



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **18819** | Service: **DTV** | Call **WLAE-TV** | Channel: **23 (UHF)** |
ID:
File **0000027988**
Number:
FRN: **0001718832** | Date **10/29**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-------------------|---------------|----------------|
| EDUCATIONAL BROADCASTING FOUNDATION, INC. | 3900 Howard Ave. New Orleans, LA 70125 United States | +1 (504) 234-8989 | dave@wlae.com | Not-for-Profit |

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 |
|--|---|-------------------|-------------------|
| Charles L. Spencer <i>Attorney</i> <i>Hebert, Spencer & Fry, L.P.</i> | 701 Laurel Street Baton Rouge, LA 70802 United States | +1 (225) 344-2601 | CLSAtty@gmail.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 | WLAE-TV will transition from DT Channel 31 to DT Channel 23 as part of Transition Phase 7 with a Testing Period Start Date of 10/19/2019 and a Phase Completion Date of 1/17/2020. Testing will be coordinated with linked Station KNOV-CD (FIN 64048). |

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 | HU15000AD |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 15 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 | CTX718 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 15.0 kW |
| | Justification for New Transmitter | The existing transmitter output mask filter is channel specific and must be replaced to accommodate the new repack channel (see attachments pertaining to mask filter). |

**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 | No |

| | | |
|--|---|---|
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | Yes |
| | Description | Upgrade the existing 400 amp service to a 600 amp service and add a 400 amp switch fused at 225 amps to power the new transmitter. The quote includes rigid conduit and wiring. |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Cooling Only |
| | Size | 5 tons |
| | 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

| Name | Description |
|---|--|
| Heat Exchanger Platform | A platform must be built to accommodate the transmitter's heat exchanger which will be located on the outside of the transmitter building. |
| Equipment and Labor for moving transmitter | The transmitter vendor requires that we provide personnel and equipment to help move the transmitter rack as well as heat exchanger and mask filter from the delivery truck into our transmitter facility. |
| Electrical installation for HVAC | HVAC needs electrical installation for unit to operate. |
| Storage and Delivery | Heavy lift equipment rental. |
| Drip Pans | Drip pans are needed for the water cooled transmitter to prevent possible leaks from the transmitter and water pumps from flooding the transmitter building. |

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) | 200.0 kW |
| | | |

| | |
|--------------|---------|
| Manufacturer | |
| Model | TLP-16M |
| Year | 2005 |

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 | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels/Bays | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Design power capacity in use | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 168.0 kW |
| | Manufacturer | |
| | Model | ATC- BCE12C2-23 |
| | | |

| | |
|-------------------------------|---|
| Year | 2018 |
| Justification for New Antenna | The present antenna will be lowered on tower to accommodate space for new antenna. Station wishes to operate at full licensed power on Ch. 31 while new re-pack antenna is mounted on tower. See attachment for WLAE repack plan. |

**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 | 4 1/16 inches inches |

| | | |
|---------------------------------|---|-----|
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | Yes |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | Yes |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

Primary Antenna

Other Antenna Cost Not Listed

| Name | Description |
|------------------------------|---|
| Storage | Storage for antenna before delivery to site for tower crew to mount on tower. |
| Off load main antenna | Bobcat rental with forklift handles to off load main antenna from flatbed truck. |
| Shipping and Handling | Manufacturer delivery. |
| Test RF System | Install and test and interim inter-connecting RF System to maintain licensed channel operation while implementing the FCC Repack Channel transmission equipment |

**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? | No |
| | 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 | Other |
| | 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 | Cavity Slot Antenna |
| | ERP: (Effective Radiated Power) | 200.0 kW |
| | Manufacturer | |
| | Model | ATC- BCSH16S1- U |
| | | |

| | |
|-------------------------------|--|
| Year | 2018 |
| Justification for New Antenna | WLAE-TV prefers to continue broadcasting on our present channel without going dark during the transitional period to the new assigned frequency mandated by the FCC. |

Interim Antenna

Other Antenna Costs

| Section | Question | Response |
|--------------------------|---|---------------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | B |
| | Feed Line Size | 4 1/16 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

| Name | Description |
|-----------------------|---|
| Shipping and Handling | Cost to ship antenna to broadcast tower site. |

Wide Band Adapter

3-1/8" to 4-1/16" wide band adapter.

