



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **168095** | Service: **DCA** | Call **WZBJ-CD** | Channel:
ID: | Sign:
19 (UHF) | File **0000027230**
Number:
FRN: **0018223693** | Date **04/20**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|----------------------|------------------------|---------------------------------|
| GRAY TELEVISION LICENSEE, LLC Doing Business As: WDBJ | WDBJ 4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States | +1 (404) 504-9828 | allfccclms@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 |
|--|--|-----------------------|------------------------------|
| Samuel Hariton <i>Widelity</i> | Samuel Hariton 22030 4031 University Dr Suite 100 Fairfax, VA 22030 United States | +1 (339) 222- 8107 | sam.hariton@widelity. 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 | | We will reuse a channel 24 transmitter that will be re-tuned to channel 19 by the manufacturer and will be moved to the WLHG transmitter location. A new antenna, mask filter, and transmission line will need to be purchased. |

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 | Nx8000 |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 2 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 | THU9-5 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 3.1 kW |
| | Justification for New Transmitter | This is a transmitter we currently own for WFFP and will be re-tuning to operate on channel 19. Only costs to be incurred are those for preparing this transmitter for use. This will allow us to stay operational during testing and cut over phase. |

**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 | Yes |
| | Size | 2 inches |
| | Length | 50.0 feet |
| | Other Electrical Service | Yes |
| | Description | Electrical CKT Breaker |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

**Primary
Transmitter**

Other Transmitter Cost Not Listed

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

| | |
|-------------------------|------------------------|
| 5 kW Mask Filter | Channel 19 Mask Filter |
|-------------------------|------------------------|

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? | Yes |
| Existing Antenna Manufacturer and Type | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Circular |
| | 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) | 15.0 kW |

| | |
|--------------|------------------|
| Manufacturer | |
| Model | PSILP12AOC-43-CP |
| Year | 2010 |

**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? | Yes |
| New Antenna Manufacturer and Types | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Circular |
| | 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) | 15.0 kW |
| | Manufacturer | |
| | Model | TLP12A |

| | | |
|--|-------------------------------|---|
| | Year | 2019 |
| | Justification for New Antenna | Current antenna is for channel 43 not channel 19. |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|---------------------|
| Combiner for Shared Antenna | 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 |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Single Channel |
| | Feed Line Size | 3 1/8 inches inches |
| 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 | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Flexible Air |
| | Diameter | 1 5/8 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 150 feet per run |

Primary **New Transmission Line**
Transmission Line

| Section | Question | Response |
|------------------------------------|---|--|
| New Transmission Line Costs | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Flexible Air |
| | Diameter | 1 5/8 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 150 feet per run |
| | Justification for New Transmission Line | New transmission line needed to remain operational on both channel 43 and channel 19 during testing and transition period. |

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

Information not provided.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

| Section | Question | Response |
|---|---|-------------------|
| Existing Tower Description | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | Yes |
| | Is tower documented for structural analysis? | Unknown |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1268738 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 37° 21' 32.9" N- |
| | Longitude (NAD83) | 079° 09' 31.3" W- |
| | Overall Structure Height | 95.14 feet |
| | Support Structure Height | 95.14 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 1329.71 feet |

| | | |
|--|------------------|--|
| | Structure Type | TOWER - Free Standing or Guyed Structure |
| | Tower Owner | Liberty University, Inc. |
| | Date Constructed | 10/01/2009 |

**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 |
|-------------|-----------|---------|
| 37248 | WQLU | FM |

Other Types of Users

| Users |
|---------------|
| Two-Way Radio |

Primary Tower

Tower Modification Costs

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

| Name | Description |
|---------------|--|
| Tower Rigging | Mounting Antenna and Transmission lines and any needed structural improvements |

**Outside
Professional**

| Section | Question | Response |
|---|--|--|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 595 |
| | Explanation | Station has small staff and requires assistance in completing this task. |
| 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 | Yes |
| | Environmental Assessment | Yes |
| | ASR Modification | Yes |
| | FAA Consultation (including preparation of FAA Form 7460) | Yes |
| | 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 | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|-------------------------------|----------------|
| Attorney Fees - Other Matters | Legal Services |

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 | Yes |
| | 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)? | Yes |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes |
| | Does this relocation require Equipment Storage? | No |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

