



(REFERENCE COPY - Not
for submission)

FCC Form 399:
Reimbursement Request

Facility	56523	Service:	DTV	Call	WTTV	Channel:	27 (UHF)
ID:				Sign:			
File	0000028158						
Number:							
FRN:	0005047105	Date	02/06				
		Submitted:	/2020				

Applicant Name, Type, and Contact Information
Applicant Information

Applicant	Address	Phone	Email	Applicant Type
Tribune Media Company	Rick Poling	+1	rpoling@fox59.	Limited
Doing Business As:	6910	(317)	com	Liability
TRIBUNE BROADCASTING	Network	632-		Company
INDIANAPOLIS, LLC	Place	5900		
	Indianapolis,			
	IN 46278			
	United			
	States			

Reimbursement Contact Name and Information
Reimbursement Contact Information

Applicant	Address	Phone	Email
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[Confidential]

Preparer Contact Name and Information
Preparer Contact Information

Applicant	Address	Phone	Email
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Bill Vanduyndhoven ,	Bill	+1 (404)	bvanduyndhoven@nexstar.
Vanduyndhov .	VAnduyndhoven	312-8693	tv
<i>Sr Director of</i>	2211 Rabbit		
<i>Engineering RF Systems</i>	Hill Cir		
<i>Nexstar Broadcasting</i>	Dacula, GA		
<i>Company</i>	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.	No
Briefly describe transition plan	Add antenna above current antenna and replace transmission line. Current Support ple will not meet Rev G structural requirements. Replacement with a Top mount antenna and support was the least costly solution. Replace current transmitters.

Section	Question	Response
Transmitters		
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	Diamond
	Year	2000
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	7.5 kW

New Transmitter Costs

Auxiliary Transmitter

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	ULXTE-10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6.2 kW
	Justification for New Transmitter	Current AUx transmitter is not re-tunable

Other Transmitter Costs

Auxiliary Transmitter

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

Other Transmitter Cost Not Listed
Auxiliary Transmitter
 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	Power CD
	Year	2004
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	25 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-20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	12.9 kW
	Justification for New Transmitter	Upgrade to Solid state transmitter and not re-tune existing. No room in building for additional Tube type RF system. ULXTE-20 Non Epole

Primary Transmitter

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes

	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	4 inches
	Length	400.0 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

Other Transmitter Cost Not Listed

Primary Information not provided.

Transmitter

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)	870.0 kW

Manufacturer	
Model	TFU- 24DSB C260(C
Year	2001

Primary Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	576.0 kW
	Manufacturer	

Model	TFU-30GTH/VP-R C260
Year	2019
Justification for New Antenna	Current antenna will not work on assigned channel Support pole will not meet Rev G, Top mount antenna chosen to save cost of replacing Support pole

Other Antenna Costs

Primary Antenna

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?	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

Other Antenna Cost Not Listed

Primary
Antenna

Name	Description
Mounting Pole with wedding cake	Support pole, wedding cake to extend antenna to the correct height

Transmission Line		
Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary 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	1100 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	1100 feet per run
	Justification for New Transmission Line	Use existing to feed pre transition antenna during construction

Primary

Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

Tower

Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes?	Do you have tower equipment or rigging costs changes?	Yes

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	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	1026127
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	39° 24' 27.0" N-
	Longitude (NAD83)	086° 08' 52.0" W-
	Overall Structure Height	1131.88 feet
	Support Structure Height	1049.86 feet
	Ground Elevation Above Mean Sea Level (AMSL)	869.41 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Tribune Broadcasting Indianapolis, LLC
Date Constructed	01/01/1957

**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
59141	WTTS	FM

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?	No

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside

Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	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

Other Professional Services Expenses Not Listed

Outside

Information not provided.

