

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 4329 Service: DTV Call WVUT Channel: 31 (UHF)

ID: Sign:

ID: File

0000028404

Number:

FRN: **0004159638** Date **11/30**

Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
BOARD OF TRUSTEES FOR THE VINCENNES UNIV. University Doing Business As: BOARD OF TRUSTEES FOR THE VINCENNES UNIV.	James Evans 1002 NORTH FIRST STREET VINCENNES, IN 47591 United States	+1 (812) 888- 5352	jevans@vinu. edu	Other

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
-	Jeremy D Ruck , PE . Consulting Engineer Jeremy Ruck & Associates, Inc.	PO Box 415 Canton, IL 61520 United States	+1 (309) 647- 1200	jeremy@jeremyruck. 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	WVUT will be transitioning from channel 22 to 31. Sharing of antennas and/or equipment with other broadcasters will not be required. Transition involves necessary antenna, transmission line, and transmitter changes.

Transmitters

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

Primary Transmitter

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	Sigma CD
	Year	1999
	Туре	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	15 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	ULXTE-12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	7.9 kW
	Justification for New Transmitter	Current transmitter is single tube IOT. New transmitter is necessary to maintain operation of facility during transition. Additionally, manufacturer has stated parts to re- tune will not be available. See attached engineering statement and quote.

Primary Transmitter

Other Transmitter Costs

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 Transmitter **Other Transmitter Cost Not Listed**

Transmitter Information not provided.

Antennas

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

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	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)	57.0 kW

Manufacturer	
Model	TLP-12C
Year	2000

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	Class	Full Power
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	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)	69.4 kW
	Manufacturer	

Model	TLP-12C /VP
Year	2017
Justification for New Antenna	New antenna required due to change in channel of operation. Licensee will pay cost differential between horizontal and elliptical polarized models. See attached antenna quotation and attached engineering statement.

Other Antenna Costs

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?	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

Other Antenna Cost Not Listed

Information 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	Class	Full Power
Manufacturer and Type	Mounting	Top 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)	22.0 kW
	Manufacturer	
	Model	TFU-36J DA Skull
	Year	1972

Justification for New Antenna	Described antenna is existing on tower, but is dormant, and was utilized for pretransition NTSC operations. It will be utilized as an interim antenna during the changeover to the new
	to the new antenna.

Interim Antenna

Other Antenna Costs

Section	Question	Response
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 an 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

Interim Antenna

Other Antenna Cost Not Listed

Information not provided.

Transmission ^{Seffien}	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary Transmission Line

Existing Transmission Line

on 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	Manufacturer	
Line Manufacturer and Type	Туре	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	550 feet per run

New Transmission Line

Primary

Transmission Line
Section

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?	Yes
	Туре	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	550 feet per run

Justification for New Transmission Line	New transmission line will be connected to new antenna. Existing line will be connected to existing channel 22 top mount antenna for interim operation. See attached Dielectric quotation and attached

Other Transmission Line Expenses Not Listed
Transmission ionation not provided.

Interim Transmissio

New Transmission Line		
on Line Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Туре	Flexible Air
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	120 feet per run
	Justification for New Transmission Line	This section of transmission line is extension to existing main transmission line to connect with old topmounted channel 22 antenna, which will be used on interim basis. See attached Dielectric quotation,

and attached engineering statement.

Interim Transmissio

Other Transmission Line Expenses Not Listed

on Line	Description
Transmission line adapters	Adapters to convert from semi-flexible coaxial cable to 6 1/8" rigid line at top mounted antenna input.

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	Move Equipment
	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?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower	Do you have a tower registration number?	Yes
Structure Registration	ASR Number	1028983
Coordinates (NAD83 (North American Datum	Latitude (NAD83)	38° 39' 06.0" N-
of 1983))	Longitude (NAD83)	087° 28' 37.0" W-
	Overall Structure Height	565.94 feet
	Support Structure Height	562.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	499.99 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	BOARD OF TRUSTEES FOR THE VINCENNES UNIVERSITY
Date Constructed	01/01/1971

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
70241	WVUB	FM
66637	WFML	FM
4329	WVUT	DTV

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	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	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)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Other Professional Services Expenses Not Listed Professional Services (Costsided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses Not Listed

Expenses Information not provided.

Cost Information

Transmitters

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

	Predetermined	Estimated	Estimated Cost		Actual Cost
Description	Cost Estimate	Cost	Justification	Actual Cost	Justification
Primary Transmitter ULXTE-12	\$362,928.05	\$359,478.05		\$72,881.10	
UHF - Liquid Cooled Solid State Transmitter 7.9 kW	\$293,978.05	\$293,978.05	See attached quotation for materials and installation of transmitter. See attached engineering statement for additional discussion and justification.	\$72,881.10	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Sub-total	\$362,928.05	\$359,478.05	N/A	\$72,881.10	N/A
Total for all systems	\$1,138,558.05	\$706,096.86	N/A	\$122,670.87	N/A

Components

Actual Information Description	File Name	
UHF - Liquid Cooled Solid State Transmitter 7.9 kW	Component Description:	One-third payment for transmitter prior to shipping
	Amount:	\$74,326.47
	Component Description: Amount:	Down payment for transmitter \$72,881.10
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.	
Transformer 3 phase/480v - 150 KVA	Information not provided.	
Switchgear - industrial 800 amp	Information not provided.	