**Other
Expenses**

Other Expenses Not Listed

| Name | Description |
|----------------|---|
| Other Entities | Moving Expenses, Meetings, Coordination, etc. |

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 THU9-5 | \$56,581.77 | \$56,531.77 | | \$50,281.76 | |
| 5 kW Mask Filter | <i>\$1,221.85</i> | \$1,221.85 | Please see attached DTVPros Quote JEHQ1648-02 | \$1,221.85 | N/A |
| Other Electrical Service: Electrical CKT Breaker | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 3.1 kW | <i>\$49,059.92</i> | \$49,059.92 | Estimated Cost Justification WZBJ-CD-110-1st Primary Transmitter - UHF Liquid Cooled Solid State, 3.1 kW v0 | \$49,059.91 | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$1,300.00 | \$1,250.00 | N/A | N/A | N/A |
| Sub-total | \$56,581.77 | \$56,531.77 | N/A | \$50,281.76 | N/A |
| Total for all systems | \$656,708.27 | \$362,722.72 | N/A | \$145,881.56 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| 5 kW Mask Filter | <p>Component Description: WZBJ-CD-110-1st Primary Transmitter - 5 kW Mask Filter</p> <p>Amount: \$1,221.85</p> |
| Other Electrical Service: Electrical CKT Breaker | Information not provided. |
| UHF - Liquid Cooled Solid State Transmitter 3.1 kW | <p>Component Description: RF System 5KW</p> <p>Amount: \$36,024.32</p> <p>Component Description: Engineering Services</p> <p>Amount: \$9,800.00</p> <p>Component Description: Coolant Line Package</p> <p>Amount: \$3,235.59</p> |
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |

Cost Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|---------------------|---|---------------------|---------------------------|
| Primary Antenna TLP12A | \$40,630.00 | \$46,684.45 | | \$36,561.50 | |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | \$7,600.00 | \$5,000.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$6,400.00 | N/A |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | \$26,300.00 | \$35,284.45 | please see attached DTVPros Quote JEHQ1558. Estimated cost also includes shipping charges listed in DTVPros Invoice 270 | \$30,161.50 | N/A |
| Sub-total | \$40,630.00 | \$46,684.45 | N/A | \$36,561.50 | N/A |
| Total for all systems | \$656,708.27 | \$362,722.72 | N/A | \$145,881.56 | N/A |

Components

Actual Information
Description

File Name

| | | |
|--|---|---|
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | Information not provided. | |
| Sweep test of existing antenna | Component Description: Amount: | UHF - Low Power Side Moun \$6,400.00 |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | Component Description: Amount: | UHF - LOW POWER SIDE MOUNT \$30,161.50 |

Cost
Information

Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|--------------------------------|-------------------|------------------------------------|--------------|------------------------------|
| Primary Transmission Line | \$4,950.00 | \$4,650.00 | | \$0.00 | |
| Flexible Air Transmission Line - dielectric, 1 5 /8" | \$4,950.00 | \$4,650.00 | N/A | N/A | N/A |
| Sub-total | \$4,950.00 | \$4,650.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$656,708.27 | \$362,722.72 | N/A | \$145,881.56 | N/A |

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|----------------|--|--------------|---------------------------|
| Primary Tower TOWER | \$268,500.00 | \$52,000.00 | | \$6,630.00 | |
| Tower Rigging | \$0.00 | \$0.00 | Rigging costs to be allocated to the tower category. | N/A | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$12,000.00 | N/A | N/A | N/A |
| Minor tower reinforcement /modifications | \$158,000.00 | \$10,000.00 | N/A | N/A | N/A |
| Short Tower (less than 500') | \$84,200.00 | \$30,000.00 | N/A | \$6,630.00 | N/A |
| Sub-total | \$268,500.00 | \$52,000.00 | N/A | \$6,630.00 | N/A |
| Total for all systems | \$656,708.27 | \$362,722.72 | N/A | \$145,881.56 | N/A |

