



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **23935** | Service: **DTV** | Call **WMUM-TV** | Channel:
ID: | Sign:
9 (High VHF) | File **0000027593**
Number:
FRN: **0001844976** | Date **04/15**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------------------|-----------------------|----------------------|
| GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION Doing Business As: GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION | Adam Woodlief 260 14TH ST NW ATLANTA, GA 30318 United States | +1 (404) 685- 2410 | awoodlief@gpb. org | Government Entity |

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 |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|----------------------|------------------------------|
| Robert Gehman <i>ConsultingEngineer Kessler and Gehman Associates, Inc.</i> | Robert Gehman 507 NW 60 Street Suite D Gainesville, FL 32607 United States | +1 (352) 332-3157 | bob@kesslerandgehman. 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 | | New transmitter and Main antenna using existing transmission line. Mapping, analysis, design of pre-EIA-222-G tower, and possible tower modifications. Interim antenna and line for use during Main antenna replacement and duration of assigned phase. |

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 | PTCD20P2 |
| | Year | 2008 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 8 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 | HPTV-PRLX-V11 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 15.9 kW |
| | Justification for New Transmitter | Manufacturer of existing transmitter advises that the existing transmitter cannot be re-tuned to the assigned channel. See Attachment. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | Yes |
| | Transformer (480V) | Yes |
| | Power | 150 kVA |
| | Rigid Conduit and Wiring | Yes |
| | Size | 3 inches |

| | | |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|------------|
| | Length | 100.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter **Other Transmitter Cost Not Listed**

| Name | Description |
|--------------------------------------|----------------------------------------------------------------------|
| Standby Exciter and Switch | Standby Exciter with Automatic Change Over Switch |
| Additional Interior RF System | Interior RF System Existing Transmitter to Interim Transmission line |

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? | No |
| | 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) | 28.0 kW |
| | | |

| | |
|--------------|--------|
| Manufacturer | |
| Model | TLS-V8 |
| Year | 2008 |

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? | No |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | No |
| | 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 | Horizontal |
| | 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) | 31.0 kW |
| | Manufacturer | |
| | Model | TBD |
| | Year | 2018 |

| | | |
|--|-------------------------------|-----------------------------------------------------------------------------------------------------------------|
| | Justification for New Antenna | The existing primary antenna is a single channel slotted coaxial which cannot accommodate the assigned channel. |
|--|-------------------------------|-----------------------------------------------------------------------------------------------------------------|

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? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| 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

Information not provided.

**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? | No |
| | 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 | 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) | 28.0 kW |
| | Manufacturer | |
| | Model | TBD |
| | Year | 2018 |
| | | |

| | | |
|--|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | Justification for New Antenna | An interim antenna is necessary to keep station on the air during primary antenna replacement and for the duration of the assigned phase. Station will attempt to lease if leasing is available at time of acquisition. |
|--|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Interim Antenna

Other Antenna Costs

| Section | Question | Response |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|----------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for an 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 |

**Interim
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 | Utilize Existing |
| | 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 | ERI |
| | Type | Flexible Air |
| | Diameter | 3 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1120 feet per run |

Primary Transmission Line

Other Transmission Line Expenses Not Listed

| Name | Description |
|-------|----------------------------------------|
| Sweep | Verify line performance on new channel |

Interim Transmission Line

New Transmission Line

| Section | Question | Response |
|-----------------------------|-----------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Transmission Line Costs | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Type | Flexible Air |
| | Diameter | 3 inches |
| | Segment Length | N/A |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 1000 feet per run |
| | Justification for New Transmission Line | An interim transmission line is necessary for the interim antenna to keep station on the air during primary antenna replacement and for the duration of the assigned phase. |

| Interim | Other Transmission Line Expenses Not Listed |
|-------------------|---------------------------------------------|
| Transmission Line | Information not provided. |

**Tower
Equipment
And
Rigging
Costs**

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

**Primary
Tower**

Existing Tower

| Section | Question | Response |
|----------------------------------------------------|---------------------------------------------------------|-------------------|
| Existing Tower Description | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | Yes |
| | Is tower documented for structural analysis? | No |
| | Is tower compliant with Rev G? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1018798 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 32° 28' 12.2" N- |
| | Longitude (NAD83) | 083° 15' 18.0" W- |
| | Overall Structure Height | 1168.95 feet |
| | Support Structure Height | 1109.89 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 398.95 feet |
| | | |

| | |
|------------------|----------------------------------------------------------------|
| Structure Type | GTOWER - Guyed Structure Used for Communication Purposes |
| Tower Owner | GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION |
| Date Constructed | 03/02/2016 |

