox="726 257 1093 324"> <p>Amount:</p> </td><td data-bbox="1109 257 1426 324"> <p>\$90,807.75</p> </td></tr> <tr> <td data-bbox="726 392 1093 470"> <p>Component Description:</p> </td><td data-bbox="1109 392 1426 470"> <p>See lines 1 and 2 of invoice.</p> </td></tr> <tr> <td data-bbox="726 470 1093 566"> <p>Amount:</p> </td><td data-bbox="1109 470 1426 566"> <p>\$90,807.75</p> </td></tr> </table>	<p>Component Description:</p>	<p>See lines 1 and 2 of invoice</p>	<p>Amount:</p>	<p>\$90,807.75</p>	<p>Component Description:</p>	<p>See lines 1 and 2 of invoice.</p>	<p>Amount:</p>	<p>\$90,807.75</p>
<p>Component Description:</p>	<p>See lines 1 and 2 of invoice</p>								
<p>Amount:</p>	<p>\$90,807.75</p>								
<p>Component Description:</p>	<p>See lines 1 and 2 of invoice.</p>								
<p>Amount:</p>	<p>\$90,807.75</p>								
<p>Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)</p>	<table> <tr> <td data-bbox="726 566 1093 728"> <p>Component Description:</p> </td><td data-bbox="1109 566 1426 728"> <p>See line 4 of invoice</p> </td></tr> <tr> <td data-bbox="726 728 1093 795"> <p>Amount:</p> </td><td data-bbox="1109 728 1426 795"> <p>\$4,634.10</p> </td></tr> <tr> <td data-bbox="726 862 1093 1142"> <p>Component Description:</p> </td><td data-bbox="1109 862 1426 1142"> <p>See line 4 of invoice (line 3 does not exist because an item was removed from the original purchase order)</p> </td></tr> <tr> <td data-bbox="726 1142 1093 1234"> <p>Amount:</p> </td><td data-bbox="1109 1142 1426 1234"> <p>\$4,634.10</p> </td></tr> </table>	<p>Component Description:</p>	<p>See line 4 of invoice</p>	<p>Amount:</p>	<p>\$4,634.10</p>	<p>Component Description:</p>	<p>See line 4 of invoice (line 3 does not exist because an item was removed from the original purchase order)</p>	<p>Amount:</p>	<p>\$4,634.10</p>
<p>Component Description:</p>	<p>See line 4 of invoice</p>								
<p>Amount:</p>	<p>\$4,634.10</p>								
<p>Component Description:</p>	<p>See line 4 of invoice (line 3 does not exist because an item was removed from the original purchase order)</p>								
<p>Amount:</p>	<p>\$4,634.10</p>								

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	\$149,810.00	\$137,671.10		\$123,904.00	
Rigid Transmission Line - copper, 4 1/16"	\$149,810.00	\$137,671.10	N/A	\$123,904.00	N/A
Sub-total	\$149,810.00	\$137,671.10	N/A	\$123,904.00	N/A
Total for all systems	\$2,528,822.61	\$1,921,575.71	N/A	\$563,553.36	N/A

Components

Actual Information Description	File Name
Rigid Transmission Line - copper, 4 1/16"	<div><div>Component Description:</div><div>Amount:</div><div>Component Description:</div><div>Amount:</div></div> <div><div>See lines 5-22 of invoice.</div><div>\$61,952.00</div><div>See lines 5-22 of invoice.</div><div>\$61,952.00</div></div>

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	\$644,100.00	\$619,938.00		\$99,509.07	
Structural engineering tower load study for well documented tower	\$12,600.00	\$19,938.00	See quote attached to invoices	\$19,938.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	\$79,571.07	N/A
Sub-total	\$644,100.00	\$619,938.00	N/A	\$99,509.07	N/A
Total for all systems	\$2,528,822.61	\$1,921,575.71	N/A	\$563,553.36	N/A

Components

Actual Information	
Description	File Name

Structural engineering tower load study for well documented tower	<table> <tr> <td data-bbox="711 109 1023 286"> Component Description: </td><td data-bbox="1026 109 1428 286"> Engineering Design Drawing Package </td></tr> <tr> <td data-bbox="711 291 1023 376"> Amount: </td><td data-bbox="1026 291 1428 376"> \$9,969.00 </td></tr> <tr> <td data-bbox="711 432 1023 555"> Component Description: </td><td data-bbox="1026 432 1428 555"> Engineering Design Drawing Package </td></tr> <tr> <td data-bbox="711 560 1023 645"> Amount: </td><td data-bbox="1026 560 1428 645"> \$9,969.00 </td></tr> </table>	Component Description:	Engineering Design Drawing Package	Amount:	\$9,969.00	Component Description:	Engineering Design Drawing Package	Amount:	\$9,969.00
Component Description:	Engineering Design Drawing Package								
Amount:	\$9,969.00								
Component Description:	Engineering Design Drawing Package								
Amount:	\$9,969.00								
Tall Tower (greater than 500')	Information not provided.								
Major tower reinforcement /modifications	<table> <tr> <td data-bbox="711 772 1023 992"> Component Description: </td><td data-bbox="1026 772 1428 992"> Deposit for structural modifications to existing tower </td></tr> <tr> <td data-bbox="711 996 1023 1088"> Amount: </td><td data-bbox="1026 996 1428 1088"> \$79,571.07 </td></tr> </table>	Component Description:	Deposit for structural modifications to existing tower	Amount:	\$79,571.07				
Component Description:	Deposit for structural modifications to existing tower								
Amount:	\$79,571.07								

