



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **2708** | Service: **DTV** | Call **WGBA-TV** | Channel: **14 (UHF)**
ID: | Sign:
File **0000027244**
Number:
FRN: **0002710192** | Date **10/29**
Submitted: **/2019**

Applicant Information Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-----------------------------|--------------------------------|---------------------------------|
| SCRIPPS BROADCASTING HOLDINGS LLC | David Giles 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States | +1 (513) 977- 3000 | DAVE. GILES@SCRIPPS. 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 |
|---|---|-----------------------|---------------------------------|
| Ray Thurber <i>Vice President / Engineering</i> <i>SCRIPPS BROADCASTING</i> <i>HOLDINGS LLC</i> | Ray Thurber 312 Walnut St. Cincinnati, OH 45202 United States | +1 (248) 827- 9202 | ray. thurber@scripps. 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 | WGBA must replace its main antenna and transmitter in order to move to its new channel. See attached narrative for a more detailed explanation. |

Transmitters

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

**Auxiliary
Transmitter****Add Transmitter Information**

| Section | Question | Response |
|---|--|-----------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Auxiliary |
| | 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 | Ranger |
| | Year | 2002 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 0.9 kW |

**Auxiliary
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|------------------------|---|---|
| New Transmitter | Use | Auxiliary (Backup) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | UAXTE-2R37 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 1.2 kW |
| | Justification for New Transmitter | Current transmitter is no longer supported by the manufacturer except for maintenance. Available parts are in very limited supply and in some cases are no longer available. Manufacturer says it cannot be re-tuned. |

**Auxiliary
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 | No |
| | Description | N/A |
| 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 |

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

**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 | CD-3260P2 |
| | Year | 2004 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 50 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 | ULXTE-16 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 10.8 kW |
| | Justification for New Transmitter | Current transmitter is no longer supported by the manufacturer except for maintenance. Available parts are in very limited supply and in some cases are no longer available. Manufacturer says it cannot be re-tuned. |

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 | Necessary switchgear, transformer installation, conduit, wiring and fuse disconnects as quoted by electrical contractor for main and auxiliary 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 | 10 |

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

Antennas

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

**Primary
Antenna**

Existing Antenna Information

| Section | Question | Response |
|---|--|--------------------|
| 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? | Yes |
| | 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 | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 2 |
| | Number of Panels | 32 |
| | Design power capacity in use | 65.5 % |
| | Lower Limit | 542.00 MHz |
| | Upper Limit | 746.00 MHz |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 1000.0 kW |

| | |
|--------------|----------------------|
| Manufacturer | |
| Model | TUA-C4-8 /32U-1-S |
| Year | 2004 |

**Facility ID's and Call Signs of
all stations with whom the
antenna is shared.**

| Facility ID | Call Sign |
|-------------|-----------|
| 361 | WACY-TV |

**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 |
| Mounting | | Top Mount |
| Antenna position in stack | | Not in Stack |
| Polarization | | Horizontal |
| Type | | Slotted Coaxial |
| Number of Stations Supported | | N/A |
| Number of Panels/Bays | | N/A |
| Lower Limit | | N/A |
| Upper Limit | | N/A |
| Design power capacity in use | | N/A |
| Other Antenna Type | | N/A |
| ERP: (Effective Radiated Power) | | 500.0 kW |
| Manufacturer | | |

| | |
|-------------------------------|--|
| Model | TFU-25ETT-R S180 |
| Year | 2019 |
| Justification for New Antenna | Current panel antenna is not suitable for Ch. 14 operation. Due to shape of directional pattern and the channel spread between WGBA and WACY, stations cannot be combined into same antenna. |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|----------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | |
| | 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 | 8 3/16 inches inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | |
| 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 |
|----------------------------|---|
| Wisconsin Sales Tax | Wisconsin Sales Tax on Antenna Expenses |

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

Primary Transmission Line
Existing Transmission Line

| Section | Question | Response |
|--|--|-------------------|
| Existing Transmission Line Description | Type of change | Utilize Existing |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | Dielectric |
| | Type | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1080 feet per run |

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

| Name | Description |
|--|--|
| Wisconsin Sales Tax | Wisconsin Sales Tax for Transmission Line Expenses |
| Misc. Pieces of Transmission Line | Extra pieces of transmission line as necessary to complete connection between new transmitter and antenna. |

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 | No |
| | 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 | 1034782 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 44° 21' 30.0" N- |
| | Longitude (NAD83) | 087° 58' 48.4" W- |
| | Overall Structure Height | 1055.11 feet |
| | Support Structure Height | 1051.82 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 990.15 feet |

| | |
|------------------|---|
| Structure Type | GTOWER - Guyed Structure Used for Communication Purposes |
| Tower Owner | Scripps Broadcasting Holdings LLC |
| Date Constructed | 10/01/1983 |

**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 |
|-------------|-----------|---------|
| 361 | WACY-TV | DTV |

**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: | Minor Reinforcements needed |

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

| Name | Description |
|----------------------------------|---|
| Wisconsin Sales Tax | Wisconsin Sale Tax on Tower Expenses |
| PE Review of Rigging Plan | Professional Engineering review of proposed rigging plan as required by ANSI /ASEE A10.48 and ANSI/TIA 322 standards. |