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 | Rigid |
| | Diameter | 4 1/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 950 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 | Rigid |
| | Diameter | 4 1/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 950 feet per run |
| | | |

| | | |
|--|--|---|
| | <p>Justification for New Transmission Line</p> | <p>WLAE-TV wishes to continue broadcasting at full licensed power on our present channel using the existing transmission line while new transmission line is installed for new channel assignment. See attachment for WLAE repack plan.</p> |
|--|--|---|

Primary

Transmission Line

Other Transmission Line Expenses Not Listed

| Name | Description |
|---------|---|
| Storage | Storage for transmission line essential for protection against theft. |

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? | 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 | 1000007 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 29° 58' 58.0" N- |
| | Longitude (NAD83) | 089° 57' 09.0" W- |
| | Overall Structure Height | 1049.86 feet |
| | Support Structure Height | 1049.86 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 0.00 feet |

| | |
|------------------|--|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | BAYOU BIENVENUE TOWER |
| Date Constructed | 05/01/1984 |

**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 |
|-------------|-----------|---------|
| 52435 | WWL-FM | FM |
| 58394 | WNOE-FM | FM |
| 54890 | WRNO-FM | FM |

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 |
|---|--|
| Tower Rigging | Tower rigging is needed to reinforce and modify existing G-7 guy wired tower structure. . |
| Structural Analysis | A structural analysis is needed for the conditions used to add the new repack antenna and transmission line. See WLAE-TV repack plan in attachments. |
| Change order for tower modifications | A change order was necessary for the tower modifications to proceed. |

**Outside
Professional**

| Section | Question | Response |
|---|--|---|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 500 |
| | Explanation | WLAE-TV will need outside assistance and project management due to insufficient staffing levels to support a major project. |
| 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 | 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 | Yes |
| | Quantity | 2 |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | Yes |
| | 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 | Yes |
| | Number of Days | 22 |
| | | |

| | | |
|--|---------------|--|
| | Justification | We do not have comprehensive internal resources. Consulting RF engineers are needed to meet the analytical, coordination, and FCC compliance needs of the station. |
|--|---------------|--|

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Services 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 | 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 | Yes |
| 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? | No |
| | 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

| Name | Description |
|---------------------|---|
| WLAE-TV Staff Hours | WLAE-TV Staff Hours to install repack transmitter |
| Burk Touch Remote | See attachments "Burk Touch" and "WLAE_ArcPlusTouch_AutoPilot_SNMP_Quote_Oct282019" |

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 CTX718 | \$888,778.28 | \$722,403.28 | | \$673,753.28 | |
| Drip Pans | <i>\$9,450.00</i> | \$9,450.00 | N/A | \$9,450.00 | N/A |
| Storage and Delivery | <i>\$1,900.00</i> | \$1,900.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW | \$684,000.00 | \$518,625.00 | N/A | \$498,625.00 | N/A |
| Other Electrical Service: Upgrade the existing 400 amp service to a 600 amp service and add a 400 amp switch fused at 225 amps to power the new transmitter. The quote includes rigid conduit and wiring. | <i>\$112,700.00</i> | \$112,700.00 | N/A | \$112,700.00 | N/A |

| | | | | | |
|--|--------------------|----------------|-----|----------------|-----|
| 5 Ton system | \$20,250.00 | \$19,250.00 | N/A | N/A | N/A |
| Equipment and Labor for moving transmitter | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Heat Exchanger Platform | \$52,978.28 | \$52,978.28 | N/A | \$52,978.28 | N/A |
| Electrical installation for HVAC | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| Sub-total | \$888,778.28 | \$722,403.28 | N/A | \$673,753.28 | N/A |
| Total for all systems | \$2,664,198.24 | \$1,634,772.04 | N/A | \$1,273,451.84 | N/A |

Components

| Actual Information | |
|----------------------|---|
| Description | File Name |
| Drip Pans | <p>Component Description: Payment is due for the installation of drip pans for the repack transmitter so I'm requesting reimbursement for the amount shown on the invoice, \$9450.00.</p> <p>Amount: \$9,450.00</p> |
| Storage and Delivery | Information not provided. |

UHF - Liquid Cooled Solid
State Transmitter 14.2 - 20
kW

Component Description:

2nd payment on
15kw transmitter is
due now so I'm
requesting
reimbursement for
this cost as shown
in the invoice,
\$317106.25.

Amount:

\$317,106.25

Component Description:

First payment for
35% down on
15kW transmitter is
due now so I am
requesting
reimbursement for
35% of this cost as
shown in the
invoice.

