



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **191262** | Service: **DCA** | Call **WMJF-CD** | Channel:  
ID: | Sign:  
**23 (UHF)** | File **0000028675**  
Number:  
FRN: **0022314215** | Date **02/06**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>HME EQUITY FUND II, LLC</b> Doing Business As: HME EQUITY FUND II, LLC	Seth Ellis 509 West Colonial Drive Suite 100 ORLANDO, FL 32804 United States	+1 (407) 906- 2484	sellis@assurancemezz. com	Limited Liability Company

## 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
<b>Davina Sashkin</b> <i>Fletcher, Heald &amp; Hildreth, PLC</i>	Davina Sashkin Fletcher, Heald & Hildreth, PLC 1300 N. 17th Street, Suite 1100 Arlington, VA 22209 United States	+1 (703) 812- 0400	sashkin@fhhlaw. 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	Build according to FCC transition plan.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	TMU9-570
	Year	2013
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.6 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	TMU9-3 Evo
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.5 kW
	Justification for New Transmitter	Can't use current Transmitter so need to purchase a new one

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	100.0 feet
	Other Electrical Service	No

	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	Other
	Other Size	2 tons
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Class A
	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) .....	5.0 kW

Manufacturer	
Model	PSILP8BH-39
Year	2014



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	Class A
	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	Class A Single Station Antenna - Basic
	ERP: (Effective Radiated Power) .....	15.0 kW

Manufacturer	
Model	JA/MS-4/23 SCP
Year	2018
Justification for New Antenna	Higher power antenna is necessary for modification application parameters (filed in 1st priority window).

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

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

Primary  
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	7/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 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?	Yes
	Type	Flexible Foam
	Diameter	7/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 feet per run
	Justification for New Transmission Line	Sweep test results will determine need.

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	Leased
	Is this tower consider Complex?	Located on Building
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1037283
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	39° 24' 10.4" N-
	Longitude (NAD83)	076° 36' 10.9" W-
	Overall Structure Height	279.85 feet
	Support Structure Height	189.96 feet

	Ground Elevation Above Mean Sea Level (AMSL)	477.03 feet
	Structure Type	BTWR - Building with Tower
	Tower Owner	Towson City Center, LLC
	Date Constructed	06/25/2013

**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:	No reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	Located on Building
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
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	600
	Explanation	Applicant has no internal resources capable of overseeing, identifying, purchasing, installing and commissioning this repack project. It will rely solely on outside services to manage all work required.
<b>Outside RF consulting Engineering Services</b>	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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A

	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	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	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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	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 Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Other Transition- Related Professional Service Costs	Project Management of the transition. Preparation and review of reimbursement form.
Quarterly Transition Reports	Quarterly Transition Reports

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	Local Zoning	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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?	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
Other Miscellaneous Expenses	Other Miscellaneous Expenses

## 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
<b>Primary Transmitter TMU9-3 Evo</b>	<b>\$147,600.00</b>	<b>\$100,600.00</b>		<b>\$0.00</b>	
Other -- HVAC Service Type: C Size:2 (Other)	<i>\$2,000.00</i>	\$2,000.00	No quote yet but Licensee is going with a wall unit instead.	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$80,000.00	Please see document entitled " Narrative for Transmitter Change WMJF-CD" for the cost justification and the quotes as supporting documentation.	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	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
<b>Sub-total</b>	<b>\$147,600.00</b>	<b>\$100,600.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$789,840.00</b>	<b>\$512,428.28</b>	<b>N/A</b>	<b>\$93,041.91</b>	<b>N/A</b>

## Components

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
<b>Primary Antenna JA /MS-4/23 SCP</b>	<b>\$33,030.00</b>	<b>\$70,628.28</b>		<b>\$53,238.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	Quote for this was originally provided in 2017 and since then prices have gone up and the new standard for a sweep test is \$6400 and this is still below the predetermined amount. See line #6 on quote # 900237CMZ-2 from Dielectric	\$6,400.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$64,228.28	See document entitled "Narrative for Antenna Estimate Change WMJF-CD" for cost justification and details on corresponding quotes.	\$46,838.00	N/A
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$70,628.28</b>	N/A	<b>\$53,238.00</b>	N/A



<b>Total for all systems</b>	\$789,840.00	\$512,428.28	N/A	\$93,041.91	N/A
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## Components

Actual Information Description	File Name
Sweep test of existing antenna	<p><b>Component Description:</b> Requesting just 1 /2 of the sweep test on this invoice for this catogory. Please see narrative attached to invoice from vendor stating why their invoices don't foot and that the FCC is fine with their billing process</p> <p><b>Amount:</b> \$3,200.00</p> <p><b>Component Description:</b> Requesting just 1 /2 of the sweep test on this invoice for this catogory. Please see narrative attached to invoice from vendor stating why their invoices don't foot and that the FCC is fine with their billing process</p> <p><b>Amount:</b> \$3,200.00</p>

