



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **39736** | Service: **DTV** | Call **WFLX** | Channel: **35 (UHF)** |  
ID: | Sign:  
File **0000024802**  
Number:  
FRN: **0018223693** | Date **08/18**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>GRAY TELEVISION LICENSEE, LLC</b> Doing Business As: WFLX TV	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504-9828	allfclms@gray.tv	Limited Liability Company

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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<p>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.</p>	<p>Yes</p>
<p>Briefly describe transition plan</p>	<p>Install interim tx on ch-27 utilizing existing interim antenna and line Remove and replace existing top mounted antenna Re-use existing transmission line Install new main and standby transmitters</p>

**Transmitters**

Section	Question	Response
<p><b>Transmitter Related Expenses</b></p>	<p>Do you have transmitter related expenses?</p>	<p>Yes</p>

**Auxiliary  
Transmitter****Add Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Emergency Backup
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Ranger
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.1 kW

**Auxiliary  
Transmitter****New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Existing transmitter can not be returned Manufacturers letter attached. tx to be used as interim with new ch-27 filter

**Auxiliary  
Transmitter****Other Transmitter Costs**

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

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	CCT-U- DCX 1H
	Year	2003
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	20 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-80
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	50.1 kW
	Justification for New Transmitter	Existing IOT transmitter can not be returned. Manufacturers comments attached. Solid state is a less expensive option than a two tube IOT. Headroom analysis attached.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	No

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

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



**Antennas**

Section	Question	Response
<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	Yes

**Auxiliary  
Antenna****Add Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Retune Existing
	Antenna Use	Auxiliary (Backup)
	Description of Use	Standby
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	Yes
	Is this antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	12
	Design power capacity in use	90.0 %
Lower Limit	540.00 MHz	

Upper Limit	650.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	1000.0 kW
Manufacturer	Dielectric
Model	TUA-SP4- 12/48H
Year	2003

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
83929	WHDT

**Auxiliary Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	

**Auxiliary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

**Auxiliary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top 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) .....	630.0 kW

Manufacturer	
Model	TFU-31ETT P210
Year	2008

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	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) .....	728.0 kW
Manufacturer		

Model	TFU-16ETT /VP-R P210
Year	2018
Justification for New Antenna	Existing antenna can not be re-tuned

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.



**Transmission  
Line**

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

**Primary  
Transmission  
Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1566 feet per run

**Primary Transmission Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1600 feet per run
	Justification for New Transmission Line	Existing line segment lengths will not work on the new repack channel.

**Primary Transmission Line**      **Other Transmission Line Expenses Not Listed**

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	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	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1028084
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	26° 34' 30.7" N-
	Longitude (NAD83)	080° 14' 31.1" W-
	Overall Structure Height	1532.00 feet
	Support Structure Height	1496.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	17.00 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WFLX LLC
Date Constructed	08/01/1982

**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
83929	WHDT	DTV
20436	WRMF	FM
61084	WXEL-TV	DTV

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for documented tower
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Construction Mats</b>	required for tag line per conservation permit. Permit and rental quote attached

**Outside  
Professional  
Services  
Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	595
	Explanation	Pattern analysis Antenna Spec Transmitter Spec Building drawings Installation Supervision Accounting Internal Legal 399 Prep
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
Terrain-Shielded Facility	N/A	

<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	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	No
Address transition timing and coordination issues w/ other stations and wireless providers	No	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A



**Other Professional Services Expenses Not Listed**

**Outside**

**Professional** Information not provided.

**Services**

**Costs**

**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	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
<b>Other Miscellaneous Expenses</b>	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?	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**

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
<b>Primary Transmitter ULXTE-80</b>	<b>\$2,221,263.25</b>	<b>\$1,532,776.77</b>		<b>\$1,440,030.23</b>	
Switchgear - industrial 800 amp	\$38,200.00	\$37,683.20	GatesAir Quote Q-69671	\$0.00	N/A
UHF - Liquid Cooled Solid State Transmitter 50.1 kW	<i>\$673,263.25</i>	\$673,263.25	GatesAir quotes Q-73819 and Q-69671, less amount reimbursed in superseded category	\$625,966.33	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$7,766.42	N/A	\$0.00	N/A

UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$814,063.90	***System Notice: Estimate adjusted and locked because line has been superseded. ***Per Gates Air Quote Q- 69671 & upgrade quote Q- 73819 Headroom analysis attached	\$814,063.90	N/A
<b>Auxiliary Transmitter UAXTE-2R37</b>	<b>\$126,000.00</b>	<b>\$60,793.56</b>		<b>\$42,736.58</b>	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$60,793.56	Quote attached	\$42,736.58	N/A
<b>Sub-total</b>	<b>\$2,347,263.25</b>	<b>\$1,593,570.33</b>	N/A	<b>\$1,482,766.81</b>	N/A
<b>Total for all systems</b>	<b>\$3,657,850.42</b>	<b>\$2,763,655.45</b>	N/A	<b>\$2,019,863.32</b>	N/A

### Components

Actual Information	
Description	File Name
Switchgear - industrial 800 amp	Information not provided.