Amount:

\$181,518.75

| | | | | | |
|--|---|--|--|--|---|
| <p>Other Electrical Service: Upgrade the existing 400 amp service to a 600 amp service and add a 400 amp switch fused at 225 amps to power the new transmitter. The quote includes rigid conduit and wiring.</p> | <table> <tr> <td data-bbox="708 98 1107 748"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1107 98 1426 748"> <p>2nd payment of \$56,350.00 is due now for electrical requirements for new transmitter as required by the FCC Repack so I'm requesting reimbursement for this amount as shown in the invoice, \$56,350.00</p> <p>\$56,350.00</p> </td></tr> <tr> <td data-bbox="708 748 1107 1361"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1107 748 1426 1361"> <p>Payment of \$56,350.00 is due now for electrical requirements for the new transmitter as required by the FCC Repack so I'm requesting reimbursement of \$56,350.00 as shown on the invoice.</p> <p>\$56,350.00</p> </td></tr> </table> | <p>Component Description:</p> <p>Amount:</p> | <p>2nd payment of \$56,350.00 is due now for electrical requirements for new transmitter as required by the FCC Repack so I'm requesting reimbursement for this amount as shown in the invoice, \$56,350.00</p> <p>\$56,350.00</p> | <p>Component Description:</p> <p>Amount:</p> | <p>Payment of \$56,350.00 is due now for electrical requirements for the new transmitter as required by the FCC Repack so I'm requesting reimbursement of \$56,350.00 as shown on the invoice.</p> <p>\$56,350.00</p> |
| <p>Component Description:</p> <p>Amount:</p> | <p>2nd payment of \$56,350.00 is due now for electrical requirements for new transmitter as required by the FCC Repack so I'm requesting reimbursement for this amount as shown in the invoice, \$56,350.00</p> <p>\$56,350.00</p> | | | | |
| <p>Component Description:</p> <p>Amount:</p> | <p>Payment of \$56,350.00 is due now for electrical requirements for the new transmitter as required by the FCC Repack so I'm requesting reimbursement of \$56,350.00 as shown on the invoice.</p> <p>\$56,350.00</p> | | | | |
| <p>5 Ton system</p> | <p>Information not provided.</p> | | | | |
| <p>Equipment and Labor for moving transmitter</p> | <p>Information not provided.</p> | | | | |

| | |
|----------------------------------|---|
| Heat Exchanger Platform | <div data-bbox="708 174 1378 566"> <div data-bbox="708 174 1015 208">Component Description:</div> <div data-bbox="1150 174 1378 521">2nd payment for Heat Exchange Platform is due now so I'm requesting reimbursement for 50% of balance due which is shown on the invoice.</div> <div data-bbox="708 533 817 566">Amount:</div> <div data-bbox="1150 533 1281 566">\$26,489.14</div> </div> <div data-bbox="708 674 1378 1066"> <div data-bbox="708 674 1015 707">Component Description:</div> <div data-bbox="1150 674 1378 1021">First payment of 50% down for Heat Exchange platform is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.</div> <div data-bbox="708 1032 817 1066">Amount:</div> <div data-bbox="1150 1032 1281 1066">\$26,489.14</div> </div> |
| Electrical installation for HVAC | 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 |
|--|--------------------------------|-------------------|------------------------------------|-------------|------------------------------|
| Interim Antenna ATC- BCSH16S1- U | \$210,055.00 | \$62,175.00 | | \$57,675.00 | |
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | \$189,500.00 | \$48,000.00 | N/A | \$48,000.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$4,500.00 | N/A | N/A | N/A |
| Elbow complex, broadband, at antenna input, per 4 1/16. feedline (if needed) | \$10,950.00 | \$6,800.00 | N/A | \$6,800.00 | N/A |
| Wide Band Adapter | <i>\$1,800.00</i> | \$1,800.00 | N/A | \$1,800.00 | N/A |
| Shipping and Handling | <i>\$1,075.00</i> | \$1,075.00 | N/A | \$1,075.00 | N/A |

