



(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 **01/09**
Submitted: **/2020**

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 Phelps Dunbar LLP</i>	II City Plaza 400 Convention Street, Suite 1100 Baton Rouge, LA 70802 United States	+1 (225) 376-0235	charles.spencer@phelps.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
Electrical installation for HVAC	HVAC needs electrical installation for unit to operate.
Storage and Delivery	Heavy lift equipment rental.
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.
Additional Electrical Cost	Additional electrical costs were incurred after the new FCC mandated transmitter was installed. This required the rerouting of electrical circuits and adding new circuits. due to the location of the water cooled transmitter.
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.
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.
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
Off load main antenna	Bobcat rental with forklift handles to off load main antenna from flatbed truck.
Shipping and Handling	Manufacturer delivery.

**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
Wide Band Adapter	3-1/8" to 4-1/16" wide band adapter.

Shipping and Handling	Cost to ship antenna to broadcast tower site.
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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>
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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
54890	WRNO-FM	FM
58394	WNOE-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
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**Primary
Tower**

Other Tower Expenses Not Listed

Name	Description
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.
Tower Rigging	Tower rigging is needed to reinforce and modify existing G-7 guy wired tower structure. .
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.
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Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Special Condition	Special Condition to verify protection of a local AM Broadcasting Station that is no longer required.

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	\$893,189.04	\$726,814.04		\$678,164.04	
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.	\$112,700.00	\$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
Drip Pans	\$9,450.00	\$9,450.00	N/A	\$9,450.00	N/A

Additional Electrical Cost	\$4,410.76	\$4,410.76	N/A	\$4,410.76	N/A
Heat Exchanger Platform	\$52,978.28	\$52,978.28	N/A	\$52,978.28	N/A
Storage and Delivery	\$1,900.00	\$1,900.00	N/A	N/A	N/A
Equipment and Labor for moving transmitter	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Electrical installation for HVAC	\$5,000.00	\$5,000.00	N/A	\$0.00	N/A
Sub-total	\$893,189.04	\$726,814.04	N/A	\$678,164.04	N/A
Total for all systems	\$2,669,389.45	\$1,639,963.25	N/A	\$1,295,567.06	N/A

Components

Actual Information
Description

File Name

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="708 174 1015 210">Component Description:</td><td data-bbox="1150 174 1378 645">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</td></tr> <tr> <td data-bbox="708 658 815 689">Amount:</td><td data-bbox="1150 658 1283 689">\$56,350.00</td></tr> <tr> <td data-bbox="708 792 1015 828">Component Description:</td><td data-bbox="1150 792 1378 1263">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.</td></tr> <tr> <td data-bbox="708 1276 815 1308">Amount:</td><td data-bbox="1150 1276 1283 1308">\$56,350.00</td></tr> </table>	Component Description:	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	Amount:	\$56,350.00	Component Description:	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.	Amount:	\$56,350.00
Component Description:	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								
Amount:	\$56,350.00								
Component Description:	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.								
Amount:	\$56,350.00								
5 Ton system	Information not provided.								
Drip Pans	<table> <tr> <td data-bbox="708 1518 1015 1554">Component Description:</td><td data-bbox="1150 1518 1369 1868">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.</td></tr> <tr> <td data-bbox="708 1881 815 1912">Amount:</td><td data-bbox="1150 1881 1267 1912">\$9,450.00</td></tr> </table>	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.	Amount:	\$9,450.00				
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.								
Amount:	\$9,450.00								

Additional Electrical Cost	<div> <div>Component Description:</div> <div>Payment of \$4410.76 for the additional electrical work is due now so I am requesting reimbursement of this cost as shown on the invoice.</div> </div> <div> <div>Amount:</div> <div>\$4,410.76</div> </div>
Heat Exchanger Platform	<div> <div>Component Description:</div> <div>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> <div> <div>Amount:</div> <div>\$26,489.14</div> </div>
	<div> <div>Component Description:</div> <div>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> <div> <div>Amount:</div> <div>\$26,489.14</div> </div>
Storage and Delivery	Information not provided.
Equipment and Labor for moving transmitter	Information not provided.
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	
Wide Band Adapter	<i>\$1,800.00</i>	\$1,800.00	N/A	\$1,800.00	N/A
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
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	
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
Test RF System	\$19,373.75	\$19,373.75	N/A	\$11,040.00	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
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	\$2,250.00	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
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
Storage	\$500.00	\$500.00	N/A	\$500.00	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	\$2,669,389.45	\$1,639,963.25	N/A	\$1,295,567.06	N/A

Components

Actual Information
Description

File Name

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:

