



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **73964** | Service: **DTV** | Call **WROC-TV** | Channel: **21 (UHF)** |
ID: | Sign:
File **0000028528**
Number:
FRN: **0009961889** | Date **03/04**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NEXSTAR BROADCASTING, INC.	Elizabeth Ryder 545 E. JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv	Corporation

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
Elizabeth Ryder <i>General Counsel</i> <i>Nexstar Broadcasting, Inc.</i>	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv

**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 transmitter using existing antenna and line. See attachment.

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	NV 704
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.55 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	TBD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter advises that the transmitter cannot be re- tuned to the assigned channel. See attachment.

**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	De-install the existing auxiliary transmitter and install a new one.
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	Quantum QXD1
	Year	2005
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	31.5 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	THU9evo-20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter is out of business and no factory support is available for the existing transmitter. WE will upgrade and use a single tube IOT as the estimated cost since it is less than the catalog price of the SS. See R&S.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	100.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	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
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line

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	Retune Existing
	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?	Yes
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	30
	Design power capacity in use	100.0 %
	Lower Limit	470.00 MHz

Upper Limit	692.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	1000.0 kW
Manufacturer	MCI
Model	MCI 9552510- 5364
Year	2005

**Primary
Antenna**

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

**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	

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

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

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	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?	Yes
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)	2.0 kW

Manufacturer	
Model	ALP8
Year	2002

**Auxiliary
Antenna****New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	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?	Yes
New Antenna Manufacturer and Types	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/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)	2.0 kW
	Manufacturer	
	Model	TBD

Year	2018
Justification for New Antenna	The existing primary antenna is a single channel slotted coaxial which cannot accommodate the assigned channel.

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	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?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Auxiliary
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	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	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Tests	Sweep line to ensure performance on assigned channel

Auxiliary Transmission Line

Add Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Andrew
	Type	Flexible Foam
	Diameter	7/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	390 feet per run

Auxiliary
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Tests	Sweep aux line to ensure performance on assigned channel

**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?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	43° 08' 08.3" N-
	Longitude (NAD83)	077° 35' 01.3" W-
	Overall Structure Height	346.12 feet
	Support Structure Height	346.12 feet
	Ground Elevation Above Mean Sea Level (AMSL)	680.11 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	WHEC-TV, LLC and NEXSTAR BROADCASTING, INC.
	Date Constructed	01/01/1962

**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
70041	WHEC-TV	DTV

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No 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

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	277
	Explanation	Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. Internal accounting and Project management.
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	Yes
Number of Days	9
Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

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

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

Other Expenses	Other Expenses Not Listed
	Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THU9evo-20	\$892,950.00	\$689,700.00		\$484,200.00	
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$484,200.00	See Rohde & Schwarz quote 133232.2. Total cost is \$698,415.05 less upgrade (\$214,215.05) which is not reimbursable	\$484,200.00	N/A
Additional Interior RF System	<i>\$140,000.00</i>	\$140,000.00	N/A	N/A	N/A
Auxiliary Transmitter TBD	\$127,000.00	\$121,000.00		\$0.00	

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$120,000.00	N/A	N/A	N/A
Other Electrical Service: De-install the existing auxiliary transmitter and install a new one.	\$1,000.00	\$1,000.00	N/A	N/A	N/A
Sub-total	\$1,019,950.00	\$810,700.00	N/A	\$484,200.00	N/A
Total for all systems	\$1,518,916.00	\$1,238,800.00	N/A	\$531,171.80	N/A

Components

Actual Information	
Description	File Name
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.

UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	Component Description: Amount:	Transmitter, installment #1, less upgrade cost \$121,050.00
	Component Description: Amount:	Transmitter, installment #2, less upgrade cost \$242,100.00
	Component Description: Amount:	Transmitter, installment #3, less upgrade cost \$121,050.00
Additional Interior RF System	Information not provided.	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Information not provided.	
Other Electrical Service: De-install the existing auxiliary transmitter and install a new one.	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 MCI 9552510-5364	\$19,030.00	\$18,100.00		\$0.00	
UHF - High Power, Side Mount, broadband panel, 30 bay,, 1000 kW input, directional,, horizontally polarized	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
Auxiliary Antenna TBD	\$215,140.00	\$213,400.00		\$0.00	

UHF - High Power, Side Mount, basic slot antenna, 2 kW input, horizontally polarized	\$180,000.00	\$180,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$234,170.00	\$231,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,518,916.00	\$1,238,800.00	N/A	\$531,171.80	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	\$6,400.00	\$6,400.00		\$4,250.00	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	\$4,250.00	N/A
Auxiliary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Sub-total	\$12,800.00	\$12,800.00	N/A	\$4,250.00	N/A
Total for all systems	\$1,518,916.00	\$1,238,800.00	N/A	\$531,171.80	N/A

Components

Actual Information Description	File Name
Sweep Tests	<div>Component Description: Sweep test</div> <div>Amount: \$4,250.00</div>
Sweep Tests	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
Primary Tower TOWER	\$84,200.00	\$20,000.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$20,000.00	Rigging to replace or retune existing elbow complex	N/A	N/A
Sub-total	\$84,200.00	\$20,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,518,916.00	\$1,238,800.00	N/A	\$531,171.80	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	\$86,746.00	\$83,300.00		\$42,721.80	
Additional Field Engineering Service, 9 Days	<i>\$18,000.00</i>	\$18,000.00	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
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$5,750.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,000.00	N/A
Project management of the transition	\$43,766.00	\$41,550.00	N/A	\$31,471.80	N/A
Sub-total	\$86,746.00	\$83,300.00	N/A	\$42,721.80	N/A
Total for all systems	\$1,518,916.00	\$1,238,800.00	N/A	\$531,171.80	N/A

Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 9 Days	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.												
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	Information not provided.												
Perform engineering study for new channel assignment and antenna development	<table> <tr> <td>Component Description:</td><td>Item 3 from invoice summary</td></tr> <tr> <td>Amount:</td><td>\$5,750.00</td></tr> <tr> <td>Component Description:</td><td>KGA subcontractor invoice line 2</td></tr> <tr> <td>Amount:</td><td>\$5,750.00</td></tr> <tr> <td>Component Description:</td><td>Entering as (-) to void out original request. See revised invoice 29369R.</td></tr> <tr> <td>Amount:</td><td>(\$5,750.00)</td></tr> </table>	Component Description:	Item 3 from invoice summary	Amount:	\$5,750.00	Component Description:	KGA subcontractor invoice line 2	Amount:	\$5,750.00	Component Description:	Entering as (-) to void out original request. See revised invoice 29369R.	Amount:	(\$5,750.00)
Component Description:	Item 3 from invoice summary												
Amount:	\$5,750.00												
Component Description:	KGA subcontractor invoice line 2												
Amount:	\$5,750.00												
Component Description:	Entering as (-) to void out original request. See revised invoice 29369R.												
Amount:	(\$5,750.00)												

