



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **47904** | Service: **DTV** | Call **WRC-TV** | Channel: **48 (UHF)**
ID: | Sign:
File **0000028771**
Number:
FRN: **0019509470** | Date **03/08**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|--------------------------|-----------------------------------|---------------------------------|
| NBC TELEMUNDO LICENSE LLC | Margaret L. Tobey 300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States | +1 (202) 524- 6401 | MARGARET. TOBEY@NBCUNI. COM | Limited Liability Company |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|---|--|-----------------------|-------------------------------|
| Margaret L Tobey <i>NBCUniversal, LLC</i> | 300 New Jersey Ave. NW Suite 700 Washington, DC 20001 United States | +1 (202) 524- 6401 | Margaret.Tobey@nbcuni. com |

**Broadcaster
Information
and
Transition
Plan**

| Question | | Response |
|--|--|--|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | | Yes |
| Briefly describe transition plan | | Replace old IOT aux with reliable solid state transmitter and tunable filter. Use with broadband aux antenna on old channel while replacing main antenna and transmitter with equipment for new channel. Retune aux filter and transmitter after repack/ |

Transmitters

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

**Auxiliary
Transmitter****Existing Transmitter Information**

| Section | Question | Response |
|---|--|---|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Used to remain on air when work done on main transmitter or antenna |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | |
| | Model | DCX-2 |
| | Year | 2000 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 40 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? | Yes |
| | Manufacturer | |
| | Model | THU9-30 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 37 kW |
| | Justification for New Transmitter | older IOT transmitter no longer supported by manufacturer |

**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 | Yes |
| | | |

| | | |
|--|---|---|
| | Description | Cost to disconnect power from old transmitter and connect to new transmitter. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

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 | DCXP-2 |
| | Year | 2012 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 53 kW |

**Primary
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|---|
| New Transmitter | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Manufacturer | |
| | Model | THU9-36 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 55 kW |
| | Justification for New Transmitter | It is less expensive to buy new Solid State, than to re-tune existing Comark IOT. |

**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 | Actual electrical connectivity from main building distribution to transmitter. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|---------------------------------|--|
| Electrical disconnection | Remove electric connection from old main transmitter |

Antennas

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

**Auxiliary
Antenna****Add Antenna Information**

| Section | Question | Response |
|---|--|--|
| Existing Antenna Description | Type of change | Retune Existing |
| | Antenna Use | Auxiliary (Backup) |
| | Description of Use | Used to maintain coverage when main antenna or transmitter is unavilable |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this antenna currently shared with any other stations? | No |
| | Is this antenna directional? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |

| | |
|---------------------------------|------------|
| Number of Panels | 36 |
| Design power capacity in use | 50.0 % |
| Lower Limit | 470.00 MHz |
| Upper Limit | 698.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 291.0 kW |
| Manufacturer | RFS |
| Model | PHP36L |
| Year | 2011 |

Auxiliary Antenna

Adjustment to Existing Antenna

| Section | Question | Response |
|--------------------------------|---|----------|
| Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | No |

Auxiliary 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 | |

Auxiliary Antenna

Other Antenna Cost Not Listed

Information not provided.

**Primary
Antenna**

Existing Antenna Information

| Section | Question | Response |
|---|--|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | 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) | 813.0 kW |
| | | |

| | |
|--------------|-----------------------|
| Manufacturer | |
| Model | TFU- 26GTH-R 04 |
| Year | 2000 |

Primary
Antenna

New Antenna Costs

| Section | Question | Response |
|------------------------------------|--|-----------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | 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) | 624.0 kW |
| | Manufacturer | |
| | | |

| | |
|-------------------------------|--|
| Model | TFU-23JTH /VP-R O6 |
| Year | 2019 |
| Justification for New Antenna | Existing antenna is single channel (48) and will not work on new channel (34). |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|-------------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Type | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Single Channel |
| | Feed Line Size | 7 3/16 inches inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |

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

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

Transmission Line

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

**Primary
Transmission Line**

Existing Transmission Line

| Section | Question | Response |
|---|--|------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Rigid |
| | Diameter | 7 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 625 feet per run |

Primary
Transmission Line

New Transmission Line

| Section | Question | Response |
|------------------------------------|---|--|
| New Transmission Line Costs | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 7 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 19 1/2 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 625 feet per run |
| | Justification for New Transmission Line | Old line is insufficient for new antenna |

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

| Name | Description |
|--------------------------------|---|
| Feed Through Complex | Feed Thru complex to get the line into the antenna from tower |
| Antenna Adapter Section | Test adapter section 3' long |

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? | |
| | 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 | 1036610 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 38° 56' 24.0" N- |
| | Longitude (NAD83) | 077° 04' 53.0" W- |
| | Overall Structure Height | 662.07 feet |
| | Support Structure Height | 524.93 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 386.81 feet |

| | | |
|--|------------------|--|
| | Structure Type | TOWER - Free Standing or Guyed Structure |
| | Tower Owner | NBC Subsidiary (WRC-TV) LLC |
| | Date Constructed | 10/29/1998 |

**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 |
|-------------|-----------|---------|
| 69532 | WFDC-DT | DTV |
| 73200 | WKYS | FM |
| 38437 | WMDO-CD | DTV |
| 54712 | WMMJ | FM |
| 168063 | WIAV-CD | DTV |

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional Services Costs**

| Section | Question | Response |
|---|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 1040 |
| | Explanation | Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters. |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | No |
| | Prepare engineering section of Form FCC Construction Permit Application | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | Prepare engineering section of Form FCC License to Cover Application | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | Do you have Distributed Transmission System engineering services? | N/A |

| | | |
|---|--|-----|
| | Critical Facility | N/A |
| | Terrain-Shielded Facility | N/A |
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | Yes |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | Yes |
| | 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 | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 40 |
| | | |

| | | |
|--|---------------|--|
| | Justification | Transmitter and RF design at ground level |
|--|---------------|--|

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Services not provided.

Other Expenses

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

| | |
|-----------------------|----------------------------------|
| Other Expenses | Other Expenses Not Listed |
| | Information not provided. |

**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 Justification |
|--|--------------------------------|-----------------------|---|-----------------------|-------------------------|
| Primary Transmitter THU9-36 | \$1,874,895.00 | \$1,202,030.77 | | \$1,007,413.39 | |
| Electrical disconnection | <i>\$3,142.00</i> | \$3,142.00 | See attachment "NBC Transmitter Power 2017 8-1-17.pdf" from Power Solutions - "Disconnect main transmitter" | N/A | |
| Other Electrical Service: Actual electrical connectivity from main building distribution to transmitter. | <i>\$83,753.00</i> | \$83,753.00 | See attachment "NBC Transmitter Power 2017 8-1-17.pdf" quote from Power Solution - items "Install" and "Rigging". | N/A | |
| UHF - Liquid Cooled Solid State Transmitter 52 - 61 kW | \$1,788,000.00 | \$1,115,135.77 | Retuning or replacing the existing IOT transmitter would be more expensive as a completely new RF system would be required and additional labor would be required. Next higher power transmitter requested to preserve headroom in old transmitter. | \$1,007,413.39 | |
| Auxiliary Transmitter THU9-30 | \$1,485,474.00 | \$1,043,854.00 | | \$0.00 | |

| | | | | |
|---|--------------------|----------------|---|----------------|
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | \$1,473,000.00 | \$1,031,380.00 | See attachment "NBC_THU9-30_Evo_399_Template.pdf" with complete quote for transmitter and related items from Rohde and Schwarz. | N/A |
| Other Electrical Service: Cost to disconnect power from old transmitter and connect to new transmitter. | \$12,474.00 | \$12,474.00 | See attachment "NBC Transmitter Power 2017 8-1-17.pdf" quote from Power Solutions - "Reconnect /Disconnect auxiliary transmitter" | N/A |
| Sub-total | \$3,360,369.00 | \$2,245,884.77 | N/A | \$1,007,413.39 |
| Total for all systems | \$4,975,192.75 | \$3,470,975.27 | N/A | \$1,121,100.51 |