UHF - Lower Power Side  
Mount, Class A One Station  
antenna -- basic

**Component Description:**

Amount of invoice  
less 1/2 of sweep  
that is added into  
another category.  
Please see  
narrative attached  
to invoice from  
vendor stating  
why their invoices  
don't foot and that  
the FCC is fine  
with their billing  
process

**Amount:**

\$23,419.00

**Component Description:**

Amount of invoice  
less 1/2 of sweep  
that is added into  
another category.  
Please see  
narrative attached  
to invoice from  
vendor stating  
why their invoices  
don't foot and that  
the FCC is fine  
with their billing  
process

**Amount:**

\$23,419.00

Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$2,750.00	\$4,000.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 7/8"	\$2,750.00	\$4,000.00	N/A	N/A	N/A
Sub-total	\$2,750.00	\$4,000.00	N/A	\$0.00	N/A
Total for all systems	\$789,840.00	\$512,428.28	N/A	\$93,041.91	N/A

Components

Information not provided.

## 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
<b>Primary Tower BTWR</b>	<b>\$433,600.00</b>	<b>\$162,000.00</b>		<b>\$0.00</b>	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$150,000.00	Crane required to install antenna, transmitter and HVAC. Phone quote min \$50,000 per day for crane rental and crew, and assuming 2 non-contiguous days (only able to shut down street /building on Sundays). Additional \$50,000 sought to cover tower crew.	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$433,600.00</b>	<b>\$162,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

<b>Total for all systems</b>	\$789,840.00	\$512,428.28	N/A	\$93,041.91	N/A
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### Components

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
<b>Outside Professional Services</b>	<b>\$132,310.00</b>	<b>\$141,200.00</b>		<b>\$39,803.91</b>	
Other Transition-Related Professional Service Costs	<i>\$2,500.00</i>	\$2,500.00	Prepare and/or review reimbursement form	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$15,000.00	Attorneys fees for negotiation of Unable to Construct Channel Resolution Agreement with WETA and MPT, preparation and filing and related CP modification and updated 399.	\$5,338.00	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	\$1,298.13	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	\$2,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,625.00	The actual hours on the engineering studies came in a little higher than originally estimated
Prepare and or review reimbursement form	\$2,630.00	\$6,500.00	Originally when the estimate was put in was put in based off of what the cost catalog had as that was the best estimate at the time. As they went thru to complete the form there were a lot of revisions for transmitter&antenna costs that got revised	\$6,496.62	N/A
Project management of the transition	\$94,800.00	\$90,000.00	Project management expenses.	\$20,543.66	N/A

Quarterly Transition Reports	<b>\$8,450.00</b>	\$8,450.00	see attached quote for preparation and filing of reports by counsel and technical consultant	\$1,502.50	N/A
<b>Sub-total</b>	\$132,310.00	\$141,200.00	N/A	\$39,803.91	N/A
<b>Total for all systems</b>	\$789,840.00	\$512,428.28	N/A	\$93,041.91	N/A

## Components

Actual Information	
Description	File Name
Other Transition- Related Professional Service Costs	<p><b>Component Description:</b> Entered in this section in error</p> <p><b>Amount:</b> N/A</p>
Attorney Fees - Negotiation of lease and other matters for shared locations	<p><b>Component Description:</b> Various Attorney fees for other matters for WMJF-CD for the Baltimore station. The fees are all the ones denoted with the letter B next to them.</p> <p><b>Amount:</b> \$5,338.00</p>
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	<p><b>Component Description:</b></p> <p>Attorney fees for preparing and filing FCC Form 2100 (main), construction permit application for WMJF-CD for the Baltimore station. The fees are all the ones denoted with the letter D next to them.</p> <p><b>Amount:</b></p> <p>\$1,298.13</p>
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	<p><b>Component Description:</b></p> <p>Engineering work to complete the construction permit application section of form 2100</p> <p><b>Amount:</b></p> <p>\$2,000.00</p>
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b></p> <p>Engineering study on new channel assignment and antenna development No longer over amount allocated other vendor on hold for clarification</p> <p><b>Amount:</b></p> <p>\$2,125.00</p>

<b>Component Description:</b>	Engineering work on new channel assignment and antenna development. No longer over amount allocated other vendor on hold for clarification
<b>Amount:</b>	\$500.00

<b>Component Description:</b>	Removing for the time being need clarification from vendor and don't want to hold up other expenses
<b>Amount:</b>	N/A

<b>Component Description:</b>	Removing for the time being need clarification from vendor and don't want to hold up other expenses
<b>Amount:</b>	N/A

<b>Component Description:</b>	Removing for the time being need clarification from vendor and don't want to hold up other expenses
<b>Amount:</b>	N/A

