

(REFERENCE COPY - Not for submission)

### FCC Form 399: Reimbursement Request

**77676** Service: **DCA** Channel: 23 (UHF) Facility Call **WAPW-CD** Sign:

File 0000026137

Number:

ID:

FRN: 0001770163 Date 01/14

> Submitted: /2020

### **Applicant** Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
HOLSTON VALLEY BROADCASTING CORPORATION Doing Business As: HOLSTON VALLEY BROADCASTING CORPORATION	Nathan D. Widener 222 COMMERCE ST KINGSPORT, TN 37660 United States	+1 (423) 723- 6134	davidw@wtfm. com	Corporation

### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

### **Preparer Contact** Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email
-----------	---------	-------	-------

The Preparer is same as the reimbursement contact.

**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	We think we can just purchase a new stringent mask filter for our conversion from channel 21 to channel 23, and the transmitter, antenna, and transmission line should work on our new channel.

Transmitters	Section	Question	Response
	Transmitter Related Expenses	Do you have transmitter related expenses?	No

Antennas	Section	Question	Response
	Antenna Related Expenses	Do you have antenna related expenses?	No

Transmissio	n <sup>s</sup> enie <sup>n</sup>	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower	Section	Question	Response
Equipment And Rigging Costs	Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	No

Outside	Section	Question	Response
Professional	Sarvicas Costs		

Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	10
	Explanation	Prepare and certify form 387 quarterly reports and special progress reports
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
oei vices	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	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	Yes
	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	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

# Outside Professional Ş

### Other Professional Services Expenses Not Listed

II Services Costs	Description
Other Engineering Services	Engineering services not included in any other OPS section

# 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?	No
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	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	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?	No

# Other Expenses

### Other Expenses Not Listed

Name	Description
Technalogix Mask Filter	new stringent mask filter for channel 23 replacing our channel 21

**Cost** Transmitters

**Information** Information not provided.

**Cost** Antennas

**Information** Information not provided.

Cost Transmission Line

**Information** Information not provided.

Cost Tower Equipment and Rigging Costs

**Information** Information not provided.

### **Cost** Information

#### **Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$22,570.00	\$16,900.00		\$6,490.00	
Project management of the transition	\$1,580.00	\$1,540.00	N/A	\$900.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,500.00	N/A	\$450.00	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$2,800.00	N/A	\$2,800.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$1,500.00	N/A	N/A	N/A
Other Engineering Services	\$6,000.00	\$6,000.00	Engineering services not included in any other OPS section	\$1,178.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,560.00	N/A	\$1,162.00	N/A
Sub-total	\$22,570.00	\$16,900.00	N/A	\$6,490.00	N/A
Total for all systems	\$27,015.00	\$21,295.00	N/A	\$6,490.00	N/A

### Components

Actual Information	
Description	File Name

he transition		
	Component Description:	KGA inv #964-50 Form 387 2019 Q1
		UL20190429jgv1
	Amount:	\$150.00
	Component Description:	Progress Report
	A	4Q2018
	Amount:	\$150.00
	Component Description:	KGA 964-84
	A	v191028jgv1
	Amount:	\$150.00
	Component Description:	KGA 964-88
	Amount:	v191028jgv1 \$150.00
	7 till dalla	Ψ100.00
	Component Description:	Prog Rpt Form 387
	Amount:	3Q2018 \$150.00
	Amount.	ψ100.00
	Component Description:	FCC form 387 for
	Amount:	2Q18 WAPW \$150.00
	Amount.	ψ130.00
	Component Descriptions	Engineering for CD
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description:	Engineering for CP application for WAPW
section of FCC Form 2100 main), Construction	Component Description:  Amount:	• •
section of FCC Form 2100 main), Construction		application for WAPW

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	FCC Form 2100 Main \$2,800.00
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Other Engineering Services	Component Description: Amount:	OPS OES Actual Cost Invoice WAPW \$53.00
	Component Description:	RF design for possible 399 amendment for WAPW
	Amount:	\$1,125.00
Prepare and or review reimbursement form	Component Description:	KGA 964-58
	Amount:	v190513pmv1 \$312.00
	Component Description:	KGA inv #964-41 AC invs RG Feb 2019
	Amount:	UL20190429jgv1 \$75.00
	Component Description:	KGA 964-95
	Amount:	v191222jgv1 \$75.00
		KGA 964-80
	<b>Component Description:</b>	v191021jgv1

Component Description: KGA 964-104

v200114jgv1

**Amount:** \$75.00

Component Description: KGA 964-67

v190708jgv1

**Amount:** \$120.00

Component Description: KGA 964-76

v190914jgv1

**Amount:** \$75.00

Component Description: KGA 964-63

v190610pmv1

**Amount:** \$105.00

Component Description: KGA 964-91

v191112jgv1

**Amount:** \$200.00

Component Description: KGA 964-71

v190816jgv1

**Amount:** \$75.00

### **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	\$4,445.00	\$4,395.00		\$0.00	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$0.00	\$0.00	N/A	N/A	N/A
Technalogix Mask Filter	\$3,000.00	\$3,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
Sub-total	\$4,445.00	\$4,395.00	N/A	\$0.00	N/A
Total for all systems	\$27,015.00	\$21,295.00	N/A	\$6,490.00	N/A

### Components

Information not provided.

## Cost Information

### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$27,015.00	\$21,295.00	\$6,490.00

Reimbursem	entestiatus	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

Section Question Response

# Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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 abovenamed applicant for the Authorization(s) specified above. Jeffrey C Gehman Engineering Associate

01/14/2020

#### **Attachments**