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| Electrical disconnection | Information not provided. |
| Other Electrical Service: Actual electrical connectivity from main building distribution to transmitter. | Information not provided. |

| | |
|--|--|
| UHF - Liquid Cooled Solid State Transmitter 52 - 61 kW | <p>Component Description:</p> <p>New revised invoice. This accounts only for the cost of line 1 and the proportional amount of tax. It does not include the upgrades in line item 2 because that cost will go towards maximization.</p> <p>Amount:</p> <p>\$1,007,413.39</p> |
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | Information not provided. |
| Other Electrical Service: Cost to disconnect power from old transmitter and connect to new transmitter. | Information not provided. |

Cost Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|---------------------|------------------------------|---------------|---------------------------|
| Primary Antenna TFU-23JTH /VP-R O6 | \$303,400.00 | \$215,392.50 | | \$0.00 | |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00 | \$200,760.00 | N/A | N/A | N/A |
| Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed) | \$13,900.00 | \$14,632.50 | see attached proposal | N/A | N/A |
| Auxiliary Antenna PHP36L | \$196,230.00 | \$6,400.00 | | \$0.00 | |
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | \$189,500.00 | \$0.00 | N/A | N/A | N/A |

| | | | | | |
|--|----------------|----------------|-------------------------------|----------------|-----|
| UHF “ Broadband Panel, Side Mount Auxiliary /Interim, 291 horizontally polarized | \$0.00 | \$0.00 | design to be determined | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$499,630.00 | \$221,792.50 | N/A | \$0.00 | N/A |
| Total for all systems | \$4,975,192.75 | \$3,470,975.27 | N/A | \$1,121,100.51 | N/A |

Components

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 | \$222,158.75 | \$184,293.00 | | \$0.00 | |
| Rigid Transmission Line - copper, 7 3 /16" | \$181,250.00 | \$143,384.25 | N/A | N/A | N/A |
| Feed Through Complex | <i>\$22,578.75</i> | \$22,578.75 | necessary to get line from tower into the top mount antenna | N/A | N/A |
| Antenna Adapter Section | <i>\$18,330.00</i> | \$18,330.00 | required to sweep line and antenna | N/A | N/A |
| Sub-total | \$222,158.75 | \$184,293.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$4,975,192.75 | \$3,470,975.27 | N/A | \$1,121,100.51 | N/A |

Components

Information not provided.

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 |
|--|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Auxiliary Tower LTOWER | \$0.00 | \$0.00 | | \$0.00 | |
| Primary Tower TOWER | \$421,000.00 | \$400,000.00 | | \$0.00 | |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00 | \$400,000.00 | N/A | N/A | N/A |
| Sub-total | \$421,000.00 | \$400,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$4,975,192.75 | \$3,470,975.27 | N/A | \$1,121,100.51 | 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 | \$356,665.00 | \$312,250.00 | | \$113,687.12 | |
| Project management of the transition | \$164,320.00 | \$156,000.00 | N/A | \$76,626.55 | N/A |
| Additional Field Engineering Service, 40 Days | <i>\$70,000.00</i> | \$70,000.00 | N/A | \$35,074.81 | N/A |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | \$1,532.16 | 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 |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | \$453.60 | N/A |

| | | | | | |
|---|----------------|----------------|-----|----------------|-----|
| Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | \$4,210.00 | \$4,000.00 | 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 |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$50,000.00 | N/A | N/A | N/A |
| Sub-total | \$356,665.00 | \$312,250.00 | N/A | \$113,687.12 | N/A |
| Total for all systems | \$4,975,192.75 | \$3,470,975.27 | N/A | \$1,121,100.51 | N/A |