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

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

<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">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 1034 815 1070">Amount:</td><td data-bbox="1150 1034 1283 1070">\$24,000.00</td></tr> <tr> <td data-bbox="708 1173 1015 1209">Component Description:</td><td data-bbox="1150 1173 1378 1523">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 1534 815 1570">Amount:</td><td data-bbox="1150 1534 1283 1570">\$14,400.00</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:	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:	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:	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:	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:	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												
<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

Shipping and Handling	<div data-bbox="708 174 1378 607"> <div> Component Description: 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: \$1075.00 </div> <div> Amount: \$1,075.00 </div> </div>
Shipping and Handling	<div data-bbox="708 745 1378 1137"> <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> <div data-bbox="708 1245 1378 1637"> <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>

Off load main antenna	<div data-bbox="708 174 1015 210">Component Description:</div> <div data-bbox="1147 174 1370 524">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 data-bbox="708 535 817 566">Amount:</div> <div data-bbox="1147 535 1246 566">\$385.00</div>
Test RF System	<div data-bbox="708 705 1015 741">Component Description:</div> <div data-bbox="1147 705 1362 1097">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.</div> <div data-bbox="708 1108 817 1140">Amount:</div> <div data-bbox="1147 1108 1283 1140">\$11,040.00</div>

<p>UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized</p>	<table> <tr> <td data-bbox="710 179 1013 208">Component Description:</td><td data-bbox="1150 179 1372 562">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.</td></tr> <tr> <td data-bbox="710 577 815 607">Amount:</td><td data-bbox="1150 577 1267 607">\$7,600.00</td></tr> </table>	Component Description:	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.	Amount:	\$7,600.00
Component Description:	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.				
Amount:	\$7,600.00				
	<table> <tr> <td data-bbox="710 716 1013 745">Component Description:</td><td data-bbox="1150 716 1378 1059">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.</td></tr> <tr> <td data-bbox="710 1075 815 1104">Amount:</td><td data-bbox="1150 1075 1281 1104">\$11,400.00</td></tr> </table>	Component Description:	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.	Amount:	\$11,400.00
Component Description:	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.				
Amount:	\$11,400.00				
<p>Sweep test of existing antenna</p>	<table> <tr> <td data-bbox="710 1247 1013 1276">Component Description:</td><td data-bbox="1150 1247 1372 1590">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.</td></tr> <tr> <td data-bbox="710 1606 815 1635">Amount:</td><td data-bbox="1150 1606 1267 1635">\$2,250.00</td></tr> </table>	Component Description:	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.	Amount:	\$2,250.00
Component Description:	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.				
Amount:	\$2,250.00				

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

Side mount brackets for high power antennas (if not included in antenna base cost)

Component Description:

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.

Amount:

\$2,375.00

Component Description:

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.

Amount:

\$2,375.00

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

Storage	<div data-bbox="708 176 1378 566"> <div> 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. </div> <div> Amount: \$250.00 </div> </div> <div data-bbox="708 678 1378 1068"> <div> 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. </div> <div> Amount: \$250.00 </div> </div>
UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized	<div data-bbox="708 1202 1378 1592"> <div> Component Description: 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> Amount: \$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
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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	\$2,669,389.45	\$1,639,963.25	N/A	\$1,295,567.06	N/A

Components

Actual Information	
Description	File Name

Rigid Transmission Line - copper, 4 1/16"	<div> <div>Component Description:</div> <div>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.</div> </div> <div> <div>Amount:</div> <div>\$28,096.25</div> </div>
	<div> <div>Component Description:</div> <div>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.</div> </div> <div> <div>Amount:</div> <div>\$6,151.00</div> </div>
	<div> <div>Component Description:</div> <div>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.</div> </div> <div> <div>Amount:</div> <div>\$52,178.75</div> </div>
Storage	<div> <div>Component Description:</div> <div>1st payment for storage container.</div> </div> <div> <div>Amount:</div> <div>\$602.26</div> </div> <div> <div>Component Description:</div> <div>2nd payment for storage container.</div> </div> <div> <div>Amount:</div> <div>\$192.59</div> </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
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
Major tower reinforcement /modifications	\$421,000.00	\$129,127.00	N/A	\$129,127.00	N/A
Sub-total	\$707,468.00	\$315,525.00	N/A	\$315,525.00	N/A
Total for all systems	\$2,669,389.45	\$1,639,963.25	N/A	\$1,295,567.06	N/A

Components

Actual Information	
Description	File Name
Change order for tower modifications	<p>Component Description: 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</p> <p>Amount: \$25,490.00</p>
Structural Analysis	<p>Component Description: FDH Velocitel Invoice #2 for the balance due for the Structural Analysis.</p> <p>Amount: \$2,500.00</p> <p>Component Description: This invoice is a 50% down payment for the signed and accepted proposal or quote. The signed proposal is in the attachments.</p> <p>Amount: \$2,500.00</p>