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	\$244,999.00	\$183,700.00		\$47,959.96	
RF Exposure Measurements	\$21,050.00	\$10,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$40,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$377.64	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$340.20	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
Additional Field Engineering Service, 20 Days	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Project management of the transition	\$109,494.00	\$103,950.00	N/A	\$47,242.12	N/A

Sub-total	\$244,999.00	\$183,700.00	N/A	\$47,959.96	N/A
Total for all systems	\$2,528,822.61	\$1,921,575.71	N/A	\$563,553.36	N/A

Components

Actual Information	
Description	File Name
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Prepare and or review reimbursement form	<div> <div>Component Description:</div> <div>Review of Form 399</div> <div>Amount:</div> <div>\$43.65</div> </div> <div> <div>Component Description:</div> <div>See lines 2-4 of invoice, less 10% vendor discount.</div> <div>Amount:</div> <div>\$333.99</div> </div>
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<div> <div>Component Description:</div> <div>Preparation of minor change application</div> <div>Amount:</div> <div>\$226.80</div> </div> <div> <div>Component Description:</div> <div>See line 1 of invoice, less 10% vendor discount.</div> <div>Amount:</div> <div>\$113.40</div> </div>
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Additional Field Engineering Service, 20 Days	Information not provided.
Project management of the	

transition

Component Description:	Project Management Services
Amount:	\$5,037.00
Component Description:	Project management
Amount:	\$8,250.00
Component Description:	Tower modification plan preparation and meetings
Amount:	\$950.00
Component Description:	Project Management Services
Amount:	\$1,072.50
Component Description:	See items 1 and 3 of invoice
Amount:	\$1,350.00
Component Description:	Review of tower modification plans, project status meeting participation
Amount:	\$950.00
Component Description:	Project Management Services
Amount:	\$9,450.00

Component Description:	Coordination for tower inspection and structural analysis
Amount:	\$249.85

Component Description:	April 2018 Project Management
Amount:	\$6,300.00

Component Description:	Project management and expenses, see attachments for receipts
Amount:	\$6,439.02

Component Description:	Project Management Services
Amount:	\$975.00

Component Description:	Review of tower modification plans, preparation of RFPs, conference calls to develop transition plan
Amount:	\$1,599.80

Component Description:	Project Management Services
Amount:	\$1,365.00

Component Description:	Project Management Services
Amount:	\$348.95

Component Description:	Structural assessment project management services
Amount:	\$475.00

Component Description:	Project Management Services
Amount:	\$2,145.00

Component Description:	Review of tower modification plans, preparation of RFPs, conference calls to develop transition plan. RFPs for A&E permitting docs
Amount:	\$285.00

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	\$139,775.82	\$131,960.82		\$33,397.03	
MVPD Notification of Channel Change	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	N/A	N/A	N/A
Local Zoning	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Non-zoning permits	<i>\$15,065.82</i>	\$15,065.82	Preparation and submission of permit documents	\$15,065.82	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	\$68,130.00	\$68,130.00	Decom and disposal of transmitter and electrical feeds	\$18,331.21	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$139,775.82	\$131,960.82	N/A	\$33,397.03	N/A
Total for all systems	\$2,528,822.61	\$1,921,575.71	N/A	\$563,553.36	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.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	Information not provided.
Local Zoning	Information not provided.

Non-zoning permits	<div data-bbox="708 174 1362 448"> <p>Component Description: Large format building and technical drawing scans for EJC's use during permit preparation.</p> <p>Amount: \$20.89</p> </div> <div data-bbox="708 555 1362 672"> <p>Component Description: See lines 2 and 4 of invoice</p> <p>Amount: \$3,750.00</p> </div> <div data-bbox="708 779 1362 1008"> <p>Component Description: See lines 2-5 and attached supporting documentation for expenses.</p> <p>Amount: \$3,526.93</p> </div> <div data-bbox="708 1115 1362 1299"> <p>Component Description: Preparation of permit documents for WVIT's tower modifications.</p> <p>Amount: \$7,768.00</p> </div>
Disposal Costs (for equipment and other waste, net of any salvage value)	<div data-bbox="708 1442 1362 1594"> <p>Component Description: Deposit on Transmitter Room Decommission</p> <p>Amount: \$18,331.21</p> </div>
Equipment Delivery and Handling Charges	Information not provided.

**Cost
Information****Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,528,822.61	\$1,921,575.71	\$563,553.36

Reimbursement Status

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

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

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

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.

Margaret L Tobey
Assistant Secretary

06/28/2018

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 IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Margaret L Tobey <i>Assistant Secretary</i></p> <p>06/28/2018</p>

Attachments