Components

| Actual Information | |
|--------------------------------------|-------------------------------|
| Description | File Name |
| Project management of the transition | Component Description: |
| | Project Management Services |
| | Amount: |
| | \$348.95 |
| | Component Description: |
| | Project Management Services |
| | Amount: |
| | \$1,365.00 |

| | |
|-------------------------------|---|
| Component Description: | Point B Project Management January 2019 |
| Amount: | \$5,277.50 |

| | |
|-------------------------------|--|
| Component Description: | Structural assessment project management |
| Amount: | \$349.60 |

| | |
|-------------------------------|--------------------------------------|
| Component Description: | August 2018 Project Management |
| Amount: | \$2,670.32 |

| | |
|-------------------------------|--------------------------------------|
| Component Description: | August 2018 Project Management |
| Amount: | \$6,085.00 |

| | |
|-------------------------------|---|
| Component Description: | WRC AFF Consulting January 2019 - Project Management Services |
| Amount: | \$1,061.33 |

| | |
|-------------------------------|---------------------------------------|
| Component Description: | October 2018 Project Management |
| Amount: | \$2,404.85 |

| | |
|-------------------------------|---------------------------------------|
| Component Description: | October 2018 Project Management |
| Amount: | \$7,170.00 |

| | |
|-------------------------------|------------------------------|
| Component Description: | June 2018 Project Management |
| Amount: | \$1,200.00 |

| | |
|-------------------------------|-----------------------------|
| Component Description: | Project Management Services |
| Amount: | \$750.00 |

| | |
|-------------------------------|--------------------------|
| Component Description: | April Project Management |
| Amount: | \$6,150.00 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project management |
| Amount: | \$8,250.00 |

| | |
|-------------------------------|------------------------------|
| Component Description: | June 2018 Project Management |
| Amount: | \$5,400.00 |

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

| | |
|-------------------------------|--|
| Component Description: | Project management and travel expenses |
| Amount: | \$10,042.20 |

| | |
|-------------------------------|-----------------------------|
| Component Description: | Project Management Services |
| Amount: | \$975.00 |

| | |
|-------------------------------|--|
| Component Description: | Coordination with Vertical Tower Systems on antenna replacement cost estimate |
| Amount: | \$374.30 |

| | |
|-------------------------------|-----------------------------------|
| Component Description: | Project Management Services |
| Amount: | \$1,072.50 |

| | |
|-------------------------------|---------------------------------------|
| Component Description: | Mar-Apr 2018 Project Management |
| Amount: | \$375.00 |

| | |
|-------------------------------|---|
| Component Description: | September 2018 Project Management |
| Amount: | \$300.00 |

| | |
|-------------------------------|---------------------------------|
| Component Description: | July 2018 Project Management |
| Amount: | \$8,725.00 |

