



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **18780** | Service: **DTV** | Call **WHLA-TV** | Channel: **15 (UHF)**
ID: | Sign:
File **0000026938**
Number:
FRN: **0002711455** | Date **07/31**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD Doing Business As: STATE OF WISCONSIN - EDUCATIONAL COMMUNICATIONS BOARD	Stephen Bauder 3319 W. BELTLINE HWY. MADISON, WI 53713 United States	+1 (608) 264-9746	steve.bauder@wi.gov	Government Entity

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

**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	Install temporary mask filter, antenna and line to facilitate continued operation on existing channel during transition. Replace transmitter and main antenna/line.

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	Diamond DHD60P2
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	15.0 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TMU9
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	16.5 kW
	Justification for New Transmitter	The existing Harris Diamond transmitter, which currently operates on channel 30, cannot be modified to perform correctly on channel 15.

**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	Yes
	Size	2.5 inches
	Length	100.0 feet
	Other Electrical Service	Yes
	Description	Re-locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	25 tons
	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
Temporary Mask Filter	Facilitates removal of existing floor-mounted filter/N-1 combiner to make room for the new transmitter

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?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	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)	307.5 kW

Manufacturer	
Model	ATW25H3- HTOU-31-H
Year	2002

**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?	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	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)	218.0 kW
Manufacturer		

Model	ATW20H3-ETO-15H
Year	2018
Justification for New Antenna	Existing antenna will not function on new channel. Incremental cost associated with 15% elliptical polarization of new antenna to be borne entirely by licensee.

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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No

Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Temporary Antenna	Required for continued operation between the time the main antenna is removed /replaced and commencement of operations on the new channel/antenna.

**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	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Other
	Other Segment Length	19.333 feet
	Number of parallel runs	0
	Length	875 feet per run

**Primary
Transmission
Line**

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	875 feet per run
	Justification for New Transmission Line	Existing line length will not support operation on new channel.

**Primary
Transmission
Line**

Other Transmission Line Expenses Not Listed

Name	Description
Temporary line	Feeds temporary antenna.
Transmissionline adapters	Required to connect interim antenna system to transmitter

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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1024862
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	43° 48' 18.3" N-
	Longitude (NAD83)	091° 22' 05.1" W-
	Overall Structure Height	824.14 feet
	Support Structure Height	772.63 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1215.86 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	State of Wisconsin - Educational Communications Board
Date Constructed	10/01/2002

**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
4327	WLSU	FM
63055	WHLA	FM

Other Types of Users

Users
WI State Patrol
WI DNR
NOAA WX Radio
MN State Patrol
Ambulance Fire

**Primary
Tower**

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower

Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed
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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?	No
	Number of Hours	N/A
	Explanation	N/A
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
	Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application
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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	2
	Justification	Consulting services related to the design, coordination and planning of tower and in-building RF work.

**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

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

**Other
Expenses**

Other Expenses Not Listed

Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TMU9	\$833,160.67	\$535,044.29		\$509,704.92	
2.5" Rigid Conduit and Wiring	<i>\$7,500.00</i>	\$7,500.00	N/A	\$6,574.56	N/A
25 Ton system	\$91,500.00	\$5,580.07	Heat load was reduced sufficiently to eliminate the need to replace air conditioning. All that was needed was removal of one air conditioner to open outdoor pad space for a heat exchanger, and blocking the return /supply openings	\$11,160.14	original component could not be edited, duplicate components
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$471,803.55	N/A	\$471,803.55	N/A

Other Electrical Service: Re-locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter.	<i>\$29,994.00</i>	\$29,994.00	Re-locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter.	N/A	N/A
Temporary Mask Filter	<i>\$20,166.67</i>	\$20,166.67	N/A	\$20,166.67	N/A
Sub-total	\$833,160.67	\$535,044.29	N/A	\$509,704.92	N/A
Total for all systems	\$1,725,128.67	\$1,329,052.29	N/A	\$1,102,246.43	N/A

Components

Actual Information	
Description	File Name

2.5" Rigid Conduit and Wiring	<p>Component Description: First phase of electrical service installation for new transmitter</p> <p>Amount: \$4,500.00</p> <p>Component Description: Final phase of electrical for WHLA transmitter installation.</p> <p>Amount: \$2,074.56</p>
25 Ton system	<p>Component Description: Remove air conditioner, cover openings. Fourth revision of invoice per request from FCC reviewer.</p> <p>Amount: \$5,580.07</p> <p>Component Description: remove HVAC unit, block opening. This should be the only HVAC-related expenditure</p> <p>Amount: \$5,580.07</p>
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	<p>Component Description: Transmitter final payment</p> <p>Amount: \$353,852.66</p> <p>Component Description: Transmitter initial payment, fifth attempt.</p> <p>Amount: \$117,950.89</p>

