



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **72300** | Service: **DTV** | Call **WHNS** | Channel: **17 (UHF)**  
 ID: | Sign:  
 File **0000027830**  
 Number:  
 FRN: **0005878004** | Date **03/28**  
 Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>MEREDITH CORPORATION</b>	Joshua Pila 1716 LOCUST STREET DES MOINES, IA 50309 United States	+1 (515) 284-3000	RegAffairs@meredith.com	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
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>The WHNS repack plan includes the replacement of main transmitter/filter, addition of a transitional antenna, and a new main antenna. It also includes all the analysis, engineering evaluation and electrical systems, tower work and filing costs.</p>

<b>Transmitters</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<p><b>Transmitter Related Expenses</b></p>	<p>Do you have transmitter related expenses?</p>	<p>Yes</p>

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Comark IOX /DCX
	Year	1998
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	19.18 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	Parallax HPTV- PRLX-U15
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	24.3 kW
	Justification for New Transmitter	Current transmitter is not returnable and is no longer available. A new solid state is proposed. A new IOT quote is included in the attachments along with solid state comparison for supporting an elliptical antenna.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	Yes
	Size	4 inches
	Length	30.0 feet
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top 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) .....	400.0 kW

Manufacturer	
Model	TFU- 22ETT-R CT3
Year	2000

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top 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) .....	363.0 kW
Manufacturer		

Model	TFU-21ETT /VP-R CT3
Year	2017
Justification for New Antenna	Replace single channel antenna that's not able to be retune.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No

<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes
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**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	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
<b>New Antenna Manufacturer and Type</b>	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/Bays	8
	Lower Limit	470.00 MHz
	Upper Limit	698.00 MHz
	Design power capacity in use	50.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	250.0 kW
	Manufacturer	
	Model	TFU-8WB- R C160
Year	2017	

Justification for New Antenna	The antenna is to be used as a interim to allow top antenna replacement
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**Interim Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Interim 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?

**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	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1690 feet per run

**Primary  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
<b>Additional line</b>	We need additional line parts and elbows to connect to current feedline
<b>Feeline antenna switch</b>	We have a need to switch between antennas during the transition period

**Interim  
Transmission  
Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	900 feet per run
Justification for New Transmission Line	The line will be used during the transition phase and will act as an interim	

**Interim  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Information not provided.

**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?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	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?	Yes
	ASR Number	1002140
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	35° 10' 56.0" N-
	Longitude (NAD83)	082° 40' 55.0" W-
	Overall Structure Height	1610.87 feet
	Support Structure Height	1559.04 feet
	Ground Elevation Above Mean Sea Level (AMSL)	3429.09 feet



Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Meredith Corporation - WHNS
Date Constructed	06/30/2009

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	Major Reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

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

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	20
	Explanation	We will need outside engineering support to complete documentation and analysis
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	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	Yes
	Quantity	1
	NEPA Section 106 environmental review	Yes
	Environmental Assessment	Yes
	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
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

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

**Other Expenses**

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

**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
<b>Primary Transmitter Parallax HPTV-PRLX-U15</b>	<b>\$1,025,030.00</b>	<b>\$822,268.00</b>		<b>\$630,712.60</b>	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$748,088.00	N/A	\$630,712.60	Original estimate was incorrectly entered on form
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	N/A	N/A
4" Rigid Conduit and Wiring (Cost per foot)	\$3,030.00	\$2,880.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$1,025,030.00</b>	<b>\$822,268.00</b>	<b>N/A</b>	<b>\$630,712.60</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,525,087.00</b>	<b>\$1,984,245.00</b>	<b>N/A</b>	<b>\$898,642.78</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name

<p>UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW</p>	<p><b>Component Description:</b> Comark Invoice 20 percent downpayment</p> <p><b>Amount:</b> \$126,138.80</p> <p><b>Component Description:</b> Comark invoice for 70 percent of order at H-POL level</p> <p><b>Amount:</b> \$441,485.80</p> <p><b>Component Description:</b> Comark invoice for 10 percent of payment H-POL power level</p> <p><b>Amount:</b> \$63,088.00</p>
<p>Switchgear - industrial 800 amp</p>	<p>Information not provided.</p>
<p>Transformer 3 phase/480v - 300 KVA</p>	<p>Information not provided.</p>
<p>4" Rigid Conduit and Wiring (Cost per foot)</p>	<p>Information not provided.</p>

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Interim Antenna TFU-8WB-R C160</b>	<b>\$241,155.00</b>	<b>\$51,325.00</b>		<b>\$46,192.50</b>	
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, 250 horizontally polarized	<i>\$44,925.00</i>	\$44,925.00	N/A	\$40,432.50	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$5,760.00	N/A
<b>Primary Antenna TFU-21ETT /VP-R CT3</b>	<b>\$308,530.00</b>	<b>\$216,861.00</b>		<b>\$185,229.90</b>	



UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$200,163.00	N/A	\$170,201.70	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$5,760.00	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$10,298.00	N/A	\$9,268.20	N/A
<b>Sub-total</b>	\$549,685.00	\$268,186.00	N/A	\$231,422.40	N/A
<b>Total for all systems</b>	\$2,525,087.00	\$1,984,245.00	N/A	\$898,642.78	N/A

## Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	Information not provided.