| | |
|-------------------------------|---|
| Component Description: | September 2018 Project Management |
| Amount: | \$4,135.00 |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--------------------------------------|---|-----------------------|-------------------|--------------------------------------|--|-----------------------|--------------------|--------------------------------------|---|-----------------------|-------------------|--------------------------------------|--|-----------------------|-------------------|--------------------------------------|--|-----------------------|--------------------|--------------------------------------|------------------------------------|-----------------------|--------------------|
| <p>Additional Field Engineering Service, 40 Days</p> | <table> <tr> <td data-bbox="708 96 1114 533"> <p>Component Description:</p> </td><td data-bbox="1114 96 1426 533"> <p>Repack Engineering Site Survey, see attached site survey report for supporting documentation and cover letter for justification.</p> </td></tr> <tr> <td data-bbox="708 533 1114 600"> <p>Amount:</p> </td><td data-bbox="1114 533 1426 600"> <p>\$5,074.81</p> </td></tr> <tr> <td data-bbox="708 600 1114 790"> <p>Component Description:</p> </td><td data-bbox="1114 600 1426 790"> <p>Engineering inspection and analysis</p> </td></tr> <tr> <td data-bbox="708 790 1114 857"> <p>Amount:</p> </td><td data-bbox="1114 790 1426 857"> <p>\$11,750.00</p> </td></tr> <tr> <td data-bbox="708 857 1114 1070"> <p>Component Description:</p> </td><td data-bbox="1114 857 1426 1070"> <p>Additional Structural Engineering Services</p> </td></tr> <tr> <td data-bbox="708 1070 1114 1137"> <p>Amount:</p> </td><td data-bbox="1114 1070 1426 1137"> <p>\$3,000.00</p> </td></tr> <tr> <td data-bbox="708 1137 1114 1328"> <p>Component Description:</p> </td><td data-bbox="1114 1137 1426 1328"> <p>Deposit on upcoming review of tower rigging plan.</p> </td></tr> <tr> <td data-bbox="708 1328 1114 1395"> <p>Amount:</p> </td><td data-bbox="1114 1328 1426 1395"> <p>\$3,500.00</p> </td></tr> <tr> <td data-bbox="708 1395 1114 1585"> <p>Component Description:</p> </td><td data-bbox="1114 1395 1426 1585"> <p>Structural Engineering Services</p> </td></tr> <tr> <td data-bbox="708 1585 1114 1653"> <p>Amount:</p> </td><td data-bbox="1114 1585 1426 1653"> <p>\$11,750.00</p> </td></tr> <tr> <td data-bbox="708 1653 1114 1843"> <p>Component Description:</p> </td><td data-bbox="1114 1653 1426 1843"> <p>Engineering Site Survey</p> </td></tr> <tr> <td data-bbox="708 1843 1114 1910"> <p>Amount:</p> </td><td data-bbox="1114 1843 1426 1910"> <p>\$30,475.00</p> </td></tr> </table> | <p>Component Description:</p> | <p>Repack Engineering Site Survey, see attached site survey report for supporting documentation and cover letter for justification.</p> | <p>Amount:</p> | <p>\$5,074.81</p> | <p>Component Description:</p> | <p>Engineering inspection and analysis</p> | <p>Amount:</p> | <p>\$11,750.00</p> | <p>Component Description:</p> | <p>Additional Structural Engineering Services</p> | <p>Amount:</p> | <p>\$3,000.00</p> | <p>Component Description:</p> | <p>Deposit on upcoming review of tower rigging plan.</p> | <p>Amount:</p> | <p>\$3,500.00</p> | <p>Component Description:</p> | <p>Structural Engineering Services</p> | <p>Amount:</p> | <p>\$11,750.00</p> | <p>Component Description:</p> | <p>Engineering Site Survey</p> | <p>Amount:</p> | <p>\$30,475.00</p> |
| <p>Component Description:</p> | <p>Repack Engineering Site Survey, see attached site survey report for supporting documentation and cover letter for justification.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Amount:</p> | <p>\$5,074.81</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Component Description:</p> | <p>Engineering inspection and analysis</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Amount:</p> | <p>\$11,750.00</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Component Description:</p> | <p>Additional Structural Engineering Services</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Amount:</p> | <p>\$3,000.00</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Component Description:</p> | <p>Deposit on upcoming review of tower rigging plan.</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Amount:</p> | <p>\$3,500.00</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Component Description:</p> | <p>Structural Engineering Services</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Amount:</p> | <p>\$11,750.00</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Component Description:</p> | <p>Engineering Site Survey</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>Amount:</p> | <p>\$30,475.00</p> | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>RF Exposure Measurements</p> | <p>Information not provided.</p> | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------------------------|--|----------------|---------|--|--|-------------------------------|---|----------------|----------|--|--|-------------------------------|---|----------------|------------|--|--|-------------------------------|---------------------|----------------|---------|
