

(REFERENCE COPY - Not for submission)

#### FCC Form 399: Reimbursement Request

68547 Service: DTV Channel: 34 (UHF) Facility Call **WWRS-TV** Sign:

0000026665

Number:

ID:

File

FRN: 0004346060 Date 07/30

> Submitted: /2020

#### **Applicant** Information

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

Applicant	Address	Phone	Email	Applicant Type
TRINITY BROADCASTING OF TEXAS, INC. Doing Business As: Trinity Broadcasting Networks	13600 Heritage Parkway Fort Worth, TX 76177 United States	+1 (855) 826- 2255	CMMAY@MAYLAWOFFICES. COM	Not-for- Profit

### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email	
[Confidential]				

#### **Preparer** Contact Information

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

The Preparer is same as the reimbursement contact.

**Broadcaster** Information and **Transition** Plan

Question Response

Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Reduce TPO to 50% and remove 1/2 of the xmitter system. Install new SS xmitter system. Add AUX antenna & line to the tower & feed it with a reduced signal from the current xmitter. Remove & replace antenna. Test.

## 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	
Manufacturer and Type	Model	DCX 2
	Year	2005
	Туре	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 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	HPTV- PRLX-U24
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	40 kW
	Justification for New Transmitter	See attachment

#### Primary Transmitter

#### **Other Transmitter Costs**

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

HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	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 leashold 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
install	xmitter install

#### **Antennas**

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

#### Primary Antenna

#### **Existing Antenna Information**

Section	Question	Response
Existing Antenna	Type of change	Purchase New
Description	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	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	600.0 kW
	Manufacturer	

Model	SWCDS20OMS /34
Year	2004

#### Primary Antenna

#### **New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Primary (Main)
Description	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	Class	Full Power
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	504.0 kW
	Manufacturer	
	Model	SWCDS200MS /34
	Year	2017

Justification for New Antenna	Present
	antenna can
	not be re-tuned

#### Primary Antenna

#### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	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.

#### Interim Antenna

#### **New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	240.0 kW
	Manufacturer	
	Model	RD12A- 1424
	Year	2017

Justification for New Antenna	Remian on
	the air
	while
	antenna
	and line are
	changed.

#### 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?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

#### Interim Antenna

**Other Antenna Cost Not Listed** 

Information not provided.

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

### Primary Transmission Se

#### **Existing Transmission Line**

on Line Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission	Manufacturer	
Line Manufacturer and Type	Туре	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	500 feet per run

#### Primary Transmi

#### **New Transmission Line**

nsmissio	n Line Section	Question	Response
	New Transmission Line Costs	Use	Primary (Main)
		Description of Use	N/A
		Change Type	Purchase New
		Is this a request for upgraded equipment?	No
		Туре	Rigid
		Diameter	4 1/16 inches
		Other Diameter	N/A
		Segment Length	19 1/2 inches
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	500 feet per run
		Justification for New Transmission Line	Flange reflection at new frequency

Primary

Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

#### Interim

#### **New Transmission Line**

<b>Fransmissio</b>	n Line Section	Question	Response
	New Transmission Line	Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Flexible Air
		Diameter	3 inches
		Segment Length	N/A
		Other Segment Length	
		Number of parallel runs	1
		Length	400 feet per run
		Justification for New Transmission Line	remain on the air while antenna and line are changed

**Other Transmission Line Expenses Not Listed** 

Transmission loine tion 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?	
	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	Do you have a tower registration number?	Yes
Registration	ASR Number	1219139
Coordinates (NAD83 ( North American Datum of	Latitude (NAD83)	43° 26' 11.4" N-
1983))	Longitude (NAD83)	088° 31' 33.9" W-
	Overall Structure Height	491.14 feet
	Support Structure Height	445.53 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1158.12 fee

Structure Type	TOWER - Free Standing or
	Guyed Structure
Tower Owner	Trinity Christian Center of Santa Ana, Inc.
Date Constructed	09/12/2001

#### Primary Tower

#### **Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

#### Primary Tower

#### **Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	Other
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?	No
	Number of Hours	N/A
	Explanation	N/A
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	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes

Prepare request for Special Temporary Authority	Yes
Quantity	2
NEPA Section 106 environmental review	No
Environmental Assessment	No
ASR Modification	No
FAA Consultation (including preparation of FAA Form 7460)	No
Negotiation of Lease and other Matter for Shared Locations	No
Prepare or Review FCC Form 399 for Reimbursement	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	No
Comprehensive coverage verification via field study	No
RF exposure measurements	No
Additional Field Engineering Service	No
Number of Days	N/A
Justification	N/A
	Authority  Quantity  NEPA Section 106 environmental review  Environmental Assessment  ASR Modification  FAA Consultation (including preparation of FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  Additional Field Engineering Service  Number of Days

Outside
Professional Services Expenses Not Listed
Professional Services © Opstsided.

### 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)?	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

Name	Description
landscaping	return the jobsite to it's original condition after the re-pack.

### **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-U24	\$1,520,500.00	\$1,154,167.00		\$952,281.00	
install	\$35,000.00	\$35,000.00	quoted xmitter install	\$35,000.00	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,106,667.00	N/A	\$917,281.00	N/A
Other Electrical Service: labor, disconnects	\$12,500.00	\$12,500.00	quoted	N/A	N/A
Sub-total	\$1,520,500.00	\$1,154,167.00	N/A	\$952,281.00	N/A
Total for all systems	\$2,561,466.00	\$1,911,484.00	N/A	\$1,288,926.83	N/A

#### Components

Actual Information Description	File Name	
install		
	Component Description:	xmitter Install
	Amount:	\$35,000.00

UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	Component Description:	30% due 60 days
	Amount:	\$275,184.30
	Component Description:	30% due prior to
	Amount:	shipment \$275,184.30
	Component Description:	final payment
	Amount:	\$45,864.05
	Component Description:	35% deposit
	Amount:	\$321,048.35
Other Electrical Service: labor, disconnects	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).

			Estimated		
Description	Predetermined Cost Estimate	Estimated Cost	Cost Justification	Actual Cost	Actual Cost Justification
Interim Antenna RD12A-1424	\$212,650.00	\$62,000.00		\$23,745.00	
UHF - Lower Power Side Mount, One station - 200- 500 kW, horizontally polarized	\$189,500.00	\$50,000.00	N/A	\$23,745.00	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$12,000.00	N/A	\$0.00	please delete these 2 entries
Primary Antenna SWCDS200MS /34	\$242,450.00	\$228,300.00		\$223,870.00	
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$10,000.00	N/A	\$5,670.00	N/A
UHF - High Power, Side Mount, basic slot antenna, 504 kW input, horizontally polarized	\$203,000.00	\$203,000.00	N/A	\$202,900.00	N/A

Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	\$6,000.00	N/A
Elbow complex, single channel, at antenna input, per 4 1 /16. feedline (if needed)	\$9,570.00	\$9,300.00	N/A	\$9,300.00	N/A
Sub-total	\$455,100.00	\$290,300.00	N/A	\$247,615.00	N/A
Total for all systems	\$2,561,466.00	\$1,911,484.00	N/A	\$1,288,926.83	N/A

#### Components

Actual Information Description	File Name	
UHF - Lower Power Side Mount, One station - 200- 500 kW, horizontally polarized	Component Description: Amount:	balance aux antenna \$23,745.00
Side mount brackets for high power antennas (if not included in antenna base cost)	Component Description: Amount:	50% bracket \$2,835.00
	Component Description: Amount:	balance bracket \$2,835.00

Side mount brackets for high power antennas (if not included in antenna base cost)	Component Description: Amount:	brackets balance \$5,670.00
	Component Description:	50% deposit
	Amount:	brackets \$2,835.00
	Component Description:	balance on
	Amount:	brackets \$2,835.00
UHF - High Power, Side		
Mount, basic slot antenna, 504 kW input, horizontally	Component Description:	main antenna
polarized	Amount:	balance \$202,900.00
	Component Description:	50% deposit main
	Amount:	antenna \$101,450.00
	Component Description:	balance on main
	Component Boothpalen.	antenna
	Amount:	\$101,450.00
Sweep test of existing		
antenna	Component Description:	sweep
	Amount:	\$6,000.00
	Component Description:	system sweep
	Amount:	\$6,000.00

