



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **4353** | Service: **DCA** | Call **WDES-CD** | Channel: **22 (UHF)**  
ID: | Sign:  
File **0000027960**  
Number:  
FRN: **0004941621** | Date **05/11**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>BEACH TV PROPERTIES, INC.</b>	Byron J. Colley, Jr.	+1 (850) 276-9552	jud.colley@tripsmarter.com	Corporation
Doing Business As: <b>BEACH TV PROPERTIES, INC.</b>	8317 Front Beach Road Suite 23 PANAMA CITY BEACH, FL 32407 United States			

## 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
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Transition to channel 22, to maintain signal, a new antenna will be mounted above the present and become the main antenna after the transition. A new transmitter and mask filter will be needed.

**Transmitters**

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

**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	DT834A 300 watts
	Year	2000
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.30 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-1-P2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.40 kW
	Justification for New Transmitter	Old transmitter cannot be returned.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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	120/240

<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	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?	Yes
	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	Class A
	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) .....	5.0 kW

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Manufacturer	
Model	PSILP8ABR-35
Year	2017

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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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
	<b>New Antenna Manufacturer and Types</b>	Class
Mounting		Side Mount
Antenna position in stack		Not in Stack
Polarization		Elliptical
Type		Slotted Coaxial
Number of Stations Supported		N/A
Number of Panels/Bays		N/A
Lower Limit		N/A
Upper Limit		N/A
Design power capacity in use		N/A
Other Antenna Type		N/A
ERP: (Effective Radiated Power)		3.78 kW
Manufacturer		

Model	ATC-BCE46BR-V2-22
Year	2018
Justification for New Antenna	New antenna needed for new frequency.

**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?	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 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

**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
<b>Existing Transmission Line Description</b>	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	170 feet per run

**Primary  
Transmission  
Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	200 feet per run
	Justification for New Transmission Line	New transmission line needed for new antenna.

**Primary  
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	Move Equipment
	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?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	30° 23' 50.0" N-
	Longitude (NAD83)	086° 30' 27.0" W-
	Overall Structure Height	187.99 feet
	Support Structure Height	180.12 feet
	Ground Elevation Above Mean Sea Level (AMSL)	15.09 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Beach TV Properties, Inc.
Date Constructed	09/30/1997

**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**

Name	Description
<b>Structural Analysis</b>	Structural analysis of existing tower
<b>Tower Crew</b>	Remove and replace antennas.



**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	620
	Explanation	No internal ability to accomplish services.
<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	No
	Quantity	N/A
	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	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
<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

**Other Professional Services Expenses Not Listed**

**Outside Professional Services Costs**

Name	Description
Thomaston Broadcasting	Transmitter and tower work. 80 hrs x \$40 /hr. \$1,600.
Thomaston Broadcasting	WDES 8 hr x \$40/hr. \$320 Preparation of 399.

**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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<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?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
Mask Filter	Gates Air FLUA-00625-6AT

**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 UAXTE-1-P2R37</b>	<b>\$59,188.42</b>	<b>\$48,938.42</b>		<b>\$34,710.47</b>	
Other Electrical Service: 120 /240	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$10,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter . 40 kW	<i>\$35,438.42</i>	\$35,438.42	Quote GA-00021736	\$34,710.47	N/A
<b>Sub-total</b>	\$59,188.42	\$48,938.42	N/A	\$34,710.47	N/A
<b>Total for all systems</b>	\$491,618.42	\$379,859.42	N/A	\$115,736.90	N/A

**Components**

Actual Information	
Description	File Name
Other Electrical Service: 120 /240	Information not provided.
5 Ton system	Information not provided.
UHF - Air Cooled Solid State Transmitter .40 kW	

**Component Description:** Installation and Completion of new transmitter (New 1st Primary Transmitter)  
**Amount:** \$280.00

**Component Description:** Transmitter and mask filter  
**Amount:** \$13,137.83

**Component Description:** Performing tests on WDES transmitter by Wade Thomaston.  
**Amount:** \$280.00

**Component Description:** 1/3 due prior to shipping. See Gates Air proposal GA-00021736.  
**Amount:** \$11,040.01

**Component Description:** 1/3 Down payment. Invoice does not include tax and freight. See Gates Air proposal GA-00021736.  
**Amount:** \$11,040.01