Professional Services Costs

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	Yes
	Non-zoning permits	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other
Expenses

Other Expenses Not Listed

Name	Description
Taxes	Indiana State Taxes

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-20	\$613,050.00	\$457,863.21		\$320,802.68	
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$345,163.21	The tax on this order is \$20,934.06. That was on the P.O. and marked as taxable on the quote.	\$320,802.68	N/A
4" Rigid Conduit and Wiring (Cost per foot)	\$40,400.00	\$38,400.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Auxiliary Transmitter ULXTE-10	\$273,500.00	\$200,000.00		\$171,226.89	

UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$200,000.00	N/A	\$171,226.89	N/A
Sub-total	\$886,550.00	\$657,863.21	N/A	\$492,029.57	N/A
Total for all systems	\$2,936,085.00	\$1,935,348.21	N/A	\$1,404,984.53	N/A

Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	Component Description: payment for ULXTE-20 Amount: \$8,736.77
	Component Description: deposit for ULXTE-20 transmitter Amount: \$107,178.20
	Component Description: ULXTE-20 Amount: \$92,415.13
	Component Description: site survey Amount: \$5,294.38
	Component Description: 2nd payment - ULXTE-20 transmitter Amount: \$107,178.20
4" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.

Service entrance 3 phase /800 amp/208 volt	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	Component Description:	2nd payment - ULXTE-10 transmitter
	Amount:	\$54,662.54
	Component Description:	ULXTE-10
	Amount:	\$35,651.36
	Component Description:	payment for ULTXE-10
	Amount:	\$26,250.45
	Component Description:	deposit for ULXTE-10
	Amount:	\$54,662.54

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TFU-30GTH /VP-R C260	\$446,800.00	\$406,400.00		\$341,641.22	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$250,000.00	N/A	\$201,971.24	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$6,400.00	N/A
Mounting Pole with wedding cake	<i>\$141,000.00</i>	\$141,000.00	N/A	\$126,020.48	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$9,000.00	N/A	\$7,249.50	N/A
Sub-total	\$446,800.00	\$406,400.00	N/A	\$341,641.22	N/A

Total for all systems	\$2,936,085.00	\$1,935,348.21	N/A	\$1,404,984.53	N/A
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Components

Actual Information Description	File Name
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	Component Description: TFU-30GTH/VP-R C260 CH27 Amount: \$98,105.62
	Component Description: TFU-30GTH/VP-R C260 CH 27 - 2nd payment Amount: \$98,105.62
	Component Description: putting dollars here because of zero balance invoice. Amount: \$5,760.00
	Component Description: deposit - TFU-30GTH/VP-R C260 CH 27 Amount: \$98,105.62
	Component Description: TFU-30GTH/VP-R C260 CH 27 - 2nd payment Amount: \$98,105.62

Sweep test of existing antenna	Component Description:	2nd payment - sweep test
	Amount:	\$2,880.00
	Component Description:	deposit - sweep test
	Amount:	\$2,880.00
	Component Description:	last 10% of sweep test
	Amount:	\$640.00
	Component Description:	2nd payment - sweep test
	Amount:	\$2,880.00
	Component Description:	SWEEP TEST
	Amount:	\$2,880.00
Mounting Pole with wedding cake	Component Description:	Wedding Cake
	Amount:	\$63,010.24
	Component Description:	Wedding Cake
	Amount:	\$63,010.24

Elbow complex, single
channel, at antenna input,
per 4 1/16. feedline (if
needed)

Component Description:	deposit - elbow complex
Amount:	\$3,624.75

Component Description:	elbow complex - 2nd payment
Amount:	\$3,624.75

Component Description:	elbow complex - 2nd payment
Amount:	\$3,624.75

Component Description:	deposit - elbow complex
Amount:	\$3,624.75

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	\$156,200.00	\$101,000.00		\$94,490.62	
Rigid Transmission Line - copper, 4 1/16"	\$156,200.00	\$101,000.00	N/A	\$94,490.62	N/A
Sub-total	\$156,200.00	\$101,000.00	N/A	\$94,490.62	N/A
Total for all systems	\$2,936,085.00	\$1,935,348.21	N/A	\$1,404,984.53	N/A

Components

Actual Information Description	File Name
Rigid Transmission Line - copper, 4 1/16"	Component Description: deposit - TLSCR's Amount: \$1,540.35
	Component Description: cut pieces Amount: \$1,141.00
	Component Description: transmission line 4-1/16 50 OHM 1,100 feet Amount: \$43,543.71
	Component Description: 2nd payment - TLSCR'S Amount: \$1,540.35

Component Description:	deposit - transmission line 4-1/16 50 OHM 1,100 feet
Amount:	\$43,543.71

Component Description:	cut pieces
Amount:	\$3,181.50

Component Description:	2nd payment - transmission line 4-1/16 50 OHM 1,100 feet
Amount:	\$43,543.71