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>

Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<div> Component Description: Invoice is for remaining balance due after completion of scope of work performed. </div> <div> Amount: \$4,041.50 </div>
	<div> Component Description: 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> Amount: \$4,041.50 </div>
Major tower reinforcement /modifications	<div> Component Description: 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> Amount: \$90,388.90 </div>
	<div> Component Description: 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> Amount: \$38,738.10 </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	\$294,095.45	\$286,956.25		\$64,588.16	
Special Condition	\$780.45	\$780.45	N/A	\$780.45	N/A
Additional Field Engineering Service, 22 Days	\$60,000.00	\$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 request for Special Temporary Authorization	\$4,100.00	\$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 engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	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
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
Sub-total	\$294,095.45	\$286,956.25	N/A	\$64,588.16	N/A
Total for all systems	\$2,669,389.45	\$1,639,963.25	N/A	\$1,295,567.06	N/A

Components

Actual Information
Description

File Name

Special Condition	<div data-bbox="710 174 1013 208">Component Description:</div> <div data-bbox="1150 174 1378 604">Payment of \$780.45 is due now for special conditions verifying protection of a local AM Broadcasting Station so I'm requesting reimbursement of \$780.45 as shown in the invoice.</div> <div data-bbox="710 616 817 649">Amount:</div> <div data-bbox="1150 616 1244 649">\$780.45</div>
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Additional Field
Engineering Service, 22
Days

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

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

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 request for Special Temporary Authorization	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.

<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="707 174 1015 208">Component Description:</td><td data-bbox="1147 174 1374 607">Invoice for services rendered including performing a TV Study coverage and interference analysis, including compliance with coverage requirements for three different antennas.</td></tr> <tr> <td data-bbox="707 618 815 651">Amount:</td><td data-bbox="1147 618 1267 651">\$2,800.80</td></tr> <tr> <td data-bbox="707 757 1015 790">Component Description:</td><td data-bbox="1147 757 1374 1144">Invoice for creating spread sheet to compare various transmission line sizes and affect upon required Transmitter Power Output with various antenna configurations.</td></tr> <tr> <td data-bbox="707 1155 815 1189">Amount:</td><td data-bbox="1147 1155 1267 1189">\$3,775.00</td></tr> </table>	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	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								
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								
<p>Project management of the transition</p>	<p>Information not provided.</p>								
<p>Prepare and or review reimbursement form</p>	<p>Information not provided.</p>								
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<table> <tr> <td data-bbox="707 1554 1015 1588">Component Description:</td><td data-bbox="1147 1554 1374 1861">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.</td></tr> <tr> <td data-bbox="707 1872 815 1906">Amount:</td><td data-bbox="1147 1872 1246 1906">\$700.00</td></tr> </table>	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				
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								

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 \$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 \$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 \$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

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		\$22,619.01	
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$1,945.00</i>	\$1,945.00	N/A	\$1,945.00	N/A
Develop and air announcement of upcoming channel change	<i>\$10,000.00</i>	\$10,000.00	.	N/A	N/A
MVPD Notification of Channel Change	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
WLAE-TV Staff Hours	<i>\$12,338.36</i>	\$12,338.36	N/A	\$13,561.72	Additional hours were worked to complete the project after the original estimate was submitted

Burk Touch Remote	\$3,295.00	\$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.	\$3,362.29	Original quote did not include shipping cost. Correction made according to FCC email.
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
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	N/A	\$3,750.00	N/A
Sub-total	\$50,768.36	\$42,913.36	N/A	\$22,619.01	N/A
Total for all systems	\$2,669,389.45	\$1,639,963.25	N/A	\$1,295,567.06	N/A

Components

Actual Information	
Description	File Name
Disposal Costs (for equipment and other waste, net of any salvage value)	<div> <div> Component Description: </div> <div> 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. </div> </div> <div> Amount: </div> <div> \$385.00 </div> <div> Component Description: </div> <div> Removal and disposal of debris from tower sight due to upgrade to tower as required for FCC Repack. </div> <div> Amount: </div> <div> \$1,560.00 </div>
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	Information not provided.
WLAE-TV Staff Hours	<div> Component Description: </div> <div> Repack hours worked by David Snowdy </div> <div> Amount: </div> <div> \$13,561.72 </div>

Burk Touch Remote	<p>Component Description: Original quote did not include shipping cost. Corrections made according to FCC email.</p> <p>Amount: \$3,362.29</p>
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<p>Component Description: First payment for first stage of medical notification preparation.</p> <p>Amount: \$3,750.00</p>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$2,669,389.45	\$1,639,963.25
			\$1,295,567.06

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>David Snowdy <i>CTO WLAE TV</i></p> <p>01/09/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Ron Yager <i>GM, Vice President</i></p> <p>01/09/2020</p>

Attachments