



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **56526** | Service: **DTV** | Call **WTTK** | Channel: **15 (UHF)** |
ID: | Sign:
File **0000028172**
Number:
FRN: **0005047105** | Date **09/16**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRIBUNE BROADCASTING INDIANAPOLIS, LLC	Steve Zanolini	+1 (317) 632-5900	szanolini@tribunemedia.com	Limited Liability Company
Doing Business As:	Network Place			
TRIBUNE BROADCASTING INDIANAPOLIS, LLC	Indianapolis, IN 46221			
	United States			

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Bill Vanduyndhoven , Vanduyndhov .	Bill Vanduyndhoven	+1 (404) 312-8693	BillV@Tribunemedia.com
Director of Engineering operations	2211 Rabbit Hill Cir		
Tribune Broadcasting	Dacula, GA 30019		
	United States		

**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	WXIN and WTTV share antenna, re-tune antenna and replace Transmission line Replace transmitter

Transmitters

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

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

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	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
	Year	2000
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

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

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6 kW
	Justification for New Transmitter	Current transmitter can not be re-tuned WTTK will upgrade and pay the increased cost.

**Auxiliary
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	No
	Size	N/A
	Length	N/A

	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

**Auxiliary
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

**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	SigmaCD - P2
	Year	1995
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	60 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	ULXTE-72
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	47 kW
	Justification for New Transmitter	Current transmitter is not re-tunable as stated by the Manufacturer

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	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
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?	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
Existing Antenna Manufacturer and Type	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	80.0 %
	Lower Limit	470.00 MHz
	Upper Limit	670.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1500.0 kW

Manufacturer	
Model	TUM20-O4-12/48H-1-R-T
Year	2008

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
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?	Yes
	Is antenna directional?	No
	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	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 assigned channels

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	8 3/16 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

Enter a list of RF channel numbers.

RF Channel Number

22

15

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	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
New Antenna Manufacturer and Type	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	670.00 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
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?	B
	Feed Line Size	6 1/8 inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an 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

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
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?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	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
146	WXIN

Primary **New Transmission Line**
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	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 line section length is not compatible with assigned channels.

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

Information not provided.

Interim
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	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 2 stations during transition

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
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1030684
Coordinates (NAD83 (North American Datum of 1983))	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
146	WXIN	DTV
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**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
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	Yes
	Quantity	2
	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	No
	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
RF Field Engineering Services	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**

If wireless is not provided.

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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	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)?	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
Primary Transmitter ULXTE-72	\$1,530,800.00	\$1,235,000.00		\$1,000,419.14	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,180,000.00	N/A	\$1,000,419.14	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$5,000.00	N/A	N/A	N/A
Auxiliary Transmitter ULXTE-10	\$399,500.00	\$229,115.86		\$141,889.20	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$87,226.66	Reimbursable amount	\$87,226.66	N/A

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$141,889.20	***System Notice: Estimate adjusted and locked because line has been superseded. ***see attached quote	\$54,662.54	See attached quote
Sub-total	\$1,930,300.00	\$1,464,115.86	N/A	\$1,142,308.34	N/A
Total for all systems	\$4,755,805.00	\$3,031,495.86	N/A	\$1,650,949.79	N/A

Components

Actual Information Description	File Name
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<p>Component Description: ULXTE-72 Amount: \$315,783.32</p> <p>Component Description: Deposit ULXTE-72 Amount: \$342,317.91</p> <p>Component Description: ULXTE-72 Transmitter 2nd payment Amount: \$342,317.91</p> <p>Component Description: 2nd payment - ULXTE-72 Amount: \$342,317.91</p>
Service entrance 3 phase /800 amp/208 volt	Information not provided.
Switchgear - industrial 800 amp	Information not provided.

2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	Component Description: Amount:	2nd payment ULXTE-10 \$54,662.54
	Component Description: Amount:	3rd payment ULXTE-10 \$32,564.12
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description: Amount:	ULXTE-10 Transmitter 2nd payment \$54,662.54
	Component Description: Amount:	ULXTE - 10 3rd payment \$32,564.12
	Component Description: Amount:	Deposit ULXTE-10 \$54,662.54
	Component Description: Amount:	2nd payment - ULXTE10 \$54,662.54
	Component Description: Amount:	ULXTE-10 2nd payment \$54,662.54
	Component Description: Amount:	3rd payment - ULXTE-10 \$32,564.12

