



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **28155** | Service: **DTV** | Call **WSWG** | Channel: **31 (UHF)** |
ID: | Sign:
File **0000028741**
Number:
FRN: **0024469108** | Date **12/01**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC	WSWG 415 Pine Avenue Suite 100 Albany, GA 31701 United States	+1 (850) 907-2102	robert. folliard@gray. tv	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
Samuel Hariton <i>Widely</i>	Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widely.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	WSWG is replacing its existing non-retunable transmitter, antenna, and utilizing the existing transmission line. The station will not be installing any interim equipment.

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	Ultimate
	Year	2006
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	3 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-12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	8.5 kW
	Justification for New Transmitter	The existing Ultimate series Transmitter cannot be re-tuned to the new frequency.

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	The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary
Transmitter**

Other Transmitter Cost Not Listed

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?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	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)	50.0 kW

Manufacturer	
Model	TLP 16J
Year	2006

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side 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)	39.5 kW
	Manufacturer	
	Model	TLP-16J/VP

	Year	2018
	Justification for New Antenna	The existing antenna is a single channel antenna and cannot be used on the newly assigned channel.

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 Information not provided.
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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	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	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	960 feet per run

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Test	Sweep test of existing transmission line

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	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1017424
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	31° 10' 18.7" N-
	Longitude (NAD83)	083° 21' 56.6" W-
	Overall Structure Height	955.04 feet
	Support Structure Height	898.94 feet
	Ground Elevation Above Mean Sea Level (AMSL)	227.03 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Pinnacle Towers LLC
	Date Constructed	10/28/1994

**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
71343	WKAA	FM
67098	WVKV	FM

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly 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
Move Equipment	Replace existing antenna with new antenna

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	900
	Explanation	Strategic Support
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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

If wireless is 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	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?	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

Name		Description
Security		Site Security during transition
Taxes		State and Local Taxes

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-12	\$498,075.00	\$282,088.46		\$256,429.18	
Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.	\$3,575.00	\$3,575.00	Invoice Ooten and Associates #1805.5	\$3,575.00	N/A
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$278,513.46	GA-00023229	\$252,854.18	N/A
Sub-total	\$498,075.00	\$282,088.46	N/A	\$256,429.18	N/A
Total for all systems	\$1,482,524.58	\$1,235,183.04	N/A	\$324,955.02	N/A

Components

Actual Information	
Description	File Name

<p>Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.</p>	<table> <tr> <td data-bbox="707 87 1141 257">Component Description:</td><td data-bbox="1141 87 1428 257">Electrical Engineer CAD /Clerical</td></tr> <tr> <td data-bbox="707 257 1141 445">Amount:</td><td data-bbox="1141 257 1428 445">\$3,575.00</td></tr> </table>	Component Description:	Electrical Engineer CAD /Clerical	Amount:	\$3,575.00				
Component Description:	Electrical Engineer CAD /Clerical								
Amount:	\$3,575.00								
<p>UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW</p>	<table> <tr> <td data-bbox="707 445 1141 593">Component Description:</td><td data-bbox="1141 445 1428 593">ULXTE-12 Transmitter</td></tr> <tr> <td data-bbox="707 593 1141 728">Amount:</td><td data-bbox="1141 593 1428 728">\$62,831.47</td></tr> <tr> <td data-bbox="707 728 1141 875">Component Description:</td><td data-bbox="1141 728 1428 875">ULXTE-12 Transmitter</td></tr> <tr> <td data-bbox="707 875 1141 916">Amount:</td><td data-bbox="1141 875 1428 916">\$190,022.71</td></tr> </table>	Component Description:	ULXTE-12 Transmitter	Amount:	\$62,831.47	Component Description:	ULXTE-12 Transmitter	Amount:	\$190,022.71
Component Description:	ULXTE-12 Transmitter								
Amount:	\$62,831.47								
Component Description:	ULXTE-12 Transmitter								
Amount:	\$190,022.71								

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 TLP-16J/VP	\$36,924.58	\$36,594.58		\$21,318.13	
UHF - High Power, Side Mount, basic slot antenna, 40 kW input, directional,, elliptically or circularly polarized	<i>\$30,194.58</i>	\$30,194.58	N/A	\$16,198.13	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$5,120.00	N/A
Sub-total	\$36,924.58	\$36,594.58	N/A	\$21,318.13	N/A
Total for all systems	\$1,482,524.58	\$1,235,183.04	N/A	\$324,955.02	N/A

Components

Actual Information	
Description	File Name

UHF - High Power, Side Mount, basic slot antenna, 40 kW input, directional,, elliptically or circularly polarized	Component Description:		UHF Low Power Side Mount
	Amount:		\$5,521.69
	Component Description:		UHF low power side mount TV ANT TLP16J/VP
	Amount:		\$6,075.03
	Component Description:		New Primary Antenna-UHF Side Mount
	Amount:		\$4,601.41
Sweep test of existing antenna	Component Description:		Primary Antenna Sweep Test
	Amount:		\$1,920.00
	Component Description:		Sweep Test (Pre-shipment payment)
	Amount:		\$1,600.00
	Component Description:		Sweep test New Primary Antenna
	Amount:		\$1,600.00