Outside Professional Services Costs

| Section | Question | Response |
|--|---|---|
| <p>Outside Project Management Services</p> | <p>Do you require outside project management services?</p> | <p>Yes</p> |
| | <p>Number of Hours</p> | <p>595</p> |
| | <p>Explanation</p> | <p>Project manager needed to manage all work at transmitter site required to transition to new channel (both the main and interim facilities). With the size of the current engineering staff, WGBA cannot spare personnel to ensure these tasks are completed.</p> |
| <p>Outside RF consulting Engineering Services</p> | <p>Perform engineering study for new channel assignment and antenna development</p> | <p>Yes</p> |
| | <p>Prepare engineering section of Form FCC Construction Permit Application</p> | <p>Yes</p> |
| | <p>For Auxiliary Facility</p> | <p>No</p> |
| | <p>For Main Facility</p> | <p>Yes</p> |
| | <p>Prepare engineering section of Form FCC License to Cover Application</p> | <p>Yes</p> |
| | <p>For Auxiliary Facility</p> | <p>No</p> |

| | | |
|--|---|-----|
| | For Main Facility | Yes |
| | 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 | Yes |
| | FAA Consultation (including preparation of FAA Form 7460) | Yes |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| Address transition timing and coordination issues w/ other stations and wireless providers | No | |

| | | |
|--------------------------------------|---|-----|
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Other Professional Services Expenses Not Listed

Outside Professional Services Costs

| Name | Description |
|----------------------------|---|
| Wisconsin Sales Tax | Wisconsin Sales Tax on Professional Services |
| Site Survey | GatesAir performed a site survey to access changes to facility as necessary to transition to new channel including, power and HVAC requirements, available transmitter room space and existing antenna and transmission line RF characteristics at new channel. |

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 | 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? | No |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

**Other
Expenses**

Other Expenses Not Listed

| Name | Description |
|-----------------------------------|---|
| Employee Time | Time needed by Scripps corporate and WGBA employees to work on the transition to a new channel. |
| Wisconsin Sales Tax | Wisconsin Sales Tax on Other Expenses |
| In-Building Deconstruction | Work necessary to disassemble and remove existing transmitter, beam supplies, step starts, heat exchangers and mask filter. |

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 ULXTE-16 | \$772,987.00 | \$648,076.00 | | \$0.00 | |
| Additional field engineering time, 10-30 days | \$63,100.00 | \$60,000.00 | N/A | N/A | N/A |
| Channel 14 Mask Filter | \$189,500.00 | \$180,000.00 | N/A | \$0.00 | N/A |
| RF Consulting Engineer | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |
| Other Electrical Service: Necessary switchgear, transformer installation, conduit, wiring and fuse disconnects as quoted by electrical contractor for main and auxiliary transmitter. | <i>\$20,627.00</i> | \$20,627.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW | \$494,500.00 | \$382,449.00 | N/A | N/A | N/A |

| | | | | | |
|---|-----------------------|-----------------------|------------|-------------------|------------|
| Auxiliary Transmitter UAXTE-2R37 | \$315,500.00 | \$300,000.00 | | \$0.00 | |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00 | \$120,000.00 | N/A | N/A | N/A |
| Channel 14 Mask Filter | \$189,500.00 | \$180,000.00 | N/A | \$0.00 | N/A |
| Sub-total | \$1,088,487.00 | \$948,076.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,182,966.80 | \$1,970,396.80 | N/A | \$1,528.63 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| Additional field engineering time, 10-30 days | Information not provided. |
| Channel 14 Mask Filter | <p>Component Description: 1st installment on Primary</p> <p>Amount: \$120,060.55</p> |
| RF Consulting Engineer | Information not provided. |
| Other Electrical Service: Necessary switchgear, transformer installation, conduit, wiring and fuse disconnects as quoted by electrical contractor for main and auxiliary transmitter. | Information not provided. |
| UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW | Information not provided. |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | Information not provided. |

| | |
|------------------------|--|
| Channel 14 Mask Filter | <p data-bbox="722 174 1027 208">Component Description:</p> <p data-bbox="1161 174 1289 246">Gates air transmitter</p> <p data-bbox="722 255 831 288">Amount:</p> <p data-bbox="1161 255 1310 288">\$121,239.83</p> |
|------------------------|--|

