



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **146** | Service: **DTV** | Call **WXIN** | Channel: **22 (UHF)**  
ID: | Sign:  
File **0000028154**  
Number:  
FRN: **0005047105** | Date **06/27**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>TRIBUNE BROADCASTING INDIANAPOLIS, LLC</b>	Steve Zanolini 6910 NETWORK PLACE INDIANAPOLIS, IN 46278 United States	+1 (317) 687-5666	szanolini@tribunemedia.com	Limited Liability Company

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Bill Vanduyhoven , Vnduyhov .</b> <i>Director of Engineering operations</i> <i>Tribune broadcasting</i>	Bill Vanduyhoven 2211 Rabbit Hill Cir Dacula, GA 30019 United States	+1 (404) 312-8693	BillV@Tribunemedia.com

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Replace Antenna Line and Combiner Replace transmitters

**Transmitters**

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

**Auxiliary  
Transmitter****Add Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	BAckup
	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	Invator HX HU5000BD
	Year	2010
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 kW

**Auxiliary  
Transmitter****New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	UAXTE-8
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	4.5 kW
	Justification for New Transmitter	Manufacturer of existing Axcera has not responded to requests. See justification

**Auxiliary  
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	100 Amp 208 feed from existing
<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

**Auxiliary Transmitter** **Other Transmitter Cost Not Listed**  
Information not provided.

**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	DCX-2
	Year	2001
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 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?	Yes
	Manufacturer	
	Model	ULXTE-60
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	38 kW
	Justification for New Transmitter	Current transmitter is not re-tunable as stated by the manufacturer

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	200.0 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?	Yes
	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	Elliptical
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	12
	Design power capacity in use	90.0 %
	Lower Limit	470.00 MHz
	Upper Limit	659.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	1500.0 kW

Manufacturer	
Model	TUM20-04-12/48H-1-R-T
Year	2005

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
56526	WTTK

**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?	Yes
	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	Top
	Polarization	Elliptical
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels/Bays	20
	Lower Limit	470.00 MHz
	Upper Limit	525.00 MHz
	Design power capacity in use	80.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	1500.0 kW
Manufacturer		

Model	TUM20-04-12/48H-1-R-T
Year	2019
Justification for New Antenna	Current Antenna will not work on the new assigned channels for WXIN and WTTK

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	8 3/16 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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**Enter a list of RF channel numbers.**

<b>RF Channel Number</b>
15
22

**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?	Yes
	Is antenna directional?	Yes
	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 Slot
	Number of Stations Supported	2
	Number of Panels/Bays	16
	Lower Limit	470.00 MHz
	Upper Limit	660.00 MHz
	Design power capacity in use	80.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	900.0 kW
	Manufacturer	
	Model	TFU-WB16
Year	2019	

Justification for New Antenna	Antenna to operate on during construction and transition for 2 stations.
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**Interim 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?	S
	Feed Line Size	6 1/8 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	Yes
<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?	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?	Yes
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1100 feet per run

**Facility ID's and Call Signs of all stations with whom the transmission line is shared.**

Facility ID	Call Sign
56526	WTTK

**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	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1100 feet per run
	Justification for New Transmission Line	Current section length will not work with assigned channels

**Primary  
Transmission  
Line**      **Other Transmission Line Expenses Not Listed**

Information not provided.

**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	Rigid
	Diameter	6 1/8 inches
	Segment Length	Broadband
	Other Segment Length	
	Number of parallel runs	1
	Length	800 feet per run
	Justification for New Transmission Line	Transmission line to feed interim antenna for 2 stations

**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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
Existing Tower Structure Registration	Is tower compliant with Rev G?	No
	Do you have a tower registration number?	Yes
Coordinates (NAD83 ( North American Datum of 1983))	ASR Number	1030684
	Latitude (NAD83)	39° 53' 20.0" N-
	Longitude (NAD83)	086° 12' 07.0" W-
	Overall Structure Height	1040.01 feet
	Support Structure Height	979.97 feet
	Ground Elevation Above Mean Sea Level (AMSL)	810.03 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Tribune Broadcasting Indianapolis, LLC
Date Constructed	01/01/1984

**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
56526	WTTK	DTV

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	Yes

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<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	2
	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
For Auxiliary Facility		N/A
For Main Facility		N/A
Prepare and file Form FCC License to Cover Application		No
For Auxiliary Facility		N/A
For Main Facility		N/A