**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 |
|-------------|-----------|---------|
| 43212 | WMAB-FM | FM |

Other Types of Users

| Users |
|----------|
| WMAB ICR |

Primary Tower

Tower Modification Costs

| Section | Question | Response |
|----------------------|------------------------------------------------------------|--------------------------------------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | Study needed for undocumented /poorly documented tower |
| Tower Reinforcements | Please select whether tower reinforcements are needed: | Major Reinforcements needed |

Primary Tower

Tower Rigging Costs

| Section | Question | Response |
|---------------------|---------------|----------|
| Tower Rigging Costs | Complex Tower | N/A |

| | | |
|-----------------------------------------|-----------------------------------|----|
| Helicopter Services Required | Are helicopter services required? | No |
|-----------------------------------------|-----------------------------------|----|

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

| Section | Question | Response |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 60 |
| | Explanation | It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. |
| 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 | 1 |
| | 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 | 1 |
| | 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 | Yes |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | Yes |

| | |
|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Number of Days | 15 |
| Justification | It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services. |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|-----------------------------------|-----------------------------------------------------------------------------|
| Other Legal Services | Legal services not already included in a pre-established OPS section. |
| Other Engineering Services | Engineering services not already included in a pre-established 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? | Yes |
| Permit and Filing Costs | Local Zoning | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | No |
| | 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)? | 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 |
|-------------------------------|--|-------------------------------|
| Electrical Design | | Electrical Design |
| System Design and Site Survey | | System Design and Site Survey |
| Electrical Work | | Electrical Work |

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 HPTV-PRLX-V11 | \$483,430.00 | \$479,980.00 | | \$314,480.00 | |
| Additional Interior RF System | <i>\$75,000.00</i> | \$75,000.00 | N/A | N/A | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$5,200.00 | \$4,900.00 | N/A | N/A | N/A |
| Transformer 3 phase /480v - 150 KVA | \$25,550.00 | \$24,300.00 | N/A | N/A | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| High VHF - Liquid Cooled Solid State Transmitter 15.9 kW | <i>\$314,480.00</i> | \$314,480.00 | This transmitter is an Upgrade. See attached uploaded file "Comark S10458-1 v190911jgv1.pdf" | \$314,480.00 | N/A |
| Standby Exciter and Switch | <i>\$25,000.00</i> | \$25,000.00 | N/A | N/A | N/A |
| Sub-total | \$483,430.00 | \$479,980.00 | N/A | \$314,480.00 | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|--------------|-----|
| Total for all systems | \$1,838,122.00 | \$1,817,097.00 | N/A | \$460,661.50 | N/A |
|------------------------------|----------------|----------------|-----|--------------|-----|

Components

| Actual Information | |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| Description | File Name |
| Additional Interior RF System | Information not provided. |
| 3" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |
| Transformer 3 phase/480v - 150 KVA | Information not provided. |
| Switchgear - industrial 800 amp | Information not provided. |
| High VHF - Liquid Cooled Solid State Transmitter 15.9 kW | <p>Component Description: Comark S10458-1 v190912jgv2</p> <p>Amount: \$314,480.00</p> |
| Standby Exciter and Switch | 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 TBD | \$215,140.00 | \$213,400.00 | | \$0.00 | |
| 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 | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$22,000.00 | N/A | N/A | N/A |
| High VHF - High Power Side Mount One Station horizontally polarized | <i>\$180,000.00</i> | \$180,000.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Primary Antenna TBD | \$215,140.00 | \$213,400.00 | | \$0.00 | |

| | | | | | |
|--------------------------------------------------------------------------------------------------------|---------------------|----------------|-----|--------------|-----|
| 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 | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$22,000.00 | N/A | N/A | N/A |
| High VHF - High Power Side Mount One Station horizontally polarized | \$180,000.00 | \$180,000.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$430,280.00 | \$426,800.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,838,122.00 | \$1,817,097.00 | N/A | \$460,661.50 | N/A |

Components

Information not provided.