**Component Description:** WDES Transmitter installation  
**Amount:** \$1,040.00

**Component Description:**

1/3 Down  
Payment

**Amount:**

\$9,212.63

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**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>Primary Antenna ATC-BCE46BR-V2-22</b>	<b>\$33,030.00</b>	<b>\$21,865.00</b>		<b>\$16,310.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$1,260.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$15,465.00	The final invoice includes \$1,200 for the cost of shipping the antenna that was not included in the original quote.	\$15,050.00	The final invoice includes \$1,200 for the cost of shipping the antenna that was not included in the original quote.
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$21,865.00</b>	N/A	<b>\$16,310.00</b>	N/A
<b>Total for all systems</b>	<b>\$491,618.42</b>	<b>\$379,859.42</b>	N/A	<b>\$115,736.90</b>	N/A

**Components**

Actual Information	
Description	File Name



Sweep test of existing antenna	<p><b>Component Description:</b> 1/2 down with order. See Alive Telecom proposal #2252017-2.</p> <p><b>Amount:</b> \$1,500.00</p>
	<p><b>Component Description:</b> Swept the WDES Transmission line and antenna system</p> <p><b>Amount:</b> \$1,260.00</p>
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<p><b>Component Description:</b> Replacement of antenna</p> <p><b>Amount:</b> \$414.00</p>
	<p><b>Component Description:</b> Antenna-AYC-BCH46BR-22</p> <p><b>Amount:</b> \$8,125.00</p>
	<p><b>Component Description:</b> ATC-BCH46BR-22</p> <p><b>Amount:</b> \$6,925.00</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>Primary Transmission Line</b>	<b>\$6,600.00</b>	<b>\$7,851.00</b>		<b>\$7,665.00</b>	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$6,600.00	\$7,851.00	po#135	\$7,665.00	N/A
<b>Sub-total</b>	<b>\$6,600.00</b>	<b>\$7,851.00</b>	N/A	<b>\$7,665.00</b>	N/A
<b>Total for all systems</b>	<b>\$491,618.42</b>	<b>\$379,859.42</b>	N/A	<b>\$115,736.90</b>	N/A

**Components**

Actual Information Description	File Name
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Flexible Air Transmission  
Line - dielectric, 1 5/8"

**Component Description:** Replacement of  
transmission line  
(New Primary  
Transmission Line)  
**Amount:** \$186.00

**Component Description:** TX Line System -  
185 ft of HJ7-50A  
1-5/8 Aire Cable  
Terminated w/ 7/8  
EIA Connectors,  
Gas Barrier w/  
Inner Anchor  
**Amount:** \$4,415.00

**Component Description:** TX Line system  
and dehydrator  
**Amount:** \$3,250.00

**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>\$119,200.00</b>	<b>\$40,000.00</b>		<b>\$12,579.55</b>	
Tower Crew	<i>\$25,000.00</i>	\$25,000.00	N/A	\$11,379.55	N/A
Short Tower (less than 500')	\$84,200.00	\$5,000.00	N/A	N/A	N/A
Structural Analysis	<i>\$10,000.00</i>	\$10,000.00	Structural analysis of existing tower	\$1,200.00	N/A
<b>Sub-total</b>	\$119,200.00	\$40,000.00	N/A	\$12,579.55	N/A
<b>Total for all systems</b>	\$491,618.42	\$379,859.42	N/A	\$115,736.90	N/A

**Components**

Actual Information	
Description	File Name
Tower Crew	<p><b>Component Description:</b> Antenna Swap Out</p> <p><b>Amount:</b> \$11,379.55</p>
Short Tower (less than 500')	Information not provided.

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Structural Analysis

**Component Description:** Structural Tower  
Analysis  
**Amount:** \$1,250.00

**Component Description:** Structural  
Analysis and  
Report  
**Amount:** \$1,200.00

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**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>\$238,005.00</b>	<b>\$226,170.00</b>		<b>\$43,311.17</b>	
Thomaston Broadcasting	<i>\$1,920.00</i>	\$1,920.00	N/A	\$1,160.00	N/A
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	\$80,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - 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), Construction Permit Application	\$5,260.00	\$5,000.00	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 engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$1,500.00	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,500.00	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 and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,308.75	N/A