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-25ETT-R S180 | \$285,136.00 | \$229,332.00 | | \$0.00 | |
| Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed) | \$15,250.00 | \$13,583.00 | Per Dielectric Quote 700517CMZ-1 & Prop Sheet C-71052-1. | N/A | N/A |
| Wisconsin Sales Tax | <i>\$16,156.00</i> | \$16,156.00 | N/A | N/A | N/A |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | \$247,000.00 | \$193,193.00 | Per Dielectric Quote 700517CMZ-1 & Prop Sheet C-71052-1 | \$0.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$285,136.00 | \$229,332.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,182,966.80 | \$1,970,396.80 | N/A | \$1,528.63 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------|-----------|
|--------------------------------|-----------|

| | | | | | | | |
|---|--|-------------------------------|--------------------|--|-----------------|----------------|-------------|
| Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed) | Information not provided. | | | | | | |
| Wisconsin Sales Tax | Information not provided. | | | | | | |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | <table border="0"> <tr> <td data-bbox="724 443 1034 479">Component Description:</td> <td data-bbox="1168 443 1374 479">Dielectric Antenna</td> </tr> <tr> <td data-bbox="724 479 1034 515"></td> <td data-bbox="1168 479 1374 515">1st installment</td> </tr> <tr> <td data-bbox="724 515 1034 551">Amount:</td> <td data-bbox="1168 515 1374 551">\$95,929.20</td> </tr> </table> | Component Description: | Dielectric Antenna | | 1st installment | Amount: | \$95,929.20 |
| Component Description: | Dielectric Antenna | | | | | | |
| | 1st installment | | | | | | |
| Amount: | \$95,929.20 | | | | | | |
| Sweep test of existing antenna | Information not provided. | | | | | | |

Cost Information

Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|-----------------------------------|-----------------------------|-----------------------|------------------------------|-------------------|---------------------------|
| Primary Transmission Line | \$31,500.00 | \$31,500.00 | | \$1,528.63 | |
| Wisconsin Sales Tax | <i>\$1,500.00</i> | \$1,500.00 | N/A | N/A | N/A |
| Misc. Pieces of Transmission Line | <i>\$30,000.00</i> | \$30,000.00 | N/A | \$1,528.63 | N/A |
| Sub-total | \$31,500.00 | \$31,500.00 | N/A | \$1,528.63 | N/A |
| Total for all systems | \$2,182,966.80 | \$1,970,396.80 | N/A | \$1,528.63 | N/A |

Components

| Actual Information | |
|-----------------------------------|--|
| Description | File Name |
| Wisconsin Sales Tax | Information not provided. |
| Misc. Pieces of Transmission Line | <p>Component Description: ELBOW ASSY 1 5 /8 REINFORCED ELBOW 6</p> <p>Amount: \$1,528.63</p> |

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 | \$407,075.00 | \$387,975.00 | | \$0.00 | |
| Wisconsin Sales Tax | <i>\$18,475.00</i> | \$18,475.00 | N/A | N/A | N/A |
| PE Review of Rigging Plan | <i>\$7,500.00</i> | \$7,500.00 | N/A | N/A | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$200,000.00 | N/A | N/A | N/A |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$12,000.00 | N/A | N/A | N/A |
| Minor tower reinforcement /modifications | \$158,000.00 | \$150,000.00 | N/A | N/A | N/A |
| Sub-total | \$407,075.00 | \$387,975.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,182,966.80 | \$1,970,396.80 | N/A | \$1,528.63 | 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 | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|---------------------|--------------------------------|---------------|---------------------------|
| Outside Professional Services | \$164,251.20 | \$167,556.20 | | \$0.00 | |
| Project management of the transition | \$94,010.00 | \$99,675.00 | Widely Strategic Support Quote | N/A | N/A |
| Site Survey | <i>\$18,568.20</i> | \$18,568.20 | N/A | N/A | N/A |
| Wisconsin Sales Tax | <i>\$4,063.00</i> | \$4,063.00 | N/A | N/A | N/A |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | N/A | N/A | N/A |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$2,000.00 | N/A | N/A | N/A |
| ASR modification (prepare FCC Form 854) | \$2,105.00 | \$2,000.00 | 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 | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | 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 | \$164,251.20 | \$167,556.20 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,182,966.80 | \$1,970,396.80 | N/A | \$1,528.63 | N/A |

Components

Information not provided.

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 | \$206,517.60 | \$205,957.60 | | \$0.00 | |
| In-Building Deconstruction | <i>\$25,000.00</i> | \$25,000.00 | N/A | N/A | N/A |
| Wisconsin Sales Tax | <i>\$3,375.00</i> | \$3,375.00 | N/A | N/A | N/A |
| Employee Time | <i>\$77,257.60</i> | \$77,257.60 | N/A | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$2,500.00</i> | \$2,500.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$6,500.00</i> | \$6,500.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$25,000.00</i> | \$25,000.00 | N/A | N/A | N/A |
| Non-zoning permits | <i>\$25,000.00</i> | \$25,000.00 | N/A | N/A | N/A |
| Local Zoning | <i>\$25,000.00</i> | \$25,000.00 | 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 | \$11,000.00 | N/A | N/A | N/A |
| Sub-total | \$206,517.60 | \$205,957.60 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,182,966.80 | \$1,970,396.80 | N/A | \$1,528.63 | N/A |

Components

Information not provided.

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|--|-----------------------|--------------------|
| Total for all systems | \$2,182,966.80 | \$1,970,396.80 | \$1,528.63 |

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.

**Sravan Reddy ,
Reddy .**
*Senior
Director,
General
Accounting*

10/29/2019

| 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.

**Sravan Reddy ,
Reddy .**
*Senior
Director,
General
Accounting*

10/29/2019

Attachments