



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **63867** | Service: **DTV** | Call **WSST-TV** | Channel: **34 (UHF)** |
ID: | Sign:
File **0000025423**
Number:
FRN: **0024469108** | Date **06/23**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|-------------------|---------------------------------------|----------------|
| MARQUEE BROADCASTING GEORGIA, INC. | 202 Downtown Plaza PO Box 4009 Salisbury, MD 21803 United States | +1 (410) 742-4747 | patricia_lane@marqueebroadcasting.com | Corporation |

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 |
|--|---|-------------------|------------------------|
| Samuel Hariton <i>Widely</i> | Samuel Hariton 4031 University Drive Ste. Fairfax, VA 22030 United States | +1 (339) 222-8107 | sam.hariton@widely.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 | WSST-TV is in Phase 1. It will lower its existing antenna to operate Channel 22 on an interim basis while Channel 34 is constructed. It then cut-over to Channel 34 when the phase construction is completed. See attached for details. |

Transmitters

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

**Primary
Transmitter**

Add 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 | UAXT-6R37 |
| | Year | 2016 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 5.4 kW |

**Primary
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|--|
| New Transmitter | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | UAXTE- 8R44 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 4.8 kW |
| | Justification for New Transmitter | To continue to serve the public during the transition, WSST needs to continue to operate on Ch 22 with its existing transmitter /antenna combination until the Ch 34 antenna is installed on the tower and connected to the Ch 34 transmitter. See attached. |

**Primary
Transmitter**

Other Transmitter Costs

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

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 |
|---|--|--------------------|
| 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) | 80.0 kW |
| | | |

| | |
|--------------|---------------------|
| Manufacturer | |
| Model | ALP-24L3- HSO-22 |
| Year | 2016 |

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) | 80.0 kW |
| | Manufacturer | |
| | | |

| | |
|-------------------------------|--|
| Model | ALP24M3-HSO-34 |
| Year | 2017 |
| Justification for New Antenna | Existing antenna does not work on the new 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? | No |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

**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 | 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 | Commscope |
| | 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 | 466 feet per run |

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

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 | 1 5/8 inches |
| | Segment Length | N/A |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 450 feet per run |
| | Justification for New Transmission Line | Per the transition plan, a transmission line is needed to feed the existing Channel 22 antenna, which will be lowered on the tower to allow for installation of the new Channel 34 antenna. See attached transition plan. |

| 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**

Add 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? | 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? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1025900 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 31° 53' 36.0" N- |
| | Longitude (NAD83) | 083° 48' 18.0" W- |
| | Overall Structure Height | 423.88 feet |
| | Support Structure Height | 419.94 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 297.90 feet |
| | Structure Type | TOWER - Free Standing or Guyed Structure |

| | | |
|--|------------------|---|
| | Tower Owner | SUNBELT SOUTH TELE- COMMUNICATIONS, LTD. |
| | Date Constructed | 03/01/1989 |

**Primary
Tower**

Tower Modification Costs

| Section | Question | Response |
|----------------------|--|--------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | No study needed |
| 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 | N/A |
| Helicopter Services Required | Are helicopter services required? | No |

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional Services Costs**

| Section | Question | Response |
|---|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 711 |
| | Explanation | WSST-TV requires the aid of outside project management services in order to fulfill the requirements of the repack. WSST-TV does not have sufficient resource capacity and expertise necessary to facility on-time completion of the station's build. |
| 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 | No |
| Number of Days | N/A |
| Justification | N/A |

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Is not provided.

Other Expenses

| Section | Question | Response |
|-------------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | Yes |
| | FCC License to Cover Application | Yes |
| | FCC Special Temporary Authority Application | Yes |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | 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? | No |
| | Does this relocation require MVPD Notification of a Channel Change? | No |

| | |
|-----------------------|---|
| Other Expenses | Other Expenses Not Listed Information not provided. |
|-----------------------|---|

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 UAXTE-8R44 | \$236,500.00 | \$182,560.38 | | \$182,560.37 | |
| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | \$236,500.00 | \$182,560.38 | see Estimated Cost Justification WSST-110- 1st Primary Transmitter - UHF Air- Cooled Solid State, 4-6 kW v0 | \$182,560.37 | N/A |
| Sub-total | \$236,500.00 | \$182,560.38 | N/A | \$182,560.37 | N/A |
| Total for all systems | \$766,718.00 | \$508,004.66 | N/A | \$307,879.82 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