| | | | | | |
|---|---------------------|---------------------|-----|--------------------|-----|
| Primary Antenna ATC- BCE12C2- 23 | \$378,118.75 | \$118,358.75 | | \$69,775.00 | |
| Test RF System | \$19,373.75 | \$19,373.75 | N/A | \$11,040.00 | N/A |
| Shipping and Handling | \$3,850.00 | \$3,850.00 | N/A | \$3,850.00 | N/A |
| Off load main antenna | \$385.00 | \$385.00 | N/A | \$385.00 | N/A |
| Storage | \$500.00 | \$500.00 | N/A | \$500.00 | N/A |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | \$5,260.00 | \$5,000.00 | N/A | \$5,000.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$4,500.00 | N/A | \$2,250.00 | N/A |
| UHF - Lower Power Side Mount, One Station antenna . medium power (50- 200 kW), elliptically or circularly polarized | \$103,100.00 | \$38,000.00 | N/A | \$19,000.00 | N/A |

| | | | | | |
|--|--------------|-------------|---|------------|-----|
| Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed) | \$9,570.00 | \$4,000.00 | N/A | \$4,000.00 | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$4,750.00 | N/A | \$4,750.00 | N/A |
| UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized | \$103,100.00 | \$19,000.00 | ***System Notice: Estimate adjusted and locked because line has been superseded. *** | \$0.00 | N/A |

| | | | | | |
|---|----------------|----------------|---|----------------|-----|
| UHF - Lower Power Side Mount, One Station antenna . medium power (50- 200 kW), elliptically or circularly polarized | \$103,100.00 | \$19,000.00 | ***System Notice: Estimate adjusted and locked because line has been superseded. *** | \$19,000.00 | N/A |
| Sub-total | \$588,173.75 | \$180,533.75 | N/A | \$127,450.00 | N/A |
| Total for all systems | \$2,664,198.24 | \$1,634,772.04 | N/A | \$1,273,451.84 | N/A |

Components

Actual Information
Description

File Name

| | | | | | | | | | | | | | |
|---|--|-------------------------------|--|----------------|------------|-------------------------------|---|----------------|-------------|-------------------------------|--|----------------|-------------|
| <p>UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized</p> | <table> <tr> <td data-bbox="708 174 1015 210">Component Description:</td><td data-bbox="1150 174 1378 524">3rd payment of 20% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="708 535 815 571">Amount:</td><td data-bbox="1150 535 1267 571">\$9,600.00</td></tr> <tr> <td data-bbox="708 674 1015 710">Component Description:</td><td data-bbox="1150 674 1378 1023">Second payment of 30% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="708 1034 815 1070">Amount:</td><td data-bbox="1150 1034 1283 1070">\$14,400.00</td></tr> <tr> <td data-bbox="708 1173 1015 1209">Component Description:</td><td data-bbox="1150 1173 1378 1523">First payment of 50% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="708 1534 815 1570">Amount:</td><td data-bbox="1150 1534 1283 1570">\$24,000.00</td></tr> </table> | Component Description: | 3rd payment of 20% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice. | Amount: | \$9,600.00 | Component Description: | Second payment of 30% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice. | Amount: | \$14,400.00 | Component Description: | First payment of 50% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice. | Amount: | \$24,000.00 |
| Component Description: | 3rd payment of 20% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice. | | | | | | | | | | | | |
| Amount: | \$9,600.00 | | | | | | | | | | | | |
| Component Description: | Second payment of 30% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice. | | | | | | | | | | | | |
| Amount: | \$14,400.00 | | | | | | | | | | | | |
| Component Description: | First payment of 50% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice. | | | | | | | | | | | | |
| Amount: | \$24,000.00 | | | | | | | | | | | | |
| <p>Sweep test of existing antenna</p> | <p>Information not provided.</p> | | | | | | | | | | | | |

| | | |
|--|-------------------------------|--|
| Elbow complex, broadband, at antenna input, per 4 1/16. feedline (if needed) | Component Description: | First payment of 50% for elbow complex is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice. |
| | Amount: | \$3,400.00 |
| | Component Description: | 3rd payment of 20% for elbow complex is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice. |
| | Amount: | \$1,360.00 |
| | Component Description: | Second payment of 30% for elbow complex is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice. |
| | Amount: | \$2,040.00 |

Wide Band Adapter

Component Description:

Second payment of 30% for the wide band adapter is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.

Amount:

\$540.00

Component Description:

First payment of 50% for the wide band adapter is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.

Amount:

\$900.00

Component Description:

3rd payment of 20% for the wide band adapter is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice.