<p>UHF “ Broadband Panel, Side Mount Auxiliary/Interim, 250 horizontally polarized</p>	<p><b>Component Description:</b> Invoice MAN00048 for 45 percent of Interim antenna</p> <p><b>Amount:</b> \$20,216.25</p>
	<p><b>Component Description:</b> Invoice for 45 percent of Interim antenna MAN00054</p> <p><b>Amount:</b> \$20,216.25</p>
<p>Sweep test of existing antenna</p>	<p><b>Component Description:</b> 45 percent payment of REPACK sweep</p> <p><b>Amount:</b> \$2,880.00</p>
	<p><b>Component Description:</b> 45 percent payment of REPACK SWEEP</p> <p><b>Amount:</b> \$2,880.00</p>
<p>UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized</p>	<p><b>Component Description:</b> 10 percent of antenna total/ does not include Vpol and elbow section on invoice</p> <p><b>Amount:</b> \$18,911.30</p>
	<p><b>Component Description:</b> 80 percent invoice amount does not include Vpol, Elbow and sweep</p> <p><b>Amount:</b> \$151,290.40</p>

<p>Sweep test of existing antenna</p>	<p><b>Component Description:</b> 80 percent of repack sweep  <b>Amount:</b> \$5,120.00</p> <p><b>Component Description:</b> 10 percent of repack sweep  <b>Amount:</b> \$640.00</p>
<p>Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)</p>	<p><b>Component Description:</b> 80 percent invoice for Elbow complex  <b>Amount:</b> \$8,238.40</p> <p><b>Component Description:</b> 10 percent of elbow complex  <b>Amount:</b> \$1,029.80</p>

**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
<b>Interim Transmission Line</b>	<b>\$53,100.00</b>	<b>\$45,676.00</b>		<b>\$28,776.08</b>	
Flexible Air Transmission Line - dielectric, 3"	\$53,100.00	\$45,676.00	N/A	\$28,776.08	N/A
<b>Primary Transmission Line</b>	<b>\$39,937.00</b>	<b>\$39,937.00</b>		<b>\$3,453.30</b>	
Feeline antenna switch	<i>\$36,100.00</i>	\$36,100.00	We have a need for a feedline switch to select either the interim or main antenna during the transition period.	N/A	N/A
Additional line	<i>\$3,837.00</i>	\$3,837.00	N/A	\$3,453.30	N/A
<b>Sub-total</b>	<b>\$93,037.00</b>	<b>\$85,613.00</b>	<b>N/A</b>	<b>\$32,229.38</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,525,087.00</b>	<b>\$1,984,245.00</b>	<b>N/A</b>	<b>\$898,642.78</b>	<b>N/A</b>

**Components**

Actual Information Description	File Name
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Flexible Air Transmission Line - dielectric, 3"	<p><b>Component Description:</b> 45 percent invoice for feed line</p> <p><b>Amount:</b> \$14,388.04</p>
Flexible Air Transmission Line - dielectric, 3"	<p><b>Component Description:</b> 45 percent Invoice for feedline</p> <p><b>Amount:</b> \$14,388.04</p>
Feeline antenna switch	Information not provided.
Additional line	<p><b>Component Description:</b> 80 percent of RTT675 6-75 test line</p> <p><b>Amount:</b> \$1,694.40</p> <p><b>Component Description:</b> 10 percent of RTT675 test line</p> <p><b>Amount:</b> \$211.80</p> <p><b>Component Description:</b> 10 percent of feedline parts</p> <p><b>Amount:</b> \$171.90</p> <p><b>Component Description:</b> 80 percent of extra line parts</p> <p><b>Amount:</b> \$1,375.20</p>

**Cost Information**

**Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower TOWER</b>	<b>\$657,800.00</b>	<b>\$625,000.00</b>		<b>\$0.00</b>	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	Costs cover the needed work to complete installation of both the main and interim antennas and removal of old line to support increase tower loading	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$657,800.00</b>	<b>\$625,000.00</b>	N/A	<b>\$0.00</b>	N/A

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<b>Total for all systems</b>	\$2,525,087.00	\$1,984,245.00	N/A	\$898,642.78	N/A
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### **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
<b>Outside Professional Services</b>	<b>\$163,845.00</b>	<b>\$153,745.00</b>		<b>\$0.00</b>	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$79,995.00	N/A	N/A	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A



Project management of the transition	\$3,160.00	\$1,500.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$163,845.00	\$153,745.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,525,087.00	\$1,984,245.00	N/A	\$898,642.78	N/A

## Components

Information not provided.

**Cost Information**

**Other Expenses**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$35,690.00</b>	<b>\$29,433.00</b>		<b>\$4,278.40</b>	
Equipment Delivery and Handling Charges	<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>\$2,500.00</i>	\$2,500.00	These are costs for trash removal	N/A	N/A
Local Zoning	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,348.00	N/A	\$4,278.40	N/A

Non-zoning permits	\$10,000.00	\$10,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$35,690.00	\$29,433.00	N/A	\$4,278.40	N/A
<b>Total for all systems</b>	\$2,525,087.00	\$1,984,245.00	N/A	\$898,642.78	N/A

## Components

Actual Information	
Description	File Name
Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<p><b>Component Description:</b> 100 percent invoice for medical notifications</p> <p><b>Amount:</b> \$4,278.40</p>
Non-zoning permits	Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$2,525,087.00	\$1,984,245.00	\$898,642.78

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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.

**Larence K  
Oaks**  
*Vice  
President  
of  
Technology  
Meredith  
LMG*

03/28/2019



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

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

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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

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

**Larence K  
Oaks**  
*Vice  
President  
of  
Technology  
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03/28/2019

## Attachments