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 |
|----------------------------------------------------------|--------------------------------|-------------------|------------------------------------|--------------|------------------------------|
| Interim Transmission Line | \$59,000.00 | \$56,000.00 | | \$0.00 | |
| Flexible Air Transmission Line - dielectric, 3" | \$59,000.00 | \$56,000.00 | N/A | N/A | N/A |
| Primary Transmission Line | \$6,400.00 | \$6,400.00 | | \$0.00 | |
| Sweep | \$6,400.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$65,400.00 | \$62,400.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,838,122.00 | \$1,817,097.00 | N/A | \$460,661.50 | 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 |
|----------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|---------------------------|
| Primary Tower GTOWER | \$657,800.00 | \$647,200.00 | | \$47,200.00 | |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$47,200.00 | See attached / uploaded PDF files titled "TEP 369159 v200305jgv1.pdf", "TEP 388694 v200305jgv1.pdf", "TEP 391347 v200305jgv1.pdf", "TEP 391368 v200305jgv1.pdf" and "TEP 423209 v200415jgv1.pdf" | \$47,200.00 | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$200,000.00 | N/A | N/A | N/A |
| Major tower reinforcement /modifications | \$421,000.00 | \$400,000.00 | N/A | N/A | N/A |
| Sub-total | \$657,800.00 | \$647,200.00 | N/A | \$47,200.00 | N/A |
| Total for all systems | \$1,838,122.00 | \$1,817,097.00 | N/A | \$460,661.50 | N/A |

Components

| Actual Information | |
|---------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| Description | File Name |
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study | <div> Component Description: TEP 388694 v200305jgv1 </div> <div> Amount: \$10,500.00 </div> |
| | <div> Component Description: TEP 391347 v200305jgv1 </div> <div> Amount: \$3,500.00 </div> |
| | <div> Component Description: TEP 369159 v200305jgv1 </div> <div> Amount: \$9,500.00 </div> |
| | <div> Component Description: TEP 423209 v200415jgv1 </div> <div> Amount: \$19,500.00 </div> |
| | <div> Component Description: TEP 391368 v200305jgv1 </div> <div> Amount: \$4,200.00 </div> |
| | |
| | |
| | |
| | |
| | |
| Tall Tower (greater than 500') | Information not provided. |
| Major tower reinforcement /modifications | 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 | \$100,190.00 | \$100,245.00 | | \$26,509.50 | |
| Prepare and or review reimbursement form | \$2,630.00 | \$4,995.00 | The cost estimate includes the initial 399 amendment, anticipated subsequent 399 amendments, and ongoing Actual Cost invoice prep and submission by KGA. | \$4,995.00 | N/A |

| | | | | | |
|-------------------------------------------------------------------------------------|--------------------|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----|
| Other Engineering Services | \$20,000.00 | \$20,000.00 | Fewer Project Management tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced and a new OES category has been created and funded with the money removed from PM. | \$11,550.00 | N/A |
| Other Legal Services | \$10,000.00 | \$10,000.00 | N/A | \$1,232.00 | N/A |
| Additional Field Engineering Service, 15 Days | \$30,000.00 | \$30,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | 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 | \$1,732.50 | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$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 | \$3,500.00 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |

| | | | | | |
|-----------------------------------------------------------------------------------|----------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----|
| Project management of the transition | \$9,480.00 | \$9,000.00 | Fewer Project Management tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced and a new OES category has been created and funded with the money removed from PM. | \$1,500.00 | 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 |
| Sub-total | \$100,190.00 | \$100,245.00 | N/A | \$26,509.50 | N/A |
| Total for all systems | \$1,838,122.00 | \$1,817,097.00 | N/A | \$460,661.50 | N/A |

Components

Actual Information

| Description | File Name |
|-------------|-----------|
|-------------|-----------|