UHF - Liquid Cooled Solid State Transmitter 50.1 kW	<b>Component Description:</b> Transmitter <b>Amount:</b> \$317,100.15
	<b>Component Description:</b> Transmitter <b>Amount:</b> \$205,551.83
	<b>Component Description:</b> Transmitter <b>Amount:</b> \$103,314.35
Transformer 3 phase/480v - 300 KVA	Information not provided.

UHF - Liquid Cooled Solid  
State Transmitter 35 - 50 kW

**Component Description:** Invoice moved as  
the category was  
superseded.  
**Amount:** N/A

**Component Description:** Line interactive,  
1.00KVA, 120VAC  
**Amount:** \$394.41

**Component Description:** Transmitter  
**Amount:** \$676,049.65

**Component Description:** Primary  
Trnasmitter  
**Amount:** \$137,034.56

**Component Description:** Invoice moved as  
the category was  
superseded.  
**Amount:** N/A

**Component Description:** Waste disposal  
**Amount:** \$585.28

**Component Description:** Invoice moved as  
the category was  
superseded.  
**Amount:** N/A

UHF - Air Cooled Solid  
State Transmitter 1 - 2.5 kW

**Component Description:** UAXTE-2R37  
**Amount:** \$5,261.08

**Component Description:** Transmitter, Mask  
Filter Saystem, RF  
Accessories,  
Electrical,  
Installation &  
Proof  
**Amount:** \$26,305.40

**Component Description:** MASK 1.25KW 6P  
UHF ATSC/6  
TUNE  
**Amount:** \$3,278.48

**Component Description:** Transmitter, Mask  
Filter Saystem, RF  
Accessories,  
Electrical,  
Installation &  
Proof  
**Amount:** \$7,891.62



**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna TFU-16ETT /VP-R P210</b>	<b>\$296,230.00</b>	<b>\$228,981.45</b>		<b>\$209,055.93</b>	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$217,494.69	see Estimated Cost Justification WFLX-210- Primary Antenna - UHF High Power Top Mount, E-POL v0	\$204,255.93	N/A
Sweep test of existing antenna	\$6,730.00	\$11,486.76	Estimated Cost Justification WFLX-210- Primary Antenna - Sweep Test v0	\$4,800.00	per invoices received
<b>Auxiliary Antenna TUA-SP4-12/48H</b>	<b>\$6,730.00</b>	<b>\$6,400.00</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$302,960.00</b>	<b>\$235,381.45</b>	N/A	<b>\$209,055.93</b>	N/A

<b>Total for all systems</b>	\$3,657,850.42	\$2,763,655.45	N/A	\$2,019,863.32	N/A
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## Components

Actual Information	
Description	File Name
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<b>Component Description:</b> UHF - HIGH POWER TOP MOUNT (200 - EA 1,000 KW) <b>Amount:</b> \$41,311.87
	<b>Component Description:</b> Antenna, Elbow Complex, Engineer, Repackvpol <b>Amount:</b> \$45,266.25
	<b>Component Description:</b> UHF High Power Top Mount <b>Amount:</b> \$90,532.50
	<b>Component Description:</b> OTHER ELBOW COMPLEX <b>Amount:</b> \$3,395.62
	<b>Component Description:</b> WFLX-210- Primary Antenna - UHF High Power Top Mount, E-POL <b>Amount:</b> \$23,749.69

