



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **20287** | Service: **DTV** | Call **WATM-TV** | Channel: **31 (UHF)**
ID:
File **0000028693**
Number:
FRN: **0003776226** | Date **08/20**
Submitted: **/2019**

Applicant Information Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
PALM TELEVISION, L.P. Doing Business As: PALM TELEVISION, L.P.	Jill Ream, General Manager 1450 Scalp Avenue Johnstown, PA 15904 United States	+1 (814) 266-8088	jream@foxtv. com	Limited Partnership

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Paul A. Cicelski <i>Lerman Senter PLLC.</i>	Paul A. Cicelski 2001 L Street NW Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6756	sinclair399s@summitridgegroup. 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	Licensee will replace station's antenna, transmitter, and transmission line for the repack transition. A new antenna will be placed at the top of the tower, so for the interim period the station will remain on the air with the current side mount antenna.

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	HP255DW
	Year	2002
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	30 kW

Primary Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9EVO-20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	24.5 kW
	Justification for New Transmitter	The current transmitter cannot be retuned, the manufacturer is no longer in business.

Primary Transmitter

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	4 inches
	Length	250.0 feet
	Other Electrical Service	No

	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary
Transmitter**

Other Transmitter Cost Not Listed

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	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW
Manufacturer		

Model	SWEDMP24NC /24CF
Year	2002

**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?	Yes
	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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW
Manufacturer		

Model	TFU-16ETT /VP-R S300
Year	2017
Justification for New Antenna	Current antenna is a single channel antenna that cannot be used for the new post-auction channel. This antenna will be moved to the top of the tower, so no interim antenna will be needed.

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?	Yes
	Broadband or Single Channel?	Single Channel

	Feed Line Size	6 1/8 inches inches
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 Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	300 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 Air
	Diameter	5 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	315 feet per run
	Justification for New Transmission Line	The size of the current transmission line cannot handle the power needed for the post-repack system.

**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	Leased
	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?	Yes
	ASR Number	1027125
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	40° 34' 06.0" N-
	Longitude (NAD83)	078° 26' 37.0" W-
	Overall Structure Height	276.90 feet
	Support Structure Height	240.15 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2529.82 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Peak Media of Pennsylvania, LLC
Date Constructed	10/01/1986

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:	Major 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

Name	Description
Structural engineering tower load study for well documented tower	Structural engineering tower load study for well documented tower

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	400
	Explanation	Outside consulting engineering, legal work, and accounting services, as well as project management for regional and comprehensive repack execution.
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	Yes
	Environmental Assessment	Yes
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	Yes
	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
Sinclair Internal Costs	Internal Employee Time Costs

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

**Other
Expenses**

Other Expenses Not Listed

Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THU9EVO-20	\$1,010,450.00	\$982,300.00		\$193,945.00	
4" Rigid Conduit and Wiring (Cost per foot)	\$25,250.00	\$24,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$922,000.00	N/A	\$193,945.00	Item "Submitted - Rohde and Schwarz \$118,248.26" should be removed.
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Sub-total	\$1,010,450.00	\$982,300.00	N/A	\$193,945.00	N/A
Total for all systems	\$2,234,946.55	\$2,144,840.49	N/A	\$382,297.46	N/A

Components

Actual Information	
Description	File Name
4" Rigid Conduit and Wiring (Cost per foot)	Information not provided.

UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	Component Description: Transmitter cost, 25% down. #9500089566 Amount: \$193,945.00
Switchgear - industrial 800 amp	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 TFU-16ETT /VP-R S300	\$308,530.00	\$293,100.00		\$123,174.29	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$275,000.00	N/A	\$123,174.29	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$308,530.00	\$293,100.00	N/A	\$123,174.29	N/A
Total for all systems	\$2,234,946.55	\$2,144,840.49	N/A	\$382,297.46	N/A

Components

Actual Information	
Description	File Name
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<p>Component Description: Total invoice amount reduced by 25.40%. #525017</p> <p>Amount: \$123,174.29</p>
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
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	\$33,075.00	\$24,578.94		\$24,578.94	
Flexible Air Transmission Line - dielectric, 5"	\$33,075.00	\$24,578.94	N/A	\$24,578.94	N/A
Sub-total	\$33,075.00	\$24,578.94	N/A	\$24,578.94	N/A
Total for all systems	\$2,234,946.55	\$2,144,840.49	N/A	\$382,297.46	N/A

Components

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 5"	<p>Component Description: Total invoice amount reduced by 25.40%. #530024</p> <p>Amount: \$24,578.94</p>