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

Component Description: elbow complex

balance

**Amount:** \$9,300.00

**Component Description:** elbow complex **Amount:** \$4,650.00

Component Description: balance elbow

complex

**Amount:** \$4,650.00

### **Cost** Information

#### **Transmission Line**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$23,600.00	\$22,000.00		\$18,611.65	
Flexible Air Transmission Line - dielectric, 3"	\$23,600.00	\$22,000.00	N/A	\$18,611.65	N/A
Primary Transmission Line	\$71,000.00	\$71,000.00		\$64,119.18	
Rigid Transmission Line - copper, 4 1 /16"	\$71,000.00	\$71,000.00	N/A	\$64,119.18	N/A
Sub-total	\$94,600.00	\$93,000.00	N/A	\$82,730.83	N/A
Total for all systems	\$2,561,466.00	\$1,911,484.00	N/A	\$1,288,926.83	N/A

#### Components

Actual Information Description	File Name	
Flexible Air Transmission Line - dielectric, 3"	Component Description:	balance flex line plus shipping
	Amount:	\$18,611.65

Rigid Transmission Line copper, 4 1/16"

Component Description: line balance,
Amount: \$64,119.18

Component Description: 50% deposit line
Amount: \$28,026.15

Component Description: balance on line

plus shipping

**Amount:** \$42,093.03

### **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 Primary Tower	Predetermined Cost Estimate \$433,600.00	Estimated Cost \$328,300.00	Estimated Cost Justification	Actual Cost \$3,250.00	Actual Cost Justification
TOWER					
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$325,000.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$3,300.00	N/A	\$3,250.00	N/A
Sub-total	\$433,600.00	\$328,300.00	N/A	\$3,250.00	N/A
Total for all systems	\$2,561,466.00	\$1,911,484.00	N/A	\$1,288,926.83	N/A

#### Components

Actual Information Description	File Name
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	Information not provided.

Structural engineering tower load study for well documented tower

Component Description: tower structural

analysis

**Amount:** \$3,250.00

### **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 Outside Professional Services	Predetermined Cost Estimate \$41,705.00	Estimated Cost \$38,250.00	Estimated Cost Justification	Actual Cost \$3,050.00	Actual Cost Justification
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A

Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,300.00	N/A

Total for all systems	\$2,561,466.00	\$1,911,484.00	N/A	\$1,288,926.83	N/A
Sub-total	\$41,705.00	\$38,250.00	N/A	\$3,050.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	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.
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.

	I	
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Engineering for FCC 2100 CP \$1,750.00
Perform engineering study for new channel assignment and antenna development	Component Description: Amount:	Interference study for CP \$650.00
	Component Description:  Amount:	Further interference study for CP \$650.00
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Information not provided.	
Prepare and or review reimbursement form	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	\$15,961.00	\$7,467.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$3,056.00	N/A	N/A	N/A
landscaping	\$4,411.00	\$4,411.00	quoted	N/A	N/A
Sub-total	\$15,961.00	\$7,467.00	N/A	\$0.00	N/A
Total for all systems	\$2,561,466.00	\$1,911,484.00	N/A	\$1,288,926.83	N/A

#### Components

Information not provided.

### Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,561,466.00	\$1,911,484.00	\$1,288,926.83

Reimbursem	envestiarus	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

Section Question Response

### Submission of Estimated Expenses Statements

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.

- 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.

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.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Steve Hastings Network RF Manager

07/30/2020

Section Question Response

### Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

- 1. The Authorized
  Person signing
  below certifies and
  represents that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

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

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Steve Hastings Network RF Manager

07/30/2020

Section Question Response

#### Submission of Final Allocation or Accounting Information Statements

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.

- 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 abovenamed 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 abovenamed applicant for the Authorization(s) specified above. Steve Hastings Network RF Manager

07/30/2020

#### **Attachments**