Amount:

\$360.00

| | |
|-----------------------|---|
| Shipping and Handling | <div data-bbox="710 174 1013 208" data-label="Section-Header">Component Description:</div> <div data-bbox="1150 174 1377 524" data-label="Text"> <p>Payment for 100% for shipping and handling of interim antenna is due now so I am requesting reimbursement for 100% of this cost as shown in the invoice. Amount:</p> </div> <div data-bbox="710 575 817 609" data-label="Section-Header">Amount:</div> <div data-bbox="1150 533 1267 609" data-label="Text"> <p>\$1075.00 \$1,075.00</p> </div> |
| Test RF System | <div data-bbox="710 748 1013 781" data-label="Section-Header">Component Description:</div> <div data-bbox="1150 748 1361 1135" data-label="Text"> <p>First payment for RF inter-connecting materials is due now so I'm requesting reimbursement of \$11040.00 for this material as shown in the invoice.</p> </div> <div data-bbox="710 1146 817 1180" data-label="Section-Header">Amount:</div> <div data-bbox="1150 1146 1283 1180" data-label="Text"> <p>\$11,040.00</p> </div> |

| | |
|-----------------------|---|
| Shipping and Handling | <div data-bbox="708 174 1378 566"> <div> Component Description: First payment of 50% for shipping and handling of antenna is due now so I am requesting reimbursement for 50% of this cost as shown in the invoice. </div> <div> Amount: \$1,925.00 </div> </div> <div data-bbox="708 674 1378 1066"> <div> Component Description: Second payment of 50% for shipping and handling of antenna is due now so I am requesting reimbursement for 50% of this cost as shown in the invoice. </div> <div> Amount: \$1,925.00 </div> </div> |
| Off load main antenna | <div data-bbox="708 1205 1369 1597"> <div> Component Description: Full payment of cost for unloading main antenna from flatbed truck is due now so I'm requesting 100% reimbursement of this cost as shown in the invoice. </div> <div> Amount: \$385.00 </div> </div> |

Storage

Component Description:

2nd payment of 50% for storage of antenna is due now so I am only requesting reimbursement for 50% of this cost as shown in the invoice.

Amount:

\$250.00

Component Description:

First payment of 50% for storage of antenna is due now so I am only requesting reimbursement for 50% of this cost as shown in the invoice.

Amount:

\$250.00

Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)

Component Description:

Second payment of 30% for antenna scattering study for side mounted directional antenna is due now so I am requesting reimbursement for 30% of this cost as shown on the invoice.

Amount:

\$1,500.00

Component Description:

First payment of 50% for antenna scattering study for side mounted directional antenna is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.

Amount:

\$2,500.00

Component Description:

3rd payment of 20% for antenna scattering study for side mounted directional antenna is due now so I am requesting reimbursement for 20% of this cost as shown on the invoice.

Amount:

\$1,000.00

| | |
|--|---|
| Sweep test of existing antenna | <div> <div>Component Description:</div> <div>First payment of 50% for Field Service System sweep is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$2,250.00</div> </div> |
| UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized | <div> <div>Component Description:</div> <div>Second payment of 30% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$11,400.00</div> </div> <div> <div>Component Description:</div> <div>Third payment of 20% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 20% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$7,600.00</div> </div> |

| | | |
|---|-------------------------------|---|
| Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed) | Component Description: | First payment of 50% for 3 1/8" Elbow complex is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice. |
| | Amount: | \$2,000.00 |
| | Component Description: | 2nd payment of 50% for 3 1/8" Elbow complex is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice. |
| | Amount: | \$2,000.00 |

| | |
|--|--|
| Side mount brackets for high power antennas (if not included in antenna base cost) | <div> <div>Component Description:</div> <div>First payment of 50% for cost of custom mounts for offset, 3 mount locations for antenna is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$2,375.00</div> </div> |
| | <div> <div>Component Description:</div> <div>2nd payment of 50% for cost of custom mounts for offset, 3 mount locations for antenna is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$2,375.00</div> </div> |
| UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized | <div> <div>Component Description:</div> <div>First payment of 50% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$19,000.00</div> </div> |

| | | |
|--|---|---|
| UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized | Component Description: Amount: | First Payment of 50% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 50% of this cost as shown on the invoice. \$19,000.00 |
|--|---|---|