Cost Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$581,500.00	\$555,000.00		\$12,857.00	
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	\$7,857.00	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	<i>\$50,000.00</i>	\$50,000.00	N/A	\$5,000.00	N/A
Sub-total	\$581,500.00	\$555,000.00	N/A	\$12,857.00	N/A
Total for all systems	\$2,234,946.55	\$2,144,840.49	N/A	\$382,297.46	N/A

Components

Actual Information	
Description	File Name

Major tower reinforcement /modifications	<p>Component Description: 50% invoiced upon order. #E-186787</p> <p>Amount: \$3,928.50</p> <p>Component Description: Final balance invoiced upon completion. #E-186790</p> <p>Amount: \$3,928.50</p>
Short Tower (less than 500')	Information not provided.
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Information not provided.
Structural engineering tower load study for well documented tower	<p>Component Description: Tower related cost. #E-166638</p> <p>Amount: \$2,500.00</p> <p>Component Description: 50% balance. #E-173402</p> <p>Amount: \$2,500.00</p>

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	\$218,746.55	\$207,816.55		\$4,082.23	
Project management of the transition	\$63,200.00	\$60,000.00	N/A	\$4,015.68	N/A
Sinclair Internal Costs	<i>\$66.55</i>	\$66.55	N/A	\$66.55	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
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A

Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
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), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Sub-total	\$218,746.55	\$207,816.55	N/A	\$4,082.23	N/A
Total for all systems	\$2,234,946.55	\$2,144,840.49	N/A	\$382,297.46	N/A

Components

Actual Information	
Description	File Name
Project management of the transition	<p>Component Description: \$207.48 credit to be split across 52 Sinclair stations reimbursed \$269.71 for invoice #1093 (correct reimbursement amount is \$265.72). #CM-7-29-2019-1093</p> <p>Amount: (\$3.99)</p>

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1098
Amount: \$238.07

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #473506
Amount: \$421.40

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1117
Amount: \$282.68

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1111
Amount: \$159.58

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1105
Amount: \$216.88

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1114
Amount: \$242.25

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1141
Amount: \$406.17

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1133
Amount: \$307.72

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #470923
Amount: \$406.65

Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1090
Amount: \$176.70

	<p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1093</p> <p>Amount: \$269.71</p> <p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #1099</p> <p>Amount: \$266.93</p> <p>Component Description: Legal Service Cost. #472675</p> <p>Amount: \$163.75</p> <p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 100 stations. #471524</p> <p>Amount: \$341.18</p> <p>Component Description: Legal Service Cost. #470220</p> <p>Amount: \$120.00</p>
Sinclair Internal Costs	<p>Component Description: Portion of general repack matter internal time card attributable to this station - divided by 100.</p> <p>Amount: \$66.55</p>

RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
NEPA Section 106 environmental review, if needed	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.

Perform engineering study for new channel assignment and antenna development	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	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	\$82,645.00	\$82,045.00		\$23,660.00	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,950.00	N/A
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$10,000.00</i>	\$10,000.00	N/A	\$1,560.00	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	\$1,000.00	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$18,150.00</i>	\$18,150.00	Check quote for Tercek	\$18,150.00	N/A
Non-zoning permits	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Local Zoning	<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
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
Sub-total	\$82,645.00	\$82,045.00	N/A	\$23,660.00	N/A
Total for all systems	\$2,234,946.55	\$2,144,840.49	N/A	\$382,297.46	N/A

Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	<p>Component Description: Medical notification cost. #1158</p> <p>Amount: \$2,950.00</p>
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.

Equipment Storage	<p>Component Description: Equipment storage cost. #62265638</p> <p>Amount: \$200.00</p> <p>Component Description: Equipment storage cost. #62263412</p> <p>Amount: \$300.00</p> <p>Component Description: Equipment storage cost. #62266131</p> <p>Amount: \$310.00</p> <p>Component Description: Storage cost. #62261929</p> <p>Amount: \$750.00</p>
Equipment Delivery and Handling Charges	<p>Component Description: Equipment delivery cost. #62266958</p> <p>Amount: \$1,000.00</p>
Disposal Costs (for equipment and other waste, net of any salvage value)	<p>Component Description: Disposal related cost. #112119</p> <p>Amount: \$18,150.00</p>
Non-zoning permits	Information not provided.
Local Zoning	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.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,234,946.55	\$2,144,840.49	\$382,297.46

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"> <li data-bbox="750 772 1045 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 data-bbox="750 1198 1029 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. <li data-bbox="750 1467 1037 1758">3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

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

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

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

**Lucy
Rutishauser**
CFO

08/20/2019

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 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.

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.

**Lucy
Rutishauser**
CFO

08/20/2019

Attachments