UHF - Air Cooled Solid
State Transmitter 4 - 6 kW

Component Description: UAXTE-8R44
Transmitter per
Quote GA-
00022167
Amount: \$13,756.09

Component Description: Third and final
installment for
transmitter
Amount: \$57,263.14

Component Description: This is the second
1/3 payment due
prior to shipping.
Amount: \$55,770.57

Component Description: One third
downpayment of
new transmitter
necessary to
complete Phase 1
relocation to
accommodate
repack.
Amount: \$55,770.57

Cost Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|--------------------|---|--------------------|---------------------------|
| Primary Antenna ALP24M3-HSO-34 | \$274,930.00 | \$90,744.28 | | \$87,619.28 | |
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | \$89,400.00 | \$21,906.63 | ***System Notice: Estimate adjusted and locked because line has been superseded.*** | \$21,906.63 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,250.00 | N/A | \$3,125.00 | N/A |
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | \$89,400.00 | \$5,915.02 | ***System Notice: Estimate adjusted and locked because line has been superseded.*** | \$5,915.02 | N/A |

| | | | | | |
|--|--------------|--------------|---|--------------|-----|
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | \$89,400.00 | \$56,672.63 | ***System Notice: Estimate adjusted and locked because line has been superseded. *** | \$56,672.63 | N/A |
| Sub-total | \$274,930.00 | \$90,744.28 | N/A | \$87,619.28 | N/A |
| Total for all systems | \$766,718.00 | \$508,004.66 | N/A | \$307,879.82 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | <p>Component Description: 50% deposit of price for antenna (ALP24M#-HSO-34)</p> <p>Amount: \$21,906.63</p> |
| Sweep test of existing antenna | <p>Component Description: 50% of system sweep cost</p> <p>Amount: \$3,125.00</p> |
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | <p>Component Description: Final 10% for completion of installation PLUS \$1,006.03 for additional parts, \$91.93 for Sales Tax and \$143.06 for freight</p> <p>Amount: \$5,915.02</p> |

| | | | | | |
|--|---|-------------------------------|--|----------------|-------------|
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | <table><tr><td data-bbox="711 100 1141 369">Component Description:</td><td data-bbox="1141 100 1430 369">WSST-002 invoice amount. Purchase order plus invoice attached.</td></tr><tr><td data-bbox="711 369 1141 414">Amount:</td><td data-bbox="1141 369 1430 414">\$56,672.63</td></tr></table> | Component Description: | WSST-002 invoice amount. Purchase order plus invoice attached. | Amount: | \$56,672.63 |
| Component Description: | WSST-002 invoice amount. Purchase order plus invoice attached. | | | | |
| Amount: | \$56,672.63 | | | | |

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 | \$14,850.00 | \$13,950.00 | | \$5,658.27 | |
| Flexible Air Transmission Line - dielectric, 1 5/8" | \$14,850.00 | \$13,950.00 | N/A | \$5,658.27 | N/A |
| Primary Transmission Line | \$0.00 | \$0.00 | | \$0.00 | |
| Sub-total | \$14,850.00 | \$13,950.00 | N/A | \$5,658.27 | N/A |
| Total for all systems | \$766,718.00 | \$508,004.66 | N/A | \$307,879.82 | N/A |

Components

| Actual Information | |
|---|---|
| Description | File Name |
| Flexible Air Transmission Line - dielectric, 1 5/8" | <div><div>Component Description:</div><div>50% downpayment for cost of transmission line system identified in ERI invoice.</div><div>Amount:</div><div>\$5,658.27</div></div> <div><div>Component Description:</div><div>Additional 1 5/8 inch cable required to complete installation.</div><div>Amount:</div><div>\$80.53</div></div> |