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 | \$135,694.85 | \$87,220.85 | | \$87,220.85 | |
| Rigid Transmission Line - copper, 4 1/16" | \$134,900.00 | \$86,426.00 | N/A | \$86,426.00 | N/A |
| Storage | <i>\$794.85</i> | \$794.85 | N/A | \$794.85 | N/A |
| Sub-total | \$135,694.85 | \$87,220.85 | N/A | \$87,220.85 | N/A |
| Total for all systems | \$2,664,198.24 | \$1,634,772.04 | N/A | \$1,273,451.84 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

| | |
|---|--|
| Rigid Transmission Line - copper, 4 1/16" | <div data-bbox="707 165 1426 568"> <p>Component Description: Invoice for the 4 1/4" copper transmission line is due now so I am requesting reimbursement of the total due as shown in the invoice.</p> <p>Amount: \$6,151.00</p> </div> <div data-bbox="707 658 1426 1061"> <p>Component Description: First payment for 35% down on 4 1/16" transmission line is due now so I am requesting reimbursement for 35% of this cost as shown in the invoice.</p> <p>Amount: \$28,096.25</p> </div> <div data-bbox="707 1151 1426 1599"> <p>Component Description: Second payment for 65% of final payment on 4 1/16" transmission line is due now so I'm requesting reimbursement for the balance of this cost as shown in the invoice.</p> <p>Amount: \$52,178.75</p> </div> |
| Storage | <div data-bbox="707 1727 1426 1861"> <p>Component Description: 2nd payment for storage container.</p> <p>Amount: \$192.59</p> </div> <div data-bbox="707 1928 1426 2063"> <p>Component Description: 1st payment for storage container.</p> <p>Amount: \$602.26</p> </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 TOWER | \$707,468.00 | \$315,525.00 | | \$315,525.00 | |
| Change order for tower modifications | <i>\$25,490.00</i> | \$25,490.00 | N/A | \$25,490.00 | N/A |
| Structural Analysis | <i>\$5,000.00</i> | \$5,000.00 | N/A | \$5,000.00 | N/A |
| Tower Rigging | <i>\$19,178.00</i> | \$19,178.00 | N/A | \$19,178.00 | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$128,647.00 | N/A | \$128,647.00 | N/A |
| Major tower reinforcement /modifications | \$421,000.00 | \$129,127.00 | N/A | \$129,127.00 | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$8,083.00 | N/A | \$8,083.00 | N/A |
| Sub-total | \$707,468.00 | \$315,525.00 | N/A | \$315,525.00 | N/A |
| Total for all systems | \$2,664,198.24 | \$1,634,772.04 | N/A | \$1,273,451.84 | N/A |

Components

| Actual Information | | |
|--------------------------------------|--|---|
| Description | File Name | |
| Change order for tower modifications | Component Description: Amount: | This change order was for the tower modifications to proceed. . So I'm requesting reimbursement for the change order as shown in the invoice, \$25,490.00 \$25,490.00 |
| Structural Analysis | Component Description: Amount: Component Description: Amount: | This invoice is a 50% down payment for the signed and accepted proposal or quote. The signed proposal is in the attachments. \$2,500.00 FDH Velocitel Invoice #2 for the balance due for the Structural Analysis. \$2,500.00 |

| | |
|--------------------------------|--|
| Tower Rigging | <div> <div>Component Description:</div> <div>Balance for all rigging is due now so I'm requesting reimbursement for this cost as shown on the invoice, \$13,424.60.</div> </div> <div> <div>Amount:</div> <div>\$13,424.60</div> </div> |
| | <div> <div>Component Description:</div> <div>First payment of 30% for cost of tower rigging is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$5,753.40</div> </div> |
| Tall Tower (greater than 500') | <div> <div>Component Description:</div> <div>Balance for the antenna and line relocation and install is due now so I'm requesting reimbursement for this cost as shown on the invoice, \$90,052.90.</div> </div> <div> <div>Amount:</div> <div>\$90,052.90</div> </div> |
| | <div> <div>Component Description:</div> <div>First payment of 30% for cost of antenna and line relocation and install is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$38,594.10</div> </div> |

| | |
|---|---|
| Major tower reinforcement /modifications | <div> <div>Component Description:</div> <div>Balance for the tower modification is due now so I'm requesting reimbursement of this cost as shown on the invoice, \$90,388.90.</div> </div> <div> <div>Amount:</div> <div>\$90,388.90</div> </div> |
| | <div> <div>Component Description:</div> <div>First payment of 30% down for cost of all modifications of tower is due now so I'm requesting reimbursement for 30% of this cost as shown in the invoice.</div> </div> <div> <div>Amount:</div> <div>\$38,738.10</div> </div> |
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study | <div> <div>Component Description:</div> <div>This invoice is a 50% down payment for the signed and accepted proposal or quote. The proposal is attached to the bottom of the invoice. It is also in the attachments.</div> </div> <div> <div>Amount:</div> <div>\$4,041.50</div> </div> <div> <div>Component Description:</div> <div>Invoice is for remaining balance due after completion of scope of work performed.</div> </div> <div> <div>Amount:</div> <div>\$4,041.50</div> </div> |