Sweep test of existing antenna	<p><b>Component Description:</b> Invoice moved to correct budget category per NMI message.</p> <p><b>Amount:</b> N/A</p>
Sweep test of existing antenna	<p><b>Component Description:</b> WFLX Sweep Test</p> <p><b>Amount:</b> \$1,600.00</p>
Sweep test of existing antenna	<p><b>Component Description:</b> OTHER INCLUDES ONE FIELD ENGINEER ON-SITE</p> <p><b>Amount:</b> \$1,600.00</p>
Sweep test of existing antenna	<p><b>Component Description:</b> WFLX-210- Primary Antenna - Sweep Test</p> <p><b>Amount:</b> \$3,200.00</p>
Sweep test of existing antenna	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
<b>Primary Transmission Line</b>	<b>\$323,200.00</b>	<b>\$212,161.50</b>		<b>\$3,486.32</b>	
Rigid Transmission Line - copper, 6 1/8"	\$323,200.00	\$212,161.50	Dielectric Quote 513583JKT Rev 1	\$3,486.32	N/A
<b>Sub-total</b>	<b>\$323,200.00</b>	<b>\$212,161.50</b>	N/A	<b>\$3,486.32</b>	N/A
<b>Total for all systems</b>	<b>\$3,657,850.42</b>	<b>\$2,763,655.45</b>	N/A	<b>\$2,019,863.32</b>	N/A

**Components**

Actual Information		
Description	File Name	
Rigid Transmission Line - copper, 6 1/8"	<b>Component Description:</b>	OTHER FREIGHT, SHIPPING, AND HANDLING
	<b>Amount:</b>	\$1,948.67
	<b>Component Description:</b>	OTHER T/L 8-75 EIA LENGTH 10'
	<b>Amount:</b>	\$558.75
	<b>Component Description:</b>	Adapter 7/16 DIN (F) to 3-50 EIA (M) GP
	<b>Amount:</b>	\$978.90

**Cost Information**

**Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower TOWER</b>	<b>\$413,400.00</b>	<b>\$414,550.00</b>		<b>\$229,250.00</b>	
Tall Tower (greater than 500')	\$210,500.00	\$222,750.00	See attached Tower King II, Inc proposal C-19-007	\$222,750.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$9,500.00	N/A	\$6,500.00	N/A
Construction Mats	<i>\$32,300.00</i>	\$32,300.00	Superior Mat Co. rental quote attached. Required per South Florida Water Management permit (attached)	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$413,400.00</b>	<b>\$414,550.00</b>	N/A	<b>\$229,250.00</b>	N/A
<b>Total for all systems</b>	<b>\$3,657,850.42</b>	<b>\$2,763,655.45</b>	N/A	<b>\$2,019,863.32</b>	N/A

**Components**

Actual Information	
Description	File Name
Tall Tower (greater than 500')	<b>Component Description:</b> Tower Service <b>Amount:</b> \$147,750.00
	<b>Component Description:</b> Tower Service - Down Payment for WFLX-TV Repack Install line from WFLX filter out to WXEL combiner input <b>Amount:</b> \$75,000.00
Structural engineering tower load study for well documented tower	<b>Component Description:</b> 1.000 003 Engineering / <b>Amount:</b> \$2,000.00
	<b>Component Description:</b> Structural analysis to original design standard <b>Amount:</b> \$2,250.00
	<b>Component Description:</b> Structural analysis to original design standard <b>Amount:</b> \$2,250.00
Construction Mats	Information not provided.
Minor 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
<b>Outside Professional Services</b>	<b>\$203,660.00</b>	<b>\$248,425.00</b>		<b>\$87,233.47</b>	
Project management of the transition	\$94,010.00	\$144,675.00	Widelity Strategic Support Quote	\$79,152.49	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	\$5,018.48	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	N/A	N/A

Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	\$250.00	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
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	\$812.50	N/A
<b>Sub-total</b>	\$203,660.00	\$248,425.00	N/A	\$87,233.47	N/A
<b>Total for all systems</b>	\$3,657,850.42	\$2,763,655.45	N/A	\$2,019,863.32	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$161.69</p>