Project management of the transition	\$97,960.00	\$93,000.00	N/A	\$36,842.42	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,000.00	N/A
<b>Sub-total</b>	\$238,005.00	\$226,170.00	N/A	\$43,311.17	N/A
<b>Total for all systems</b>	\$491,618.42	\$379,859.42	N/A	\$115,736.90	N/A

## Components

Actual Information	
Description	File Name
Thomaston Broadcasting	<p><b>Component Description:</b> 2/14/2019 WDES # 4353 Air Conditioning quotes.</p> <p><b>Amount:</b> \$160.00</p> <p><b>Component Description:</b> Contract Labor</p> <p><b>Amount:</b> \$720.00</p> <p><b>Component Description:</b> Working on transmitter install.</p> <p><b>Amount:</b> \$280.00</p>
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.



<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application</p>	<p>Information not provided.</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>
<p>RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> COORDINATION CLIENT, ANTENNA MANUFACTURE, LOCAL ENGINEER AND FCC LEGAL COUNSEL</p> <p><b>Amount:</b> \$1,500.00</p>
<p>RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application</p>	<p>Information not provided.</p>

Perform engineering study for new channel assignment and antenna development	<b>Component Description:</b> <b>Amount:</b>	Site visit. \$1,200.00
	<b>Component Description:</b>  <b>Amount:</b>	Replication filing - Review antenna and system data to be specified in CP App. Engineering for App. Limited 399 assistance. \$1,500.00
	<b>Component Description:</b> <b>Amount:</b>	Structural analysis. \$1,250.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	<b>Component Description:</b>  <b>Amount:</b>	Prepare and Review Reimbursement Form \$508.75
	<b>Component Description:</b> <b>Amount:</b>	Completion of 399 forms. \$80.00
	<b>Component Description:</b>  <b>Amount:</b>	Get quotes for replacement antenna, help in filing 399. \$720.00
Project management of the transition	<b>Component Description:</b> <b>Amount:</b>	Project Management \$3,094.70

**Component Description:** Project  
Management  
**Amount:** \$2,229.05

**Component Description:** Project  
Management  
**Amount:** \$2,581.80

**Component Description:** Project  
Management  
**Amount:** \$1,752.00

**Component Description:** Project  
Management  
**Amount:** \$3,753.05

**Component Description:** Project  
Management  
**Amount:** \$3,520.70

**Component Description:** Project  
Management  
**Amount:** \$1,419.45

**Component Description:** Project  
Management  
**Amount:** \$2,109.20

**Component Description:** Project  
Management  
**Amount:** \$3,447.20

**Component Description:** Project  
Management  
**Amount:** \$2,548.40

	<p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$2,589.85</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$2,246.25</p> <p><b>Component Description:</b> Review initial FCC notification. Email time with client reviewing the FCC filing process.</p> <p><b>Amount:</b> \$339.17</p> <p><b>Component Description:</b> FCC 387 form preparation</p> <p><b>Amount:</b> \$175.00</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$2,618.25</p> <p><b>Component Description:</b> Project management</p> <p><b>Amount:</b> \$2,418.35</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> FCC App for CP for minor change in frequency including FCC attorney and client coordination.</p> <p><b>Amount:</b> \$1,000.00</p>

**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>\$35,595.00</b>	<b>\$35,035.00</b>		<b>\$1,160.71</b>	
Mask Filter	<i>\$3,710.00</i>	\$3,710.00	N/A	\$1,160.71	N/A
MVPD Notification of Channel Change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
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>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Local Zoning	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A

Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$35,595.00	\$35,035.00	N/A	\$1,160.71	N/A
<b>Total for all systems</b>	\$491,618.42	\$379,859.42	N/A	\$115,736.90	N/A

## Components

Actual Information	
Description	File Name
Mask Filter	<p><b>Component Description:</b> WDES-610-Mask Filter</p> <p><b>Amount:</b> \$1,160.71</p>
MVPD Notification of Channel Change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	Information not provided.
Local Zoning	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	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>	\$491,618.42	\$379,859.42	\$115,736.90

**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 data-bbox="758 772 1053 1176">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 data-bbox="758 1198 1037 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="758 1467 1045 1747">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.

**Jud Colley**  
*Owner*

05/11/2019

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

**Jud Colley**  
*Owner*

05/11/2019

## Attachments