<b>Component Description:</b>	Removing for the time being need clarification from vendor and don't want to hold up other expenses
<b>Amount:</b>	N/A

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="692 87 1107 824"> <p><b>Component Description:</b></p> </td><td data-bbox="1107 87 1426 824"> <p>Form 399 Fees are all the ones w/the letter E. This cost is more than the form has but there was not enough info to put an amount other than the one in the cost catalog. The detailed invoice has all the break out on what all the time was spent on.</p> </td></tr> <tr> <td data-bbox="692 824 1107 824"> <p><b>Amount:</b></p> </td><td data-bbox="1107 824 1426 824"> <p>\$6,496.62</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Form 399 Fees are all the ones w/the letter E. This cost is more than the form has but there was not enough info to put an amount other than the one in the cost catalog. The detailed invoice has all the break out on what all the time was spent on.</p>	<p><b>Amount:</b></p>	<p>\$6,496.62</p>				
<p><b>Component Description:</b></p>	<p>Form 399 Fees are all the ones w/the letter E. This cost is more than the form has but there was not enough info to put an amount other than the one in the cost catalog. The detailed invoice has all the break out on what all the time was spent on.</p>								
<p><b>Amount:</b></p>	<p>\$6,496.62</p>								
<p>Project management of the transition</p>	<table> <tr> <td data-bbox="692 824 1107 1361"> <p><b>Component Description:</b></p> </td><td data-bbox="1107 824 1426 1361"> <p>Project Management Services. Invoice has been revised to include an invoice # and project manager name. Narrative is also attached.</p> </td></tr> <tr> <td data-bbox="692 1361 1107 1361"> <p><b>Amount:</b></p> </td><td data-bbox="1107 1361 1426 1361"> <p>\$3,293.66</p> </td></tr> <tr> <td data-bbox="692 1361 1107 2134"> <p><b>Component Description:</b></p> </td><td data-bbox="1107 1361 1426 2134"> <p>Project Management services, invoice has been revised to include the needed items. Deducting the Smith and Fischer part from this reimbursement for now. As requested a narrative is attached to this invoice.</p> </td></tr> <tr> <td data-bbox="692 2134 1107 2134"> <p><b>Amount:</b></p> </td><td data-bbox="1107 2134 1426 2134"> <p>\$15,750.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Project Management Services. Invoice has been revised to include an invoice # and project manager name. Narrative is also attached.</p>	<p><b>Amount:</b></p>	<p>\$3,293.66</p>	<p><b>Component Description:</b></p>	<p>Project Management services, invoice has been revised to include the needed items. Deducting the Smith and Fischer part from this reimbursement for now. As requested a narrative is attached to this invoice.</p>	<p><b>Amount:</b></p>	<p>\$15,750.00</p>
<p><b>Component Description:</b></p>	<p>Project Management Services. Invoice has been revised to include an invoice # and project manager name. Narrative is also attached.</p>								
<p><b>Amount:</b></p>	<p>\$3,293.66</p>								
<p><b>Component Description:</b></p>	<p>Project Management services, invoice has been revised to include the needed items. Deducting the Smith and Fischer part from this reimbursement for now. As requested a narrative is attached to this invoice.</p>								
<p><b>Amount:</b></p>	<p>\$15,750.00</p>								

**Component Description:**

Project management services. A narrative letter is attached explaining the breakout of the invoice. Expense receipts are attached to the invoice. Also this company does not use specific invoice numbers so I just did a description

**Amount:**

\$3,293.66

**Component Description:**

Repack project management services - research and coordination with engineering, attorney's and vendors.

**Amount:**

\$1,500.00

**Component Description:**

Transition Project Management services, receipts for expenses attached to invoice. This company does not use invoice #'s so just did a description.

**Amount:**

\$18,150.00

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Quarterly Transition Reports

**Component Description:**

Attorney fees for preparing quarterly transition reports for WMJF-CD for the Baltimore station. The fees are all the ones denoted with the letter A next to them.

**Amount:**

\$475.00

**Component Description:**

Attorney Fees for preparing quarterly transition reports.

**Amount:**

\$1,027.50

**Component Description:**

Quarterly Transition report work.

**Amount:**

\$1,027.50

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## 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
<b>Other Expenses</b>	<b>\$40,550.00</b>	<b>\$34,000.00</b>		<b>\$0.00</b>	
Other Miscellaneous Expenses	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Local Zoning	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A

<b>Sub-total</b>	\$40,550.00	\$34,000.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$789,840.00	\$512,428.28	N/A	\$93,041.91	N/A

## Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$789,840.00	\$512,428.28
			\$93,041.91

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No



Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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><b>Ann Olsen</b>  <i>Consultant</i>  02/06/2020</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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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><b>Ann Olsen</b> <i>Consultant</i></p> <p>02/06/2020</p>

## Attachments