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
Interim Antenna TFU-WB16	\$20,430.00	\$14,440.00		\$0.00	
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$8,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,440.00	N/A	N/A	N/A
UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 900 kW input, directional,, horizontally polarized	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Primary Antenna TUM20-04- 12/48H-1-R- T	\$877,880.00	\$564,440.00		\$263,129.85	

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	\$6,440.00	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	\$8,000.00	N/A	\$7,492.50	N/A
Sub-total	\$898,310.00	\$578,880.00	N/A	\$263,129.85	N/A
Total for all systems	\$4,755,805.00	\$3,031,495.86	N/A	\$1,650,949.79	N/A

Components

Actual Information	
Description	File Name
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
Sweep test of existing antenna	Information not provided.

UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 900 kW input, directional,, horizontally polarized	Information not provided.	
UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, elliptically or circularly polarized	Component Description: Amount:	TUM20-O4-12 Antenna \$105,806.25
	Component Description: Amount:	TUM20-O4-12 Antenna \$105,806.25
Sweep test of existing antenna	Component Description: Amount:	50% Sweep Test \$1,440.00
	Component Description: Amount:	50% of Sweep Test \$1,440.00
New combiner, cost per channel (without antenna)	Component Description: Amount:	combiner split with WXIN \$41,144.85
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	Component Description: Amount:	50% elbow complex \$3,746.25
	Component Description: Amount:	50% Elbow complex \$3,746.25

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
Interim Transmission Line	\$185,600.00	\$0.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8" broadband	\$185,600.00	\$0.00	N/A	N/A	N/A
Primary Transmission Line	\$381,700.00	\$250,000.00		\$116,465.50	
Rigid Transmission Line - copper, 8 3/16"	\$381,700.00	\$250,000.00	N/A	\$116,465.50	N/A
Sub-total	\$567,300.00	\$250,000.00	N/A	\$116,465.50	N/A
Total for all systems	\$4,755,805.00	\$3,031,495.86	N/A	\$1,650,949.79	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 6 1/8" broadband	Information not provided.

Rigid Transmission Line - copper, 8 3/16"		
	Component Description:	50% of RTLSCR8-20
	Amount:	\$2,801.25
	Component Description:	50% of RTLSCR8-20
	Amount:	\$2,801.25
	Component Description:	about half of transmission line
	Amount:	\$55,431.50
	Component Description:	about half of transmission line
	Amount:	\$55,431.50

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	\$1,275,100.00	\$666,000.00		\$125,771.10	
Serious tower reinforcement /modifications	\$1,052,000.00	\$450,000.00	Cost will be shared with WXIN	\$125,771.10	N/A
Tower Helicopter Lift	\$0.00	\$0.00	Included in Rigging costs	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$204,000.00	Cost shared with WXIN	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
Sub-total	\$1,275,100.00	\$666,000.00	N/A	\$125,771.10	N/A
Total for all systems	\$4,755,805.00	\$3,031,495.86	N/A	\$1,650,949.79	N/A

Components

Actual Information	
Description	File Name
Serious tower reinforcement /modifications	Component Description: rigging costs Amount: \$125,771.10
Tower Helicopter Lift	Information not provided.

Tall Tower (greater than 500')	Information not provided.
Structural engineering tower load study for well documented tower	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	\$37,245.00	\$25,500.00		\$0.00	
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
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 request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$11,000.00	N/A	N/A	N/A
Sub-total	\$37,245.00	\$25,500.00	N/A	\$0.00	N/A

Total for all systems	\$4,755,805.00	\$3,031,495.86	N/A	\$1,650,949.79	N/A
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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	\$47,550.00	\$47,000.00		\$3,275.00	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$3,275.00	N/A
MVPD Notification of Channel Change	<i>\$11,000.00</i>	\$11,000.00	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
Local Zoning	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Equipment Storage	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Sub-total	\$47,550.00	\$47,000.00	N/A	\$3,275.00	N/A
Total for all systems	\$4,755,805.00	\$3,031,495.86	N/A	\$1,650,949.79	N/A

Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	Component Description: medical testing Amount: \$3,275.00
MVPD Notification of Channel Change	Information not provided.

Develop and air announcement of upcoming channel change	Information not provided.
Local Zoning	Information not provided.
Equipment Storage	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$4,755,805.00	\$3,031,495.86
			\$1,650,949.79

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.

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*

09/16/2019

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>Teri Ann Guillory <i>Broadcasting Operations</i></p> <p>09/16/2019</p>

Attachments