**Component Description:** Project  
Management  
**Amount:** \$184.81

**Component Description:** Project  
Management  
**Amount:** \$213.04

**Component Description:** Project  
Management  
**Amount:** \$4,222.45

**Component Description:** Project  
Management  
**Amount:** \$3,216.20

**Component Description:** Project  
Management  
**Amount:** \$6,800.90

**Component Description:** Project  
Management  
**Amount:** \$4,603.25

**Component Description:** Project  
Management  
**Amount:** \$3,301.90

**Component Description:** Project  
Management  
**Amount:** \$3,930.90

**Component Description:** Project  
Management  
**Amount:** \$3,503.40

**Component Description:** Project  
Management  
**Amount:** \$847.00

**Component Description:** Project  
Management  
**Amount:** \$2,780.70

**Component Description:** Project  
Management  
**Amount:** \$2,300.65

**Component Description:** Project  
Management  
**Amount:** \$3,544.30

**Component Description:** Project  
Management  
**Amount:** \$2,673.90

**Component Description:** Project  
Management  
**Amount:** \$3,853.75

**Component Description:** Project  
Management  
**Amount:** \$2,760.95

**Component Description:** Project  
management  
**Amount:** \$5,514.50

**Component Description:** Project  
Management  
**Amount:** \$3,213.50

**Component Description:** Project  
Management  
**Amount:** \$3,195.85

**Component Description:** Project  
Management  
**Amount:** \$2,212.45

**Component Description:** Project  
Management  
**Amount:** \$4,392.00

**Component Description:** Project  
Management  
**Amount:** \$2,166.05

**Component Description:** Project  
Management  
**Amount:** \$4,054.10

**Component Description:** Project  
Management  
**Amount:** \$2,752.55

**Component Description:** Project  
Management  
**Amount:** \$4,222.45

**Component Description:** Travel Fares  
**Amount:** \$650.60

**Component Description:** Project  
Management  
**Amount:** \$2,751.70

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Comprehensive coverage verification via field study, if needed	<b>Component Description:</b> <b>Amount:</b>	Comp Coverage \$5,018.48
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 - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Prepare request for Special Temporary Authorization	<b>Component Description:</b> <b>Amount:</b>	RF Eng - Special Temporary Authorization \$250.00
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	<b>Component Description:</b> <b>Amount:</b>	Preparation of Engineering Section FCC form 2100 \$2,000.00

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Perform engineering study  
for new channel assignment  
and antenna development

**Component Description:**

Engineering study  
work for new  
channel  
assignment and  
antenna  
development.

**Amount:**

\$500.00

**Component Description:**

Engineering study  
work for new  
channel  
assignment and  
antenna  
development.

**Amount:**

\$125.00

**Component Description:**

WFLX-530-RF  
Eng - Engineering  
Study for New  
Channel  
Assignment

**Amount:**

\$187.50

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**Cost Information**

**Other Expenses**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$67,367.17</b>	<b>\$59,567.17</b>		<b>\$8,070.79</b>	
MVPD Notification of Channel Change	<i>\$3,750.00</i>	\$3,750.00	Quote attached	\$0.00	N/A
Develop and air announcement of upcoming channel change	<i>\$2,850.00</i>	\$2,850.00	on air rescan announcement Quote attached	N/A	N/A
Equipment Storage	<i>\$30,500.00</i>	\$30,500.00	Estimate for Dielectric on site antenna storage Dielectric letter attached	\$0.00	N/A
Equipment Delivery and Handling Charges	<i>\$18,717.17</i>	\$18,717.17	see Estimated Cost Justification WFLX-610-Equipment Delivery and Handling v0	\$4,320.79	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	Group quote attached	\$3,750.00	N/A
<b>Sub-total</b>	<b>\$67,367.17</b>	<b>\$59,567.17</b>	N/A	<b>\$8,070.79</b>	N/A
<b>Total for all systems</b>	<b>\$3,657,850.42</b>	<b>\$2,763,655.45</b>	N/A	<b>\$2,019,863.32</b>	N/A

**Components**

Actual Information Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	<p><b>Component Description:</b> WFLX-610-Equipment Storage</p> <p><b>Amount:</b> \$4,320.00</p>
Equipment Delivery and Handling Charges	<p><b>Component Description:</b> Forklift Variable Reach 7000# 38-44'</p> <p><b>Amount:</b> \$1,534.16</p> <p><b>Component Description:</b> Forklift Variable Reach 10000# 50' &amp; UP</p> <p><b>Amount:</b> \$2,786.63</p>
DTV Medical Facility Notification	<p><b>Component Description:</b> Medical Notification Mailing</p> <p><b>Amount:</b> \$3,750.00</p>

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$3,657,850.42	\$2,763,655.45	\$2,019,863.32

**Reimbursement Status**

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



Certification	Section	Question	Response
	<p><b>Submission of Estimated Expenses Statements</b></p>	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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 above-named applicant for the Authorization(s) specified above.

**Robert  
Folliard , III**  
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*Assistant  
Secretary*

08/18/2020

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

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

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 above-named applicant for the Authorization(s) specified above.

**Robert  
Folliard , III**  
.  
*Assistant  
Secretary*

08/18/2020

## Attachments