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Antenna TFU-36J DA Skull	\$253,730.00	\$6,400.00		\$0.00	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$0.00	Reimbursement not anticipated for interim antenna, as proposed antenna is currently on site, and owned by applicant.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$0.00	N/A
Primary Antenna TLP-12C/VP	\$109,830.00	\$35,400.00		\$19,172.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, One Station antenna . medium power (50- 200 kW), elliptically or circularly polarized	\$103,100.00	\$29,000.00	N/A	\$19,172.00	N/A

Sub-total	\$363,560.00	\$41,800.00	N/A	\$19,172.00	N/A
Total for all systems	\$1,138,558.05	\$706,096.86	N/A	\$122,670.87	N/A

Components

Actual Information Description	File Name	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	Information not provided.	
Sweep test of existing antenna	Information not provided.	
Sweep test of existing antenna	Information not provided.	
UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized	Component Description: Amount:	We are only asking for reimbursement of Line items 1 & 3 for Primary antenna TLP-12C /VP and mounting hardware
	Amount:	\$19,172.00

Cost Information

Transmission Line

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

Description Interim Transmission Line	Predetermined Cost Estimate \$7,460.00	Estimated Cost \$6,521.28	Estimated Cost Justification	Actual Cost \$3,453.28	Actual Cost Justification
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$3,960.00	\$3,021.28	See attached Dielectric quotation.	\$3,021.28	N/A
Transmission line adapters	\$3,500.00	\$3,500.00	Coaxial adapters and transformer to transform from semi- flexible coaxial cable to 6 1 /8" EIA rigid at existing interim elbow complex.	\$432.00	N/A
Primary Transmission Line	\$32,450.00	\$23,847.53		\$23,154.99	
Flexible Air Transmission Line - dielectric, 3"	\$32,450.00	\$23,847.53	See attached Dielectric quotation.	\$23,154.99	N/A
Sub-total	\$39,910.00	\$30,368.81	N/A	\$26,608.27	N/A
Total for all systems	\$1,138,558.05	\$706,096.86	N/A	\$122,670.87	N/A

Components

Actual Information Description	File Name	
Flexible Air Transmission Line - dielectric, 1 5/8"	Component Description: Amount:	Line item 22 for Flexible Transmission Line \$3,021.28
Transmission line adapters	Component Description: Amount:	Line item 4 for the Reducer 3-50 x 1- 50 EIA CU "QS \$432.00
Flexible Air Transmission Line - dielectric, 3"	Component Description: Amount:	Line Item 5 for Flexible Transmission Line 3" Air Dielectric 500 feet \$23,154.99

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	\$210,500.00	\$125,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$125,000.00	N/A	N/A	N/A
Sub-total	\$210,500.00	\$125,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,138,558.05	\$706,096.86	N/A	\$122,670.87	N/A

Components

Information not provided.

Cost Information

Outside Professional Services

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

Description Outside	Predetermined Cost Estimate \$114,910.00	Estimated Cost \$108,750.00	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Professional Services	VIII. , 0 10.00	\$100,100,00		40.00	
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 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	\$0.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
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	N/A	N/A
Sub-total	\$114,910.00	\$108,750.00	N/A	\$0.00	N/A
Total for all systems	\$1,138,558.05	\$706,096.86	N/A	\$122,670.87	N/A

Components

Actual Information Description	File Name	
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 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	Component Description:	Preparation of C Application for WVUT for Repac Environment and
	Amount:	Form 399 \$2,085.00
	Component Description: Amount:	WVUT Form 399 Amendment \$292.50
Perform engineering study for new channel assignment and antenna development	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Prepare request for Special Temporary Authorization	Information not provided.	
Address transition timing and coordination issues w/	Information not provided.	
other stations and wireless		

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	\$46,750.00	\$40,700.00		\$4,009.50	
MVPD Notification of Channel Change	\$1,200.00	\$1,200.00	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	\$1,500.00	\$1,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	N/A	\$4,009.50	N/A
Non-zoning permits	\$1,000.00	\$1,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Sub-total	\$46,750.00	\$40,700.00	N/A	\$4,009.50	N/A
Total for all systems	\$1,138,558.05	\$706,096.86	N/A	\$122,670.87	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.	
Equipment Delivery and Handling Charges	Component Description: Amount:	Line Item 31 for RFRIEGHT - Equipment delivery and handling charges \$4,009.50
Non-zoning permits	Information not provided.	
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	\$1,138,558.05	\$706,096.86	\$122,670.87

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

Section Question Response

Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

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

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

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

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

Nichole L Carie Director of Operations /General Manager

11/30/2018

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

- 1. The Authorized
 Person signing
 below certifies and
 represents that he
 /she is authorized to
 submit this TV
 Broadcaster
 Relocation Fund
 Reimbursement
 Form on behalf of
 the above-named
 entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

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

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Nichole L Carie Director of Operations /General Manager

11/30/2018

Attachments