Prepare and or review
reimbursement form

Component Description: KGA 554-707
v200218jgv1
Amount: \$450.00

Component Description: KGA 554-623
v190620pmv1
Amount: \$145.00

Component Description: KGA 554-610
v190620pmv1
Amount: \$275.00

Component Description: KGA 554-629
v190620pmv1
Amount: \$50.00

Component Description: KGA 554-682
v200218jgv1
Amount: \$675.00

Component Description: KGA 554-784
v200415jgv1
Amount: \$850.00

Component Description: KGA 554-648
v190702pmv1
Amount: \$50.00

Component Description: Prepare and review
reimbursement form
Amount: \$2,500.00

| | | | |
|----------------------------|-------------------------------|--|----------------------------|
| Other Engineering Services | Component Description: | | KGA 554-629 v190620pmv1 |
| | Amount: | | \$2,525.00 |
| | Component Description: | | KGA 554-698 v200218jgv1 |
| | Amount: | | \$2,075.00 |
| | Component Description: | | KGA 554-668 v200218jgv1 |
| | Amount: | | \$1,275.00 |
| | Component Description: | | KGA 554-642 v190702pmv1 |
| | Amount: | | \$1,450.00 |
| Other Legal Services | Component Description: | | KGA 554-677 v200218jgv1 |
| | Amount: | | \$1,225.00 |
| | Component Description: | | KGA 554-612 v190620pmv1 |
| | Amount: | | \$700.00 |
| | Component Description: | | KGA 554-725 v200218jgv1 |
| | Amount: | | \$1,500.00 |
| | Component Description: | | KGA 554-611 v190620pmv1 |
| | Amount: | | \$800.00 |

| | |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| Component Description: | WMUM amount. Refer to Jan-April GMP matter summary. Refer to letter and attachments uploaded from GPB 8.2.18 |
| Amount: | \$38.50 |

| | |
|-------------------------------|--------------------------|
| Component Description: | GMP 31513 v200218jgv1 |
| Amount: | \$385.00 |

| | |
|-------------------------------|--------------------------|
| Component Description: | GMP 31276 v200218jgv1 |
| Amount: | \$77.00 |

| | |
|-------------------------------|-------------------------------|
| Component Description: | Repack Prep legal Invoices |
| Amount: | \$77.00 |

| | |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| Component Description: | WMUM amount. Refer to GMP matter summary May 2018. Refer to letter and attachments uploaded from GPB 8.2.18 |
| Amount: | \$154.00 |

| | |
|-------------------------------|------------------------------------------------------------------------------------------|
| Component Description: | WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. |
| Amount: | \$38.50 |

| | | |
|------------------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| | Component Description: Amount: | WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. \$38.50 |
| | Component Description: Amount: | GMP 30912 v200218jgv1 \$192.50 |
| | Component Description: Amount: | GMP 30379 v190702pmv1 \$115.50 |
| | Component Description: Amount: | WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. \$115.50 |
| Additional Field Engineering Service, 15 Days | 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. | |

| | | | | | | | | | |
|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-------------------|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------|
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="692 100 1114 515"> <p>Component Description:</p> </td><td data-bbox="1114 100 1428 515"> <p>WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p> </td></tr> <tr> <td data-bbox="692 515 1114 627"> <p>Amount:</p> </td><td data-bbox="1114 515 1428 627"> <p>\$1,347.50</p> </td></tr> <tr> <td data-bbox="692 627 1114 1008"> <p>Component Description:</p> </td><td data-bbox="1114 627 1428 1008"> <p>WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p> </td></tr> <tr> <td data-bbox="692 1008 1114 1120"> <p>Amount:</p> </td><td data-bbox="1114 1008 1428 1120"> <p>\$385.00</p> </td></tr> </table> | <p>Component Description:</p> | <p>WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p> | <p>Amount:</p> | <p>\$1,347.50</p> | <p>Component Description:</p> | <p>WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p> | <p>Amount:</p> | <p>\$385.00</p> |
| <p>Component Description:</p> | <p>WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$1,347.50</p> | | | | | | | | |
| <p>Component Description:</p> | <p>WMUM amount. Refer to GMP master summary invoice WMUM with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$385.00</p> | | | | | | | | |
| <p>Prepare request for Special Temporary Authorization</p> | <p>Information not provided.</p> | | | | | | | | |
| <p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="692 1276 1114 1545"> <p>Component Description:</p> </td><td data-bbox="1114 1276 1428 1545"> <p>Prepare engineering section of FCC Form 2100 (main) construction permit</p> </td></tr> <tr> <td data-bbox="692 1545 1114 1646"> <p>Amount:</p> </td><td data-bbox="1114 1545 1428 1646"> <p>\$2,000.00</p> </td></tr> </table> | <p>Component Description:</p> | <p>Prepare engineering section of FCC Form 2100 (main) construction permit</p> | <p>Amount:</p> | <p>\$2,000.00</p> | | | | |
| <p>Component Description:</p> | <p>Prepare engineering section of FCC Form 2100 (main) construction permit</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$2,000.00</p> | | | | | | | | |
| <p>Perform engineering study for new channel assignment and antenna development</p> | <table> <tr> <td data-bbox="692 1646 1114 1881"> <p>Component Description:</p> </td><td data-bbox="1114 1646 1428 1881"> <p>Perform engineering study for new channel assignment</p> </td></tr> <tr> <td data-bbox="692 1881 1114 1982"> <p>Amount:</p> </td><td data-bbox="1114 1881 1428 1982"> <p>\$3,500.00</p> </td></tr> </table> | <p>Component Description:</p> | <p>Perform engineering study for new channel assignment</p> | <p>Amount:</p> | <p>\$3,500.00</p> | | | | |
| <p>Component Description:</p> | <p>Perform engineering study for new channel assignment</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$3,500.00</p> | | | | | | | | |
| <p>Address transition timing and coordination issues w/ other stations and wireless</p> | <p>Information not provided.</p> | | | | | | | | |