<p>Other Electrical Service: Re-locate and re-wire existing 100kVA UPS to feed new transmitter. Install temporary service to feed existing transmitter to facilitate use of existing service to feed new transmitter.</p>	<p>Information not provided.</p>								
<p>Temporary Mask Filter</p>	<table> <tr> <td data-bbox="719 533 1027 562">Component Description:</td> <td data-bbox="1161 533 1362 638">First payment for temporary mask filter</td> </tr> <tr> <td data-bbox="719 651 831 680">Amount:</td> <td data-bbox="1161 651 1283 680">\$9,085.00</td> </tr> <tr> <td data-bbox="719 790 1027 819">Component Description:</td> <td data-bbox="1161 790 1374 940">Final payment including shipping for temporary mask filter</td> </tr> <tr> <td data-bbox="719 954 831 983">Amount:</td> <td data-bbox="1161 954 1299 983">\$11,081.67</td> </tr> </table>	Component Description:	First payment for temporary mask filter	Amount:	\$9,085.00	Component Description:	Final payment including shipping for temporary mask filter	Amount:	\$11,081.67
Component Description:	First payment for temporary mask filter								
Amount:	\$9,085.00								
Component Description:	Final payment including shipping for temporary mask filter								
Amount:	\$11,081.67								

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 ATW20H3-ETO-15H	\$356,230.00	\$285,000.00		\$236,685.40	
Temporary Antenna	<i>\$60,000.00</i>	\$60,000.00	N/A	\$44,925.00	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$225,000.00	incremental costs associated with the addition of elliptical polarization will be borne entirely by licensee.	\$191,760.40	N/A
Sweep test of existing antenna	\$6,730.00	\$0.00	N/A	N/A	N/A
Sub-total	\$356,230.00	\$285,000.00	N/A	\$236,685.40	N/A
Total for all systems	\$1,725,128.67	\$1,329,052.29	N/A	\$1,102,246.43	N/A

Components

Actual Information	
Description	File Name

Temporary Antenna

Component Description: As invoiced, 45% of antenna and initial sweep costs, line costs claimed separately

Amount: \$23,096.25

Component Description: Antenna cost is \$44,925.00 Previously reimbursed \$20,216.25 This claim is remaining balance for antenna \$21,828.75

Amount: \$21,828.75

<p>UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized</p>	<p>Component Description: See cover letter: Antenna/line split approximately 60 /40, invoice total after deducting \$15,500 elliptical equals \$116,600.66, of which 60 percent equals \$69,960.40. See corresponding transmission line reimbursement request</p> <p>Amount: \$69,960.40</p>
	<p>Component Description: 30% of WHLA ANTENNA SYSTEM costs as invoiced. Line is on same invoice but reimbursement will be requested separately. See ERI quote 20171106-241</p> <p>Amount: \$60,900.00</p>
	<p>Component Description: 30% deposit with antenna order per terms</p> <p>Amount: \$60,900.00</p>
<p>Sweep test of existing antenna</p>	<p>Information not provided.</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	\$245,008.00	\$236,258.00		\$181,472.82	
Transmissionline adapters	<i>\$17,258.00</i>	\$17,258.00	Required for various configurations of existing /new transmitter, main /temporary antenna, and temporary /new mask filter.	\$15,398.29	N/A
Temporary line	<i>\$51,000.00</i>	\$51,000.00	N/A	\$45,633.13	N/A
Rigid Transmission Line - copper, 6 1/8"	\$176,750.00	\$168,000.00	Existing 8 3/16" line length will not work on new channel. Line must be replaced, electing to reduce line size to 6 1/8" to preserve tower loading.	\$120,441.40	N/A
Sub-total	\$245,008.00	\$236,258.00	N/A	\$181,472.82	N/A
Total for all systems	\$1,725,128.67	\$1,329,052.29	N/A	\$1,102,246.43	N/A

Components

Actual Information Description	File Name
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Transmissionline adapters	<p>Component Description: connectors, anchor insulators, and hardware used to finalize interim antenna installation</p> <p>Amount: \$2,242.18</p> <p>Component Description: RF Line parts for temporary and permanent antennas</p> <p>Amount: \$13,156.11</p>
Temporary line	<p>Component Description: As invoiced, 45% of line costs</p> <p>Amount: \$17,284.78</p> <p>Component Description: line cost is \$38,410.63, shipping cost is \$7,222.50 (attributing all shipping costs to line), for a total line cost of \$45,633.13, of which \$17,284.78 has been reimbursed. This component is for reimbursement of total line cost - previous reimbursement.</p> <p>Amount: \$28,348.35</p>

Rigid Transmission Line -
copper, 6 1/8"