Components

| Actual Information | |
|--------------------|---------------------------|
| Description | File Name |
| Tower Rigging | Information not provided. |

| | |
|---|--|
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study | Information not provided. |
| Minor tower reinforcement /modifications | Information not provided. |
| Short Tower (less than 500') | <div> <div> Component Description: </div> <div> Billing for work completed at Liberty University </div> </div> <div> <div> Amount: </div> <div> \$6,630.00 </div> </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 | \$251,356.50 | \$175,771.50 | | \$50,408.30 | |
| Project management of the transition | \$94,010.00 | \$99,675.00 | Per Widelity Strategic Quote | \$48,429.80 | N/A |
| Attorney Fees - Other Matters | <i>\$346.50</i> | \$346.50 | Per WZBJ-CD Justification New Budget Category Attorney Other Matters | \$346.50 | N/A |
| RF Exposure Measurements | \$21,050.00 | \$3,000.00 | N/A | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$30,000.00 | N/A | N/A | N/A |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$2,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|-------------|------------|-----|----------|-----|
| ASR modification (prepare FCC Form 854) | \$2,105.00 | \$2,000.00 | N/A | N/A | N/A |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | \$10,520.00 | \$5,000.00 | N/A | N/A | N/A |
| NEPA Section 106 environmental review, if needed | \$6,310.00 | \$6,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | N/A | \$740.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | \$592.00 | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | N/A | N/A | N/A |

| | | | | | |
|--|--------------|--------------|-----|--------------|-----|
| Prepare engineering section of FCC Form 2100 (main), 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 | \$0.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$6,000.00 | N/A | \$300.00 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Sub-total | \$251,356.50 | \$175,771.50 | N/A | \$50,408.30 | N/A |
| Total for all systems | \$656,708.27 | \$362,722.72 | N/A | \$145,881.56 | N/A |

Components

| Actual Information | |
|--------------------------------------|-----------|
| Description | File Name |
| Project management of the transition | |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$575.10 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,176.40 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,492.85 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$738.30 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,133.25 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,828.40 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$4,889.80 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$3,412.00 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,536.80 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$585.65 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,544.95 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,417.05 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,200.00 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,244.40 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,372.40 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$3,343.80 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$3,134.65 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,352.25 |

| | |
|--|--|
| | Component Description: Project Management Amount: \$2,627.50 |
| | Component Description: Project management Amount: \$583.80 |
| | Component Description: Project Management Amount: \$2,240.45 |
| Attorney Fees - Other Matters | Component Description: Professional Services Amount: \$346.50 |
| RF Exposure Measurements | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information not provided. |
| ASR modification (prepare FCC Form 854) | Information not provided. |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet | Information not provided. |
| NEPA Section 106 environmental review, if needed | Information not provided. |

| | |
|--|---|
| Attorney Fees - Prepare and File request for Special Temporary Authorization | <p>Component Description: Prepare Phase Change Request for WZBJ</p> <p>Amount: \$740.00</p> |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | <p>Component Description: WZBJ-CD-550-Attorney - Construction Permit Application (Main)</p> <p>Amount: \$592.00</p> |
| Prepare request for Special Temporary Authorization | 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 | Information not provided. |
| Perform engineering study for new channel assignment and antenna development | <p>Component Description: Consulting Engineer</p> <p>Amount: \$300.00</p> |
| Address transition timing and coordination issues w/ other stations and wireless | 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 | \$34,690.00 | \$27,085.00 | | \$2,000.00 | |
| Other Entities | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$2,000.00</i> | \$2,000.00 | N/A | \$2,000.00 | N/A |
| Develop and air announcement of upcoming channel change | <i>\$2,000.00</i> | \$2,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$4,000.00 | N/A | N/A | N/A |
| Non-zoning permits | <i>\$2,500.00</i> | \$2,500.00 | N/A | N/A | N/A |

| | | | | | |
|--|--------------|--------------|-----|--------------|-----|
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |
| Sub-total | \$34,690.00 | \$27,085.00 | N/A | \$2,000.00 | N/A |
| Total for all systems | \$656,708.27 | \$362,722.72 | N/A | \$145,881.56 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| Other Entities | Information not provided. |
| MVPD Notification of Channel Change | Component Description: Professional services flat fee Amount: \$2,000.00 |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |
| DTV Medical Facility Notification | Information not provided. |
| Non-zoning permits | 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. |

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|--|-----------------------|--------------------|
| Total for all systems | \$656,708.27 | \$362,722.72 | \$145,881.56 |

Reimbursement Status

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

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

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

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*

04/20/2021

| 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>Robert Folliard , III . <i>Assistant Secretary</i></p> <p>04/20/2021</p> |

Attachments