



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **48239** | Service: **DCA** | Call **WSJN-CD** | Channel: **20 (UHF)** |
ID: | Sign:
File **0000028036**
Number:
FRN: **0005443965** | Date **04/21**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|--------------------------|---------------------------------|----------------|
| Wanda Rolon <i>LICENSEE</i> Doing Business As: WANDA ROLON | WANDA ROLON PO Box 24 TOA ALTA, PR 00954 United States | +1 (787) 948- 2486 | pastorawandarolon@yahoo. com | Individual |

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 |
|--|--|-----------------------|-------------------------|
| Keenan P Adamchak , Esq . <i>Fletcher, Heald & Hildreth,</i> <i>PLC</i> | 1300 N 17th Street Suite 1100 Arlington, VA 22209 United States | +1 (703) 812- 0400 | adamchak@fhhlaw. 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. | No |
| Briefly describe transition plan | Station CP will be built and be ready for operation by the time its testing period is due. Once operational, existing channel will be turned OFF and new channel permanently ON at the transition date (transition phase 10). |

Transmitters

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

**Primary
Transmitter**

Add Transmitter Information

| Section | Question | Response |
|---|--|-------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | |
| | Model | Ranger CZ500 |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 0.5 kW |

**Primary
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|---|
| New Transmitter | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | EC701HP-BB |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 0.85 kW |
| | Justification for New Transmitter | Effective January 1, 2017, GatesAir will no longer offer channel change services, or support in field channel changes on the following transmitters: Platinum, Platinum CD, Sigma, Sigma CD, Diamond CD and Ranger. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|--|---|-----------------------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | Yes |
| | Size | 2 inches |
| | Length | 30.0 feet |
| | Other Electrical Service | Yes |
| | Description | Additional electrical panel |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Cooling Only |
| | Size | Other |
| | Other Size | 2 tons |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

**Primary
Transmitter**

Other Transmitter Cost Not Listed

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 |
|---|--|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | 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) | 10.0 kW |
| | | |

| | |
|--------------|----------|
| Manufacturer | |
| Model | PSILP8BB |
| Year | 2009 |

Primary Antenna

New Antenna Costs

| Section | Question | Response |
|------------------------------------|--|-----------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | 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 |
| New Antenna Manufacturer and Types | 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/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) | 10.5 kW |
| | Manufacturer | |
| | Model | PSILP12BB-22 |
| | Year | 2017 |
| | | |

| | | |
|--|-------------------------------|--|
| | Justification for New Antenna | REQUIRED FOR ASSIGNED NEW CHANNEL, EXISTING ANTENNA IS NOT ECONOMICALLY FEASIBLE TO RETUNE AND IN ANY CASE WOULD TAKE TOO MUCH TIME TO DO IT LEAVING THE STATION OFF AIR FOR A PROLONG TIME. |
|--|-------------------------------|--|

Primary Antenna

Other Antenna Costs

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

| | | |
|-------------------|--|-----|
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | 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 |
|---|--|------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Flexible Foam |
| | 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 |
|-----------------------------|---|---|
| New Transmission Line Costs | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Flexible Foam |
| | 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 |
| | Justification for New Transmission Line | EXISTING LINE HAS TO BE USED DURING TRANSITION TO KEEP STATION ON THE AIR |

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 | 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? | Unknown |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | No |
| | ASR Number | |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 18° 17' 30.8" N- |
| | Longitude (NAD83) | 066° 09' 59.6" W- |
| | Overall Structure Height | 125.00 feet |
| | Support Structure Height | 12.00 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 1739.00 feet |

| | | |
|--|------------------|----------------------------|
| | Structure Type | BTWR - Building with Tower |
| | Tower Owner | WANDA ROLON |
| | Date Constructed | 06/15/2000 |

Primary Tower

Tower Modification Costs

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

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional Services Costs**

| Section | Question | Response |
|---|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 100 |
| | Explanation | It is estimated that 100 hrs of a professional engineer will be required to perform site survey, construction administration, contractor oversight, on-site inspections and invoice certifications. |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |
| | Terrain-Shielded Facility | N/A |

| | | |
|---|--|-----|
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | Yes |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | Yes |
| RF Field Engineering Services | Comprehensive coverage verification via field study | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|-----------------------------------|-----------------------------------|
| Prepare Quarterly Progress Report | Prepare Quarterly Progress Report |

Other Expenses

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

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

Cost Information

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|---------------------|--|--------------------|---------------------------|
| Primary Transmitter EC701HP-BB | \$134,550.00 | \$134,520.00 | | \$61,640.75 | |
| UHF - Air Cooled Solid State Transmitter 0.85 kW | <i>\$64,885.00</i> | \$64,885.00 | N/A | \$61,640.75 | N/A |
| UHF - Air Cooled Solid State Transmitter 0.5 kW | <i>\$64,885.00</i> | \$64,885.00 | ***System Notice: Estimate adjusted and locked because line has been superseded. ***Cost is based on an actual proposal and includes shipping, taxes, and installation services. | \$0.00 | N/A |
| Other -- HVAC Service Type: C Size:2 (Other) | <i>\$2,500.00</i> | \$2,500.00 | N/A | N/A | N/A |

| | | | | | |
|---|-------------------|--------------|---|-------------|-----|
| Other Electrical Service: Additional electrical panel | \$1,500.00 | \$1,500.00 | Additional electrical panel required to feed new transmitter. | N/A | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$780.00 | \$750.00 | N/A | N/A | N/A |
| Sub-total | \$134,550.00 | \$134,520.00 | N/A | \$61,640.75 | N/A |
| Total for all systems | \$616,940.00 | \$343,675.00 | N/A | \$87,564.20 | N/A |