Cost
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$6,400.00	\$6,400.00		\$4,918.26	
Sweep Test	<i>\$6,400.00</i>	\$6,400.00	N/A	\$4,918.26	N/A
Sub-total	\$6,400.00	\$6,400.00	N/A	\$4,918.26	N/A
Total for all systems	\$1,482,524.58	\$1,235,183.04	N/A	\$324,955.02	N/A

Components

Actual Information Description	File Name
Sweep Test	<div>Component Description:Engineering field services to sweep line</div> <div>Amount:\$4,918.26</div>

Cost
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$608,800.00	\$595,500.00		\$0.00	
Move Equipment	<i>\$214,000.00</i>	\$214,000.00	Includes state and local taxes	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$214,000.00	Includes state and local taxes	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$160,500.00	Includes state and local taxes	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$7,000.00	N/A	N/A	N/A
Sub-total	\$608,800.00	\$595,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,482,524.58	\$1,235,183.04	N/A	\$324,955.02	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	\$167,180.00	\$158,750.00		\$42,289.45	
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$142,200.00	\$135,000.00	N/A	\$38,767.95	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,925.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,400.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$196.50	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
Sub-total	\$167,180.00	\$158,750.00	N/A	\$42,289.45	N/A
Total for all systems	\$1,482,524.58	\$1,235,183.04	N/A	\$324,955.02	N/A

Components

Actual Information	
Description	File Name
Prepare and or review reimbursement form	Information not provided.
Project management of the transition	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Project Management</div> <div>\$1,985.10</div> </div> <div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Project Management</div> <div>\$2,199.35</div> </div>

Component Description:	Project managment
Amount:	\$2,456.90

Component Description:	Project Management
Amount:	\$1,961.10

Component Description:	Project management
Amount:	\$1,328.55

Component Description:	Project Management
Amount:	\$2,314.90

Component Description:	Project Management
Amount:	\$802.25

Component Description:	Project Mgt
Amount:	\$733.30

Component Description:	Project Management
Amount:	\$2,718.10

Component Description:	Project Mgt
Amount:	\$28.20

Component Description:	Project Mgt
Amount:	\$2,701.30

Component Description:	Project management
Amount:	\$3,230.15

Component Description:	Project Mgt
Amount:	\$763.95

Component Description:	Project Management
Amount:	\$2,329.00

Component Description:	Project Management
Amount:	\$2,079.15

Component Description:	Project Management
Amount:	\$2,414.35

Component Description:	Project Management
Amount:	\$2,630.00

Component Description:	Project Management
Amount:	\$2,073.75

Component Description:	Project Mgt
Amount:	\$2,218.55

Component Description:	Transition Related Project Management Costs
Amount:	\$1,800.00

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Perform engineering study for new channel assignment and antenna development	<p>Component Description:</p> <p>Amount:</p> <p>Component Description:</p> <p>Amount:</p>	<p>This invoice includes both Engineering study and Construction Permit Application. This component is just the Engineering Study. \$875.00</p> <p>Engineering Study for New Channel Assignment \$1,050.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p>Component Description:</p> <p>Amount:</p>	<p>This invoice covers both Engineering Study and Construction Permit preparation. This portion is for Construction Permit preparation. \$1,400.00</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td data-bbox="713 174 1023 210">Component Description:</td><td data-bbox="1157 174 1299 248">Attorney CP Application</td></tr> <tr> <td data-bbox="713 255 826 291">Amount:</td><td data-bbox="1157 255 1254 291">\$196.50</td></tr> <tr> <td data-bbox="713 394 1023 430">Component Description:</td><td data-bbox="1157 394 1299 468">Professional services</td></tr> <tr> <td data-bbox="713 474 826 510">Amount:</td><td data-bbox="1157 474 1254 510">\$196.50</td></tr> <tr> <td data-bbox="713 613 1023 649">Component Description:</td><td data-bbox="1157 613 1369 687">FCC Credit Memo</td></tr> <tr> <td data-bbox="713 656 826 692">Amount:</td><td data-bbox="1157 656 1270 692">(\$196.50)</td></tr> </table>	Component Description:	Attorney CP Application	Amount:	\$196.50	Component Description:	Professional services	Amount:	\$196.50	Component Description:	FCC Credit Memo	Amount:	(\$196.50)
Component Description:	Attorney CP Application												
Amount:	\$196.50												
Component Description:	Professional services												
Amount:	\$196.50												
Component Description:	FCC Credit Memo												
Amount:	(\$196.50)												
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	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	\$165,145.00	\$155,850.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$2,265.00	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
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$500.00</i>	\$500.00	Based on station estimate	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Security	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A

Taxes	\$102,760.00	\$102,760.00	N/A	N/A	N/A
Sub-total	\$165,145.00	\$155,850.00	N/A	\$0.00	N/A
Total for all systems	\$1,482,524.58	\$1,235,183.04	N/A	\$324,955.02	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$1,482,524.58	\$1,235,183.04
			\$324,955.02

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.

<p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Robert Folliard <i>Assistant Secretary</i></p> <p>12/01/2018</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Robert Folliard <i>Assistant Secretary</i></p> <p>12/01/2018</p>

Attachments