Component Description:	deposit - TLSCR's
Amount:	\$1,540.35

Component Description:	deposit - transmission line 4-1/16 50 OHM 1,100 feet
Amount:	\$43,543.71

Component Description:	2nd payment - TLSCR'S
Amount:	\$1,540.35

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	\$612,000.00		\$421,801.90	
Serious tower reinforcement /modifications	\$1,052,000.00	\$300,000.00	N/A	\$117,059.40	N/A
Tall Tower (greater than 500')	\$210,500.00	\$300,000.00	see attached quotes and invoices	\$297,842.50	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$6,900.00	N/A
Sub-total	\$1,275,100.00	\$612,000.00	N/A	\$421,801.90	N/A
Total for all systems	\$2,936,085.00	\$1,935,348.21	N/A	\$1,404,984.53	N/A

Components

Actual Information	
Description	File Name

Serious tower reinforcement /modifications	Component Description:	down payment
	Amount:	\$53,915.00
	Component Description:	weather days
	Amount:	\$5,850.00
	Component Description:	final payment
	Amount:	\$9,471.00
	Component Description:	Deposit
	Amount:	N/A
	Component Description:	Mobilization
	Amount:	N/A
	Component Description:	in progress billing
	Amount:	\$47,823.40

Tall Tower (greater than 500')	Component Description:	down payment
	Amount:	\$148,413.00
	Component Description:	mobilization
	Amount:	\$118,730.40
	Component Description:	payment for antenna installation
	Amount:	\$30,699.10
	Component Description:	Deposit
Structural engineering tower load study for well documented tower	Amount:	N/A
	Component Description:	Mobilization
	Amount:	N/A
	Component Description:	Weather days
	Amount:	N/A
	Component Description:	Final payment
	Amount:	N/A
	Component Description:	STRUCTURAL ANALYSIS AND REPORT
	Amount:	\$5,900.00
	Component Description:	ADDITIONAL LOADING CONFIGURATION
	Amount:	\$1,000.00

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	\$24,500.00		\$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	\$10,000.00	N/A	N/A	N/A
Sub-total	\$37,245.00	\$24,500.00	N/A	\$0.00	N/A

Total for all systems	\$2,936,085.00	\$1,935,348.21	N/A	\$1,404,984.53	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	\$134,190.00	\$133,585.00		\$55,021.22	
Taxes	<i>\$50,000.00</i>	\$50,000.00	N/A	\$22,059.83	N/A
Equipment Delivery and Handling Charges	<i>\$20,000.00</i>	\$20,000.00	N/A	\$18,966.39	N/A
Equipment Storage	<i>\$25,000.00</i>	\$25,000.00	N/A	\$10,245.00	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
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	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
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A

FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Local Zoning	\$15,000.00	\$15,000.00	N/A	N/A	N/A
Sub-total	\$134,190.00	\$133,585.00	N/A	\$55,021.22	N/A
Total for all systems	\$2,936,085.00	\$1,935,348.21	N/A	\$1,404,984.53	N/A

Components

Actual Information	
Description	File Name
Taxes	Component Description: Indiana State taxes Amount: \$79.87
	Component Description: Indiana State tax Amount: \$510.54
	Component Description: Indiana State Taxes Amount: \$20,934.06
	Component Description: Indiana State tax Amount: \$188.78
	Component Description: Indiana State taxes Amount: \$346.58

Equipment Delivery and Handling Charges	Component Description:	Freight charges
	Amount:	\$3,780.00
	Component Description:	Freight charges
	Amount:	\$7,293.37
	Component Description:	FREIGHT
	Amount:	\$3,426.47
	Component Description:	Freight charges
	Amount:	\$1,769.63
	Component Description:	Freight charges
	Amount:	\$2,696.92
Equipment Storage	Component Description:	Storage fees
	Amount:	\$10,245.00
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
DTV Medical Facility Notification	Component Description:	Medical Notification
	Amount:	\$3,750.00
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	Information not provided.	
FCC Filing Fees - Special Temporary Authorization request	Information not provided.	
Local Zoning	Information not provided.	

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,936,085.00	\$1,935,348.21	\$1,404,984.53

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	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.	
	<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*

02/06/2020

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.
8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

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

**Teri Ann
Guillory**
*Broadcasting
Operations*

02/06/2020

Attachments