Cost
Information

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|------------------------------|-----------------------------|----------------|------------------------------|--------------|---------------------------|
| Primary Tower TOWER | \$84,200.00 | \$80,000.00 | | \$20,245.00 | |
| Short Tower (less than 500') | \$84,200.00 | \$80,000.00 | N/A | \$20,245.00 | N/A |
| Sub-total | \$84,200.00 | \$80,000.00 | N/A | \$20,245.00 | N/A |
| Total for all systems | \$766,718.00 | \$508,004.66 | N/A | \$307,879.82 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------|--|
| Short Tower (less than 500') | <div>Component Description:50% downpayment for installation services - primary and interim</div> <div>Amount:\$20,245.00</div> |

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|---------------------|------------------------------|-------------------|---------------------------|
| Outside Professional Services | \$143,048.00 | \$136,900.00 | | \$9,531.90 | |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | N/A | \$0.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | \$0.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | \$165.00 | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | N/A | \$0.00 | 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 | \$0.00 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | \$1,450.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | \$1,445.00 | The licensee was assigned to Phase 1 so the process was new to licensee, its vendors and counsel. Licensee was under budget in many other categories by more than what's over budget here. |
| Project management of the transition | \$112,338.00 | \$108,150.00 | Please see attached Widelity Strategic Support Quote | \$4,471.90 | N/A |

| | | | | | |
|---|--------------|--------------|-----|--------------|-----|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | \$0.00 | N/A |
| Sub-total | \$143,048.00 | \$136,900.00 | N/A | \$9,531.90 | N/A |
| Total for all systems | \$766,718.00 | \$508,004.66 | N/A | \$307,879.82 | N/A |

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| 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="695 98 1098 421"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1098 98 1426 421"> <p>Legal fees for assisting client in preparing repack construction permit</p> <p>\$165.00</p> </td></tr> <tr> <td data-bbox="695 421 1098 600"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1098 421 1426 600"> <p>Legal Services</p> <p>\$2,500.00</p> </td></tr> <tr> <td data-bbox="695 600 1098 958"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1098 600 1426 958"> <p>Legal fees associated with preparation of the repack construction permit.</p> <p>\$45.00</p> </td></tr> <tr> <td data-bbox="695 958 1098 1518"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1098 958 1426 1518"> <p>This is the portion of the invoice attributable to the preparation of the repack construction permit. The remainder will be requested in the Form 399 reimbursement element.</p> <p>\$300.00</p> </td></tr> </table> | <p>Component Description:</p> <p>Amount:</p> | <p>Legal fees for assisting client in preparing repack construction permit</p> <p>\$165.00</p> | <p>Component Description:</p> <p>Amount:</p> | <p>Legal Services</p> <p>\$2,500.00</p> | <p>Component Description:</p> <p>Amount:</p> | <p>Legal fees associated with preparation of the repack construction permit.</p> <p>\$45.00</p> | <p>Component Description:</p> <p>Amount:</p> | <p>This is the portion of the invoice attributable to the preparation of the repack construction permit. The remainder will be requested in the Form 399 reimbursement element.</p> <p>\$300.00</p> |
| <p>Component Description:</p> <p>Amount:</p> | <p>Legal fees for assisting client in preparing repack construction permit</p> <p>\$165.00</p> | | | | | | | | |
| <p>Component Description:</p> <p>Amount:</p> | <p>Legal Services</p> <p>\$2,500.00</p> | | | | | | | | |
| <p>Component Description:</p> <p>Amount:</p> | <p>Legal fees associated with preparation of the repack construction permit.</p> <p>\$45.00</p> | | | | | | | | |
| <p>Component Description:</p> <p>Amount:</p> | <p>This is the portion of the invoice attributable to the preparation of the repack construction permit. The remainder will be requested in the Form 399 reimbursement element.</p> <p>\$300.00</p> | | | | | | | | |
| <p>Prepare request for Special Temporary Authorization</p> | <p>Information not provided.</p> | | | | | | | | |

| | | |
|--|-------------------------------|--|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: | Invoice already paid in full by Licensee |
| | Amount: | \$1,000.00 |
| | Component Description: | Form 2100 prep including antenna system design and completing application |
| | Amount: | \$2,000.00 |
| Perform engineering study for new channel assignment and antenna development | Component Description: | Engineering study for new channel assignment including interference and maximization potential. REVISED DESCRIPTION. |
| | Amount: | \$500.00 |
| | Component Description: | Licensee has already paid invoice in full |
| | Amount: | \$2,000.00 |