Component Description: See cover letter:
Antenna/line split
approximately 60
/40, invoice total
after deducting
\$15,500 elliptical
equals
\$116,600.66, of
which 40 percent
equals \$46,640.26.
See corresponding
antenna
reimbursement
request

Amount: \$46,640.26

Component Description: 30% payment with
order for
transmission line
per terms

Amount: \$36,900.57

Component Description: 30% of
transmission line
system. See ERI
quote 20171106-
241

Amount: \$36,900.57

Cost Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower GTOWER	\$223,100.00	\$212,000.00		\$166,370.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	\$161,870.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$4,500.00	N/A
Sub-total	\$223,100.00	\$212,000.00	N/A	\$166,370.00	N/A
Total for all systems	\$1,725,128.67	\$1,329,052.29	N/A	\$1,102,246.43	N/A

Components

Actual Information	
Description	File Name

<p>Tall Tower (greater than 500')</p>	<p>Component Description: Tower King II third of four payments for repack tower work</p> <p>Amount: \$39,967.50</p> <p>Component Description: Initial payment for tower work, including main antenna and line replacement, and interim antenna and line installation.</p> <p>Amount: \$39,967.50</p> <p>Component Description: TKII, second of four payments for repack tower work</p> <p>Amount: \$39,967.50</p> <p>Component Description: Third party, post-construction inspection of all repack-related tower work.</p> <p>Amount: \$2,000.00</p> <p>Component Description: Final payment for tower work</p> <p>Amount: \$39,967.50</p>
<p>Structural engineering tower load study for well documented tower</p>	<p>Component Description: Structural Analysis of WHLA tower</p> <p>Amount: \$4,500.00</p>

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	\$31,080.00	\$24,750.00		\$5,012.50	
Additional Field Engineering Service, 2 Days	<i>\$3,000.00</i>	\$3,000.00	2 days x \$1500/day	\$337.50	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,500.00	N/A	\$750.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$925.00	N/A
Sub-total	\$31,080.00	\$24,750.00	N/A	\$5,012.50	N/A
Total for all systems	\$1,725,128.67	\$1,329,052.29	N/A	\$1,102,246.43	N/A

Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 2 Days	<p>Component Description: Portion of invoice related to WHLA RF consulting</p> <p>Amount: \$337.50</p>

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.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p>Component Description: portion of invoice related to prep of engineering section of CP application for new channel</p> <p>Amount: \$3,000.00</p>
Perform engineering study for new channel assignment and antenna development	<p>Component Description: portion of invoice related to engineering study of new channel assignment</p> <p>Amount: \$750.00</p>

Prepare and or review
reimbursement form

Component Description: Review form 387
and reimbursement
allocations
Amount: \$100.00

Component Description: Repack channel
change mod work;
review form 399
Amount: \$300.00

Component Description: Review of Form
1876
Amount: \$150.00

Component Description: Review form 399;
review expense
justifications
Amount: \$375.00

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	\$36,550.00	\$36,000.00		\$3,000.79	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	\$220.25	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	\$2,780.54	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$8,000.00</i>	\$8,000.00	N/A	N/A	N/A
Sub-total	\$36,550.00	\$36,000.00	N/A	\$3,000.79	N/A
Total for all systems	\$1,725,128.67	\$1,329,052.29	N/A	\$1,102,246.43	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	<p data-bbox="710 544 1380 768">Component Description: transmitter system storage, added PO per RFAS 26938, existing component could not be edited</p> <p data-bbox="710 786 1252 813">Amount: \$119.75</p> <p data-bbox="710 925 1380 1149">Component Description: Transmitter system storage. Added PO per RFAS26938. Existing component could not be edited.</p> <p data-bbox="710 1167 1252 1193">Amount: \$100.50</p> <p data-bbox="710 1305 1332 1451">Component Description: Misc storage charges, added cover per FCC request</p> <p data-bbox="710 1469 1252 1496">Amount: \$119.75</p> <p data-bbox="710 1608 1332 1753">Component Description: Misc. storage charges, Added cover letter per FCC request</p> <p data-bbox="710 1771 1252 1798">Amount: \$100.50</p>

Equipment Delivery and Handling Charges	<p>Component Description: Forklift rental to off-load new equipment. Tax should not have been charged and is not being claimed for reimbursement</p> <p>Amount: \$1,390.27</p>
	<p>Component Description: Per FCC Request, cover letter provided explaining why expense is covered under repack guidelines and why requested amount is less than invoiced amount</p> <p>Amount: \$1,390.27</p>
DTV Medical Facility Notification	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,725,128.67	\$1,329,052.29	\$1,102,246.43

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
	<p>Submission of Estimated Expenses Statements</p>	<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.

Gene Purcell
Executive Director

07/31/2018

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<p>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).</p>	
		<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.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Gene
Purcell**
*Executive
Director*

07/31/2018

Attachments