Project management of
the transition

Component Description: KGA 554-598
v190620pmv1b
Amount: \$150.00

Component Description: Project
management Bob
Gehman
Amount: \$225.00

Component Description: Form 387 2Q18
Amount: \$150.00

Component Description: KGA 554-662
v200218jgv1
Amount: \$150.00

Component Description: Project
management Bob
Gehman
Amount: \$300.00

Component Description: Form 387 4Q18
Amount: \$150.00

Component Description: KGA inv #554-554
Form 387 2018 Q3
UL20190426jgv1
Amount: \$150.00

Component Description: Project
management Bob
Gehman
Amount: \$225.00

Prepare engineering
section of FCC Form 2100
(main), License to Cover
Application

Information not provided.

Cost Information

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---------------------------------------------------------|-----------------------------|---------------------|--------------------------------------------------------------------------|--------------------|---------------------------|
| Other Expenses | \$101,022.00 | \$100,472.00 | | \$72,472.00 | |
| Electrical Work | <i>\$54,212.00</i> | \$54,212.00 | See attached / uploaded PDF file titled "All-State 3712 v200415jgv1.pdf" | \$54,212.00 | N/A |
| System Design and Site Survey | <i>\$15,300.00</i> | \$15,300.00 | N/A | \$15,300.00 | N/A |
| Electrical Design | <i>\$2,960.00</i> | \$2,960.00 | See attached / uploaded PDF file titled "NBP Eng 18187 v200303jgv1.pdf" | \$2,960.00 | N/A |
| MVPD Notification of Channel Change | <i>\$2,000.00</i> | \$2,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| Equipment Storage | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |

| | | | | | |
|--------------------------------------------------------------------------|----------------|----------------|-----|--------------|-----|
| Equipment Delivery and Handling Charges | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | N/A | N/A |
| Sub-total | \$101,022.00 | \$100,472.00 | N/A | \$72,472.00 | N/A |
| Total for all systems | \$1,838,122.00 | \$1,817,097.00 | N/A | \$460,661.50 | N/A |

Components

| Actual Information | |
|-------------------------------------|---------------------------------------------------------------------------------------------------|
| Description | File Name |
| Electrical Work | <p>Component Description: All-State 3712 v200415jgv1</p> <p>Amount: \$54,212.00</p> |
| System Design and Site Survey | <p>Component Description: Comark 12830 v190911jgv1</p> <p>Amount: \$15,300.00</p> |
| Electrical Design | <p>Component Description: NBP Eng 18187 v200318jgv2</p> <p>Amount: \$2,960.00</p> |
| MVPD Notification of Channel Change | Information not provided. |

| | |
|--------------------------------------------------------------------------|---------------------------|
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Storage | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| DTV Medical Facility Notification | Information not provided. |

| Cost Information | Grand Total | | | |
|------------------|-----------------------|-----------------------------|----------------|--------------|
| | | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| | | | | |
| | Total for all systems | \$1,838,122.00 | \$1,817,097.00 | \$460,661.50 |

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

| Certification | Section | Question | Response |
|---------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Submission of Estimated Expenses Statements | <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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>04/15/2020</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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>04/15/2020</p> |

Attachments