| <p>Prepare and or review reimbursement form</p> | <table> <tr> <td data-bbox="710 168 1013 212">Component Description:</td><td data-bbox="1149 168 1332 246">Review of Form 399</td></tr> <tr> <td data-bbox="710 257 821 302">Amount:</td><td data-bbox="1149 257 1236 302">\$43.65</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="710 392 1013 436">Component Description:</td><td data-bbox="1149 392 1356 504">See line 3 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="710 515 821 560">Amount:</td><td data-bbox="1149 515 1252 560">\$113.40</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="710 649 1013 694">Component Description:</td><td data-bbox="1149 649 1356 761">See lines 2-6 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="710 772 821 817">Amount:</td><td data-bbox="1149 772 1268 817">\$1,331.46</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="710 907 1013 952">Component Description:</td><td data-bbox="1149 907 1332 985">Review of Form 399.</td></tr> <tr> <td data-bbox="710 996 821 1041">Amount:</td><td data-bbox="1149 996 1236 1041">\$43.65</td></tr> </table> | Component Description: | Review of Form 399 | Amount: | \$43.65 | | | Component Description: | See line 3 of invoice, less 10% vendor discount. | Amount: | \$113.40 | | | Component Description: | See lines 2-6 of invoice, less 10% vendor discount. | Amount: | \$1,331.46 | | | Component Description: | Review of Form 399. | Amount: | \$43.65 |
| Component Description: | Review of Form 399 | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$43.65 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | See line 3 of invoice, less 10% vendor discount. | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$113.40 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | See lines 2-6 of invoice, less 10% vendor discount. | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$1,331.46 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Review of Form 399. | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$43.65 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Address transition timing and coordination issues w/ other stations and wireless</p> | <p>Information not provided.</p> | | | | | | | | | | | | | | | | | | | | | | |
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="710 1310 1013 1355">Component Description:</td><td data-bbox="1149 1310 1356 1422">See line 1 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="710 1433 821 1478">Amount:</td><td data-bbox="1149 1433 1236 1478">\$37.80</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="710 1568 1013 1612">Component Description:</td><td data-bbox="1149 1568 1356 1680">See lines 1 & 2 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="710 1691 821 1736">Amount:</td><td data-bbox="1149 1691 1252 1736">\$415.80</td></tr> </table> | Component Description: | See line 1 of invoice, less 10% vendor discount. | Amount: | \$37.80 | | | Component Description: | See lines 1 & 2 of invoice, less 10% vendor discount. | Amount: | \$415.80 | | | | | | | | | | | | |
| Component Description: | See line 1 of invoice, less 10% vendor discount. | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$37.80 | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | See lines 1 & 2 of invoice, less 10% vendor discount. | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$415.80 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application</p> | <p>Information not provided.</p> | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|---------------------------|
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Comprehensive coverage verification via field study, if needed | 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 | \$115,370.00 | \$106,755.00 | | \$0.00 | |
| MVPD Notification of Channel Change | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$15,000.00</i> | \$15,000.00 | N/A | N/A | N/A |
| Equipment Storage | <i>\$15,000.00</i> | \$15,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$12,500.00</i> | \$12,500.00 | This covers shipping for required items specified in the R&S main and auxiliary transmitter quotes where shipping is not included -- the RF system (including mask filter) and 400VAC transformers for two transmitters. | N/A | N/A |

| | | | | | |
|--|--------------------|----------------|--|----------------|-----|
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$20,790.00 | \$20,790.00 | See attachment "NBC Transmitter Power 2017 8-1-17.pdf" quote from Power Solutions - "Demolition" | N/A | N/A |
| Non-zoning permits | \$15,000.00 | \$15,000.00 | N/A | N/A | N/A |
| Local Zoning | \$15,000.00 | \$15,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$2,950.00 | 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 |
| Sub-total | \$115,370.00 | \$106,755.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$4,975,192.75 | \$3,470,975.27 | N/A | \$1,121,100.51 | N/A |

Components

Information not provided.

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|----------------|
| Total for all systems | \$4,975,192.75 | \$3,470,975.27 | \$1,121,100.51 |

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>Margaret L Tobey <i>Assistant Secretary</i></p> <p>03/08/2019</p> |

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

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

| | |
|--|--|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Margaret L Tobey <i>Assistant Secretary</i></p> <p>03/08/2019</p> |

Attachments