Prepare and or review reimbursement form	<table> <tr> <td data-bbox="708 174 1023 208">Component Description:</td><td data-bbox="1155 174 1378 246">Item 2 from invoice summary</td></tr> <tr> <td data-bbox="708 257 823 286">Amount:</td><td data-bbox="1155 257 1273 286">\$2,500.00</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="708 398 1023 432">Component Description:</td><td data-bbox="1155 398 1378 470">KGA subcontractor invoice line 1</td></tr> <tr> <td data-bbox="708 481 823 510">Amount:</td><td data-bbox="1155 481 1273 510">\$2,500.00</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="708 622 1023 656">Component Description:</td><td data-bbox="1155 622 1353 806">Entering as (-) to void out original request. See revised invoice 29369R.</td></tr> <tr> <td data-bbox="708 817 823 846">Amount:</td><td data-bbox="1155 817 1289 846">(\$2,500.00)</td></tr> </table>	Component Description:	Item 2 from invoice summary	Amount:	\$2,500.00			Component Description:	KGA subcontractor invoice line 1	Amount:	\$2,500.00			Component Description:	Entering as (-) to void out original request. See revised invoice 29369R.	Amount:	(\$2,500.00)
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Amount:	(\$2,500.00)																
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td data-bbox="708 987 1023 1021">Component Description:</td><td data-bbox="1155 987 1353 1059">Item line 4 from invoice summary</td></tr> <tr> <td data-bbox="708 1070 823 1099">Amount:</td><td data-bbox="1155 1070 1273 1099">\$3,000.00</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="708 1211 1023 1245">Component Description:</td><td data-bbox="1155 1211 1353 1395">Entering as (-) to void out original request. See revised invoice 29369R</td></tr> <tr> <td data-bbox="708 1406 823 1435">Amount:</td><td data-bbox="1155 1406 1289 1435">(\$3,000.00)</td></tr> <tr><td colspan="2"> </td></tr> <tr> <td data-bbox="708 1547 1023 1581">Component Description:</td><td data-bbox="1155 1547 1378 1619">KGA subcontractor invoice line 3</td></tr> <tr> <td data-bbox="708 1630 823 1659">Amount:</td><td data-bbox="1155 1630 1273 1659">\$3,000.00</td></tr> </table>	Component Description:	Item line 4 from invoice summary	Amount:	\$3,000.00			Component Description:	Entering as (-) to void out original request. See revised invoice 29369R	Amount:	(\$3,000.00)			Component Description:	KGA subcontractor invoice line 3	Amount:	\$3,000.00
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Project management of the transition	<table> <tr> <td data-bbox="708 1798 1023 1832">Component Description:</td><td data-bbox="1155 1798 1353 1948">Project management services 12.1.18 through 12.31.18</td></tr> <tr> <td data-bbox="708 1960 823 1989">Amount:</td><td data-bbox="1155 1960 1251 1989">\$150.00</td></tr> </table>	Component Description:	Project management services 12.1.18 through 12.31.18	Amount:	\$150.00												
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Amount:	\$150.00																

Component Description:	Project Management for Structural Analysis and Tower Modifications. Services from June 30, 2018 through July 27, 2018.
Amount:	\$1,200.00

Component Description:	Project management services 1.1.19 through 1.31.19
Amount:	\$525.00

Component Description:	Project management services 9.29.18 through 10.26.18
Amount:	\$900.00

Component Description:	Project management services 10.27.18 through 11.30.18
Amount:	\$9,375.00

Component Description:	See item 1, 5, 6,7, 8 from invoice summary.
Amount:	\$11,071.00

Component Description:	Entering as (-) to void out original request. See revised invoice 29369R.
Amount:	(\$2,025.00)

Component Description:	Entering as (-) to void out original request. See revised invoice 29369R.
Amount:	(\$1,000.00)

Component Description:	Project management services 7.28.18 through 9.28.18.
Amount:	\$1,875.00

Component Description:	Project Management for Structural Analysis and Tower Modifications including consultants Kessler and Gehman Associates. Services from 5.26.18 through 6.29.18.
Amount:	\$1,800.00

Component Description:	Project management services 1.1.18 through 1.26.18
Amount:	\$1,800.00

Component Description:

Project Management for Structural Analysis and Tower Modifications including consultants Kessler and Gehman Associates. Services from May 27, 2017 through June 30, 2017.

Amount:

\$1,000.00

Component Description:

Project management services 10.27.17 through 12.31.17

Amount:

\$2,775.80

Component Description:

Project Management for Structural Analysis and Tower Modifications including consultants Kessler and Gehman Associates. Services from January 27, 2018 through February 23, 2018.

Amount:

\$2,025.00

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$81,050.00	\$80,500.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$18,000.00</i>	\$18,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$23,000.00</i>	\$23,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$18,000.00</i>	\$18,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Sub-total	\$81,050.00	\$80,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,518,916.00	\$1,238,800.00	N/A	\$531,171.80	N/A

Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,518,916.00	\$1,238,800.00	\$531,171.80

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.

**Elizabeth
Ryder**
*General
Counsel*

03/04/2019

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>Elizabeth Ryder <i>General Counsel</i></p> <p>03/04/2019</p>

Attachments