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 Co Justificati |
|--|--------------------------------|-------------------|------------------------------------|-------------|--------------------------|
| Outside Professional Services | \$293,315.00 | \$286,175.80 | | \$63,807.71 | |
| Additional Field Engineering Service, 22 Days | <i>\$60,000.00</i> | \$60,000.00 | N/A | \$48,881.91 | 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 |
| 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 |

| | | | | | |
|---|-------------|-------------|-----|-----|-----|
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$7,360.00 | \$7,000.00 | 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 engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| Prepare request for Special Temporary Authorization | \$4,100.00 | \$3,000.00 | N/A | N/A | N/A |
| Project management of the transition | \$79,000.00 | \$75,000.00 | 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 | \$8,350.00 | The cost of addressing transition timing and coordination issues take much more time and therefore the attorney fees are much higher than the predetermined cost. | \$8,350.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$6,575.80 | N/A | \$6,575.80 | N/A |
| Sub-total | \$293,315.00 | \$286,175.80 | N/A | \$63,807.71 | N/A |
| Total for all systems | \$2,664,198.24 | \$1,634,772.04 | N/A | \$1,273,451.84 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

Additional Field
Engineering Service, 22
Days

Component Description:

Invoice for
Equipment
Removal Plan is
due now so I'm
requesting
reimbursement for
\$1863.75 as shown
in the invoice.

Amount:

\$1,863.75

Component Description:

Technical Services
Invoice for
implementing
equipment removal
plan is due now so
I'm requesting
reimbursement of
\$4646.25 as shown
in the invoice.

Amount:

\$4,646.25

Component Description:

Installed additional
interim inter-
connecting RF
system to permit
relocation the
Repack FCC
Channel Mask
Filter to the side of
the present Mask
Filter.

Amount:

\$37,384.41

Component Description:

Payment of
\$4987.50 is due
now for conducting
a preliminary site
survey so I'm
requesting
reimbursement of
\$4987.50 as shown
in the invoice.

Amount:

\$4,987.50

| | |
|--|---------------------------|
| 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. |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | Information not provided. |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | 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 engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Project management of the transition | Information not provided. |
| Prepare and or review reimbursement form | Information not provided. |
| | |

Address transition timing
and coordination issues w/
other stations and wireless

Component Description:

Payment of
\$1000.00 is due
now for transition
and timing issues
so I'm requesting
reimbursement for
\$1000.00 as shown
in the invoice.

Amount:

\$1,000.00

Component Description:

Payment of
\$1450.00 is due
now for transition
and timing issues
so I'm requesting
reimbursement for
\$1450.00 as shown
in the invoice.

Amount:

\$1,450.00

Component Description:

Payment of
\$200.00 is due now
for transition and
timing issues so
I'm requesting
reimbursement for
\$200.00 as shown
in the invoice.

Amount:

\$200.00

Component Description:

Payment of
\$3950.00 is due
now for transition
and timing issues
so I'm requesting
reimbursement for
\$3950.00 as shown
in the invoice.

Amount:

\$3,950.00

| | |
|-------------------------------|---|
| Component Description: | Payment of \$750.00 is due now for transition and timing issues so I'm requesting reimbursement for \$750.00 as shown in the invoice. |
| Amount: | \$750.00 |

| | |
|-------------------------------|--|
| Component Description: | Payment of \$300.00 is due now for transition and timing issues so I'm requesting reimbursement of \$300.00 as shown in the invoice. |
| Amount: | \$300.00 |

| | |
|-------------------------------|---|
| Component Description: | Payment of \$700.00 is due now for transition and timing issues so I'm requesting reimbursement for \$700.00 as shown in the invoice. |
| Amount: | \$700.00 |

| | | |
|--|-------------------------------|---|
| Perform engineering study for new channel assignment and antenna development | Component Description: | Invoice for creating spread sheet to compare various transmission line sizes and affect upon required Transmitter Power Output with various antenna configurations. |
| | Amount: | \$3,775.00 |
| | Component Description: | Invoice for services rendered including performing a TV Study coverage and interference analysis, including compliance with coverage requirements for three different antennas. |
| | Amount: | \$2,800.80 |