Components

| Actual Information | |
|--|--|
| Description | File Name |
| UHF - Air Cooled Solid State Transmitter 0.85 kW | <div> Component Description: Second invoice for new transmitter Amount: \$29,198.25 </div> <div> Component Description: Third invoice for new transmitter Amount: \$3,244.25 </div> <div> Component Description: First invoice for new transmitter Amount: \$32,442.50 </div> |

| | |
|---|--|
| UHF - Air Cooled Solid State Transmitter 0.5 kW | <div> Component Description: First Comark Invoice for New Transmitter </div> <div> Amount: \$32,442.50 </div> |
| | <div> Component Description: Third invoice for new transmitter </div> <div> Amount: \$3,244.25 </div> |
| | <div> Component Description: Second Comark invoice for new transmitter </div> <div> Amount: \$29,198.25 </div> |
| Other -- HVAC Service Type: C Size:2 (Other) | Information not provided. |
| Other Electrical Service: Additional electrical panel | Information not provided. |
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |

Cost
Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Primary Antenna PSILP12BB-22 | \$33,030.00 | \$31,400.00 | | \$23,001.25 | |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | \$26,300.00 | \$25,000.00 | N/A | \$23,001.25 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$33,030.00 | \$31,400.00 | N/A | \$23,001.25 | N/A |
| Total for all systems | \$616,940.00 | \$343,675.00 | N/A | \$87,564.20 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | Component Description: Antenna equipment Amount: \$23,001.25 |
| Sweep test of existing antenna | Information not provided. |

Cost
Information

Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Primary Transmission Line | \$4,080.00 | \$3,910.00 | | \$2,922.20 | |
| Flexible Foam Transmission Line - dielectric, 1 5/8" | \$4,080.00 | \$3,910.00 | N/A | \$2,922.20 | N/A |
| Sub-total | \$4,080.00 | \$3,910.00 | N/A | \$2,922.20 | N/A |
| Total for all systems | \$616,940.00 | \$343,675.00 | N/A | \$87,564.20 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| Flexible Foam Transmission Line - dielectric, 1 5/8" | <div>Component Description: Transmission line equipment</div> <div>Amount: \$2,922.20</div> |

Cost
Information

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|-------------------------------|-------------|---------------------------|
| Primary Tower BTWR | \$268,500.00 | \$80,000.00 | | \$0.00 | |
| Minor tower reinforcement /modifications | \$158,000.00 | \$50,000.00 | Estimate based on known costs | N/A | N/A |
| Short Tower (less than 500') | \$84,200.00 | \$25,000.00 | 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 | \$5,000.00 | N/A | N/A | N/A |
| Sub-total | \$268,500.00 | \$80,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$616,940.00 | \$343,675.00 | N/A | \$87,564.20 | N/A |

Components

Information not provided.

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|--------------------|---|---------------|---------------------------|
| Outside Professional Services | \$158,135.00 | \$80,800.00 | | \$0.00 | |
| Prepare Quarterly Progress Report | <i>\$10,000.00</i> | \$10,000.00 | Prepare and file required quarterly progress reports on FCC Form 2100, Schedule 387 | N/A | N/A |
| RF Exposure Measurements | \$21,050.00 | \$10,000.00 | N/A | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$20,000.00 | N/A | N/A | N/A |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$2,050.00 | 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 |
| 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 |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|--------------|--------------|-----|-------------|-----|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| Project management of the transition | \$15,800.00 | \$15,000.00 | N/A | N/A | N/A |
| Sub-total | \$158,135.00 | \$80,800.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$616,940.00 | \$343,675.00 | N/A | \$87,564.20 | 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 |
|--|-----------------------------|--------------------|---|---------------|---------------------------|
| Other Expenses | \$18,645.00 | \$13,045.00 | | \$0.00 | |
| MVPD Notification of Channel Change | <i>\$1,500.00</i> | \$1,500.00 | Estimate based on quantity of MVPD's in market | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$1,500.00</i> | \$1,500.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$2,000.00</i> | \$2,000.00 | Applicant will be required to dispose of pre-repack antenna and transmitter. Estimate based on known costs. | 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 | \$6,000.00 | N/A | \$0.00 | N/A |
| Equipment Delivery and Handling Charges | \$650.00 | \$650.00 | N/A | N/A | N/A |
| Sub-total | \$18,645.00 | \$13,045.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$616,940.00 | \$343,675.00 | N/A | \$87,564.20 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| MVPD Notification of Channel Change | Information not provided. |
| Develop and air announcement of upcoming channel change | 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. |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |
| DTV Medical Facility Notification | <p>Component Description: Invoice for medical notifications</p> <p>Amount: \$2,600.00</p> |
| Equipment Delivery and Handling Charges | Information not provided. |

| | | | |
|---------------------|-----------------------|--------------------------------|----------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$616,940.00 | \$343,675.00 |
| | | | \$87,564.20 |

| | | |
|----------------------|--|----------|
| Reimbursement Status | Question | Response |
| | The facility has ceased operating on its pre-auction channel. | No |
| | Construction of final facilities or all necessary modifications are complete. | No |
| | All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator. | No |

| Certification | Section | Question | Response |
|---------------|---|---|----------|
| | Submission of Estimated Expenses Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

| | |
|---|---|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Wanda Rolon <i>Licensee</i></p> <p>04/21/2020</p> |

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | Submission of Actual Cost Documentation Statements | <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"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

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

| | |
|--|---|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Wanda Rolon <i>Licensee</i></p> <p>04/21/2020</p> |

Attachments