	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	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	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	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	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	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
<b>Primary Transmitter ULXTE-60</b>	<b>\$1,530,800.00</b>	<b>\$1,275,000.00</b>		<b>\$852,310.81</b>	
2" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$5,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,220,000.00	N/A	\$852,310.81	N/A
<b>Auxiliary Transmitter UAXTE-8</b>	<b>\$241,500.00</b>	<b>\$140,000.00</b>		<b>\$116,315.57</b>	
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	\$236,500.00	\$135,000.00	N/A	\$116,315.57	N/A

Other Electrical Service: 100 Amp 208 feed from existing	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,772,300.00	\$1,415,000.00	N/A	\$968,626.38	N/A
<b>Total for all systems</b>	\$4,725,240.00	\$3,026,497.00	N/A	\$1,348,221.73	N/A

### Components

Actual Information Description	File Name
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
Service entrance 3 phase /800 amp/208 volt	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<p><b>Component Description:</b> 3rd payment - ULXTE-60 <b>Amount:</b> \$269,603.37</p> <p><b>Component Description:</b> 2nd payment for ULXTE-60 transmitter <b>Amount:</b> \$291,353.72</p> <p><b>Component Description:</b> deposit for primary transmitter <b>Amount:</b> \$291,353.72</p>

UHF - Air Cooled Solid State Transmitter 4 - 6 kW	<p><b>Component Description:</b> UAXTE-8  Transmitter</p> <p><b>Amount:</b> \$116,315.57</p>
Other Electrical Service: 100 Amp 208 feed from existing	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
<b>Interim Antenna TFU-WB16</b>	<b>\$144,180.00</b>	<b>\$120,400.00</b>		<b>\$0.00</b>	
UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 900 kW input, directional,, horizontally polarized	<i>\$102,000.00</i>	\$102,000.00	N/A	\$0.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$0.00	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$12,000.00	N/A	\$0.00	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$0.00	N/A	N/A	N/A

<b>Primary Antenna TUM20-04-12/48H-1-R-T</b>	<b>\$877,880.00</b>	<b>\$573,200.00</b>		<b>\$263,129.85</b>	
UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, elliptically or circularly polarized	\$768,000.00	\$500,000.00	N/A	\$211,612.50	N/A
Sweep test of existing antenna	\$6,730.00	\$6,550.00	N/A	\$2,880.00	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$50,000.00	N/A	\$41,144.85	N/A
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	\$18,950.00	\$16,650.00	N/A	\$7,492.50	N/A
<b>Sub-total</b>	<b>\$1,022,060.00</b>	<b>\$693,600.00</b>	<b>N/A</b>	<b>\$263,129.85</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$4,725,240.00</b>	<b>\$3,026,497.00</b>	<b>N/A</b>	<b>\$1,348,221.73</b>	<b>N/A</b>

## Components

Actual Information Description	File Name
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<p>UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 900 kW input, directional,, horizontally polarized</p>	<p><b>Component Description:</b> 1st payment - TFU16WB-1-R Antenna</p> <p><b>Amount:</b> \$45,866.25</p> <p><b>Component Description:</b> 2nd payment - TFU16WB-1-R</p> <p><b>Amount:</b> \$45,866.25</p>
<p>Sweep test of existing antenna</p>	<p><b>Component Description:</b> 2nd payment - sweep test</p> <p><b>Amount:</b> \$2,880.00</p> <p><b>Component Description:</b> 1st payment - sweep test</p> <p><b>Amount:</b> \$2,880.00</p>
<p>Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)</p>	<p><b>Component Description:</b> 1st payment - elbow complex</p> <p><b>Amount:</b> \$5,386.50</p> <p><b>Component Description:</b> 2nd payment - elbow complex</p> <p><b>Amount:</b> \$5,386.50</p>
<p>Side mount brackets for high power antennas (if not included in antenna base cost)</p>	<p>Information not provided.</p>