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 | \$50,768.36 | \$42,913.36 | | \$5,695.00 | |
| Burk Touch Remote | <i>\$3,295.00</i> | \$3,295.00 | See attached narrative. We would like to request reimbursement for replacement of our Burk ARCplus with a Burk Touch, which is capable of SNMP control. Our current remote or transmitter does not offer on and off control. | N/A | N/A |
| WLAE-TV Staff Hours | <i>\$12,338.36</i> | \$12,338.36 | N/A | \$0.00 | N/A |
| MVPD Notification of Channel Change | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$10,000.00</i> | \$10,000.00 | . | N/A | N/A |

| | | | | | |
|--|-------------------|----------------|-----|----------------|-----|
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$1,945.00 | \$1,945.00 | N/A | \$1,945.00 | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$3,750.00 | N/A | \$3,750.00 | 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 | \$50,768.36 | \$42,913.36 | N/A | \$5,695.00 | N/A |
| Total for all systems | \$2,664,198.24 | \$1,634,772.04 | N/A | \$1,273,451.84 | N/A |

Components

| Actual Information | |
|---|---------------------------|
| Description | File Name |
| Burk Touch Remote | Information not provided. |
| WLAE-TV Staff Hours | Information not provided. |
| MVPD Notification of Channel Change | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |

| | | | | | |
|---|---|--|---|--|--|
| <p>Disposal Costs (for equipment and other waste, net of any salvage value)</p> | <table> <tr> <td data-bbox="702 100 1114 716"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1114 100 1428 716"> <p>Full payment of cost for hauling transmitter packaging debris from premises is due now so I'm requesting reimbursement of this cost as shown in the invoice, \$385.00.</p> <p>\$385.00</p> </td></tr> <tr> <td data-bbox="702 716 1114 1081"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1114 716 1428 1081"> <p>Removal and disposal of debris from tower sight due to upgrade to tower as required for FCC Repack.</p> <p>\$1,560.00</p> </td></tr> </table> | <p>Component Description:</p> <p>Amount:</p> | <p>Full payment of cost for hauling transmitter packaging debris from premises is due now so I'm requesting reimbursement of this cost as shown in the invoice, \$385.00.</p> <p>\$385.00</p> | <p>Component Description:</p> <p>Amount:</p> | <p>Removal and disposal of debris from tower sight due to upgrade to tower as required for FCC Repack.</p> <p>\$1,560.00</p> |
| <p>Component Description:</p> <p>Amount:</p> | <p>Full payment of cost for hauling transmitter packaging debris from premises is due now so I'm requesting reimbursement of this cost as shown in the invoice, \$385.00.</p> <p>\$385.00</p> | | | | |
| <p>Component Description:</p> <p>Amount:</p> | <p>Removal and disposal of debris from tower sight due to upgrade to tower as required for FCC Repack.</p> <p>\$1,560.00</p> | | | | |
| <p>FCC Filing Fees - Special Temporary Authorization request</p> | <p>Information not provided.</p> | | | | |
| <p>FCC Filing Fees - Form 2100 license to cover application</p> | <p>Information not provided.</p> | | | | |
| <p>DTV Medical Facility Notification</p> | <table> <tr> <td data-bbox="702 1395 1114 1724"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1114 1395 1428 1724"> <p>First payment for first stage of medical notification preparation.</p> <p>\$3,750.00</p> </td></tr> </table> | <p>Component Description:</p> <p>Amount:</p> | <p>First payment for first stage of medical notification preparation.</p> <p>\$3,750.00</p> | | |
| <p>Component Description:</p> <p>Amount:</p> | <p>First payment for first stage of medical notification preparation.</p> <p>\$3,750.00</p> | | | | |
| <p>FCC Filing Fees - Form 2100 minor change CP application</p> | <p>Information not provided.</p> | | | | |

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|----------------|
| Total for all systems | \$2,664,198.24 | \$1,634,772.04 | \$1,273,451.84 |

Reimbursement Status

| Question | Response |
|--|----------|
| The facility has ceased operating on its pre-auction channel. | Yes |
| 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>Ronald P. Yager <i>Vice-President /General Manager</i></p> <p>10/29/2019</p> |

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | Submission of Actual Cost Documentation Statements | 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). | |
| | | <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>Ronald P. Yager <i>Vice-President /General Manager</i></p> <p>10/29/2019</p> |

Attachments