| | | |
|--|-------------------------------|--|
| Address transition timing and coordination issues w/ other stations and wireless | Component Description: | Telecons and correspondence by engineer to assist with transition plan Amount: \$1,000.00 |
| | Component Description: | Portion of the invoice related to preparation of quarterly progress reports. Amount: \$105.00 |
| | Component Description: | Legal services related to filing progress report with FCC Amount: \$225.00 |
| | Component Description: | Portion of the invoice for legal services relating to the preparation and filing of the quarterly progress report. Amount: \$225.00 |
| Prepare and or review reimbursement form | Component Description: | This is the amount of the invoice attributable to work related to preparation of the reimbursement form. The invoice has been noted accordingly for your convenience. Amount: \$270.00 |

Component Description: Legal services attributable to the preparation of the reimbursement form.

Amount: \$555.00

Component Description: This is the amount of the invoice attributable to the preparation of the reimbursement form as notated on the invoice.

Amount: \$395.00

Component Description: This is the portion of the invoice related to legal services related to the preparation of the reimbursement form.

Amount: \$165.00

Component Description: This is the portion of this invoice related to preparation of the reimbursement form included postage costs of \$6.65

Amount: \$1,056.65

Component Description: Portion of invoice for legal services relating to the filing of quarterly progress report.

Amount: \$225.00

Component Description:

Legal services relating to completion of reimbursement form.

Amount:

\$435.00

Component Description:

Invoice related to preparation of the reimbursement form

Amount:

\$630.00

| | | |
|---|---|----------------------------------|
| Project management of the transition | Component Description: Amount: | Project Management \$133.85 |
| | Component Description: Amount: | Project Management \$1,881.10 |
| | Component Description: Amount: | Project Management \$18.85 |
| | Component Description: Amount: | Project Management \$101.25 |
| | Component Description: Amount: | Project Management \$28.75 |
| | Component Description: Amount: | Project Management \$65.00 |
| | Component Description: Amount: | Project Management \$367.50 |
| | Component Description: Amount: | Project Management \$1,875.60 |
| 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 | \$13,190.00 | \$3,850.00 | | \$2,265.00 | |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | \$0.00 | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | \$0.00 | N/A |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | \$0.00 | N/A |

| | | | | | |
|-----------------------------------|--------------|--------------|-----|--------------|---|
| DTV Medical Facility Notification | \$11,550.00 | \$2,265.00 | N/A | \$2,265.00 | You now have the ESTIMATE (EST-001339) for \$2,265.00 and the PAID invoice (INV-001842) which demonstrates the estimate was spot on and the job is now done and paid for. WE ARE NOT SEEKING \$4,530. Just the \$2,265 that was estimated & now paid. |
| Sub-total | \$13,190.00 | \$3,850.00 | N/A | \$2,265.00 | N/A |
| Total for all systems | \$766,718.00 | \$508,004.66 | N/A | \$307,879.82 | N/A |

Components

| Actual Information Description | File Name |
|---|---------------------------|
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |

DTV Medical Facility
Notification

Component Description:

We previously submitted the estimate and the invoice separately and now have placed both estimate and invoice in the single attachment. Hope this works.

Amount:

\$2,265.00

Component Description:

Cost to provide required notification to medical facilities.

Amount:

\$2,265.00

| | | | |
|-------------------------|------------------------------|------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$766,718.00 | \$508,004.66 |
| | | | \$307,879.82 |

| | | |
|-----------------------------|--|-----------------|
| Reimbursement Status | Question | Response |
| | The facility has ceased operating on its pre-auction channel. | Yes |
| | Construction of final facilities or all necessary modifications are complete. | Yes |
| | 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>Jeff Smith <i>Engineer</i> 06/23/2020</p> |

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

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

| | |
|--|---|
| <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>Jeff Smith <i>Engineer</i></p> <p>06/23/2020</p> |

| Certification | Section | Question | Response |
|---------------|---|--|----------|
| | Submission of Final Allocation or Accounting Information 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

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

Jeff Smith
Engineer

06/23/2020

Attachments