<p>UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, elliptically or circularly polarized</p>	<p><b>Component Description:</b> ELLIPTICALLY POLARIZED TUM20-O4-12/48H-1-R-T PANEL ANTENNA</p> <p><b>Amount:</b> \$105,806.25</p> <p><b>Component Description:</b> ELLIPTICALLY POLARIZED TUM20-O4-12/48H-1-R-T PANEL ANTENNA - 1st payment</p> <p><b>Amount:</b> \$105,806.25</p>
<p>Sweep test of existing antenna</p>	<p><b>Component Description:</b> Sweep Test 2nd payment</p> <p><b>Amount:</b> \$1,440.00</p> <p><b>Component Description:</b> Sweep test - 1st payment</p> <p><b>Amount:</b> \$1,440.00</p>
<p>New combiner, cost per channel (without antenna)</p>	<p><b>Component Description:</b> combiner - shared cost with WTTK</p> <p><b>Amount:</b> \$41,144.85</p>
<p>Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)</p>	<p><b>Component Description:</b> Elbow complex - 1st payment</p> <p><b>Amount:</b> \$3,746.25</p> <p><b>Component Description:</b> Elbow complex - 2nd payment</p> <p><b>Amount:</b> \$3,746.25</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>\$185,600.00</b>	<b>\$150,000.00</b>		<b>\$0.00</b>	
Rigid Transmission Line - copper, 6 1/8" broadband	\$185,600.00	\$150,000.00	N/A	\$0.00	N/A
<b>Primary Transmission Line</b>	<b>\$381,700.00</b>	<b>\$260,000.00</b>		<b>\$116,465.50</b>	
Rigid Transmission Line - copper, 8 3/16"	\$381,700.00	\$260,000.00	N/A	\$116,465.50	N/A
<b>Sub-total</b>	<b>\$567,300.00</b>	<b>\$410,000.00</b>	N/A	<b>\$116,465.50</b>	N/A
<b>Total for all systems</b>	<b>\$4,725,240.00</b>	<b>\$3,026,497.00</b>	N/A	<b>\$1,348,221.73</b>	N/A

**Components**

Actual Information	
Description	File Name

Rigid Transmission Line -  
copper, 6 1/8" broadband

**Component Description:** 1st payment -  
transmission line  
**Amount:** \$64,951.74

**Component Description:** 1st payment -  
TLSCR'S  
**Amount:** \$2,319.98

**Component Description:** 2nd payment -  
TLSCR'S  
**Amount:** \$2,319.98

**Component Description:** 2nd payment -  
transmission line  
**Amount:** \$64,954.74

Rigid Transmission Line -  
copper, 8 3/16"

**Component Description:** 8-3/16" 75 OHM  
EIA transmission  
line - 1st payment  
**Amount:** \$55,431.50

**Component Description:** Transmission line  
8-3/16" 75 OHM -  
2nd payment  
**Amount:** \$55,431.50

**Component Description:** TLSCR'S TBD T/L  
8-75 EIA LENGTH  
15' TO 20' - 1st  
payment  
**Amount:** \$2,801.25

**Component Description:** TLSCR'S TBD T/L  
8-75 EIA LENGTH  
15' TO 20' - 2nd  
payment  
**Amount:** \$2,801.25

**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>\$1,275,100.00</b>	<b>\$431,897.00</b>		<b>\$0.00</b>	
Tower Helicopter Lift	<i>\$0.00</i>	\$0.00	Included in Rigging costs	N/A	N/A
Serious tower reinforcement /modifications	\$1,052,000.00	\$215,897.00	Based on attached Quote split with WTTK	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$204,000.00	Based on attached Quote split with WTTK	N/A	N/A
<b>Sub-total</b>	<b>\$1,275,100.00</b>	<b>\$431,897.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$4,725,240.00</b>	<b>\$3,026,497.00</b>	N/A	<b>\$1,348,221.73</b>	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
<b>Outside Professional Services</b>	<b>\$40,930.00</b>	<b>\$29,000.00</b>		<b>\$0.00</b>	
RF Exposure Measurements	\$21,050.00	\$11,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	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	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), 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
<b>Sub-total</b>	\$40,930.00	\$29,000.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$4,725,240.00	\$3,026,497.00	N/A	\$1,348,221.73	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>\$47,550.00</b>	<b>\$47,000.00</b>		<b>\$0.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$11,000.00</i>	\$11,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$47,550.00</b>	<b>\$47,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$4,725,240.00</b>	<b>\$3,026,497.00</b>	<b>N/A</b>	<b>\$1,348,221.73</b>	<b>N/A</b>

**Components**

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>	\$4,725,240.00	\$3,026,497.00	\$1,348,221.73

**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="746 779 1038 1167">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="746 1196 1023 1435">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="746 1464 1034 1749">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.

**Teri Ann  
Guillory**  
*Broadcasting  
Operations*

06/27/2019

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.

**Teri Ann  
Guillory**  
*Broadcasting  
Operations*

06/27/2019

## Attachments