



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **60829** | Service: **DTV** | Call **WMCF-TV** | Channel: **28 (UHF)** |
ID: | Sign:
File **000026541**
Number:
FRN: **0004346060** | Date **08/02**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY BROADCASTING OF TEXAS, INC.	13600 Heritage Parkway	+1 (855) 826-2255	CMMAY@MAYLAWOFFICES.COM	Not-for-Profit
Doing Business As:	Suite 200			
TRINITY BROADCASTING NETWORKS	Fort Worth, TX 76177			
	United States			

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
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 and Type	Manufacturer	
	Model	DCX 2
	Year	2006
	Type	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	Yes
	Size	2 inches
	Length	200.0 feet
	Other Electrical Service	Yes
	Description	disconnects, labor

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
install	xmitter installation

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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	851.0 kW

Manufacturer	
Model	ATW20H3- HSOX-46
Year	2005

**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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	597.0 kW
Manufacturer		

Model	ATW20H3-HSOX-28H
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?	
	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	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?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	250.0 kW
	Manufacturer	
	Model	i230ECN- 16-28
Year	2017	

Justification for New Antenna

To remain on the air while antenna & 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?	Yes

Interim Antenna

Other Antenna Cost Not Listed

Information not provided.

**Transmission
Line**

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

**Primary
Transmission
Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	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	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	550 feet per run

**Primary
Transmission
Line**

New 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	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	550 feet per run
	Justification for New Transmission Line	present line is the wrong length.

**Primary
Transmission
Line**

Other Transmission Line Expenses Not Listed

Name	Description
dehydrator	Dehydrator

**Interim
Transmission
Line**

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	500 feet per run
	Justification for New Transmission Line	To remain on the air while antenna & line are changed.

**Interim
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	Leased
	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 Registration	Do you have a tower registration number?	Yes
	ASR Number	1042483
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 24' 13.0" N-
	Longitude (NAD83)	086° 11' 49.0" W-
	Overall Structure Height	599.73 feet
	Support Structure Height	595.79 feet
	Ground Elevation Above Mean Sea Level (AMSL)	183.40 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	CUMULUS LICENSING CORP.
Date Constructed	01/01/1978

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:	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 Services Costs

Section	Question	Response
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	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	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 Services	Prepare and file Form FCC Construction Permit Application
For Auxiliary Facility		Yes
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	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

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

Other Expenses

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

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Equipment rental	Forklift
misc tools	tools for uncrating equipment

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	\$1,602,700.00	\$1,236,167.00		\$1,069,006.70	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,106,667.00	N/A	\$1,010,906.70	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$5,000.00	N/A	N/A	N/A
Other Electrical Service: disconnects, labor	<i>\$89,500.00</i>	\$89,500.00	quoted	\$23,100.00	N/A
install	<i>\$35,000.00</i>	\$35,000.00	quoted installation	\$35,000.00	N/A
Sub-total	\$1,602,700.00	\$1,236,167.00	N/A	\$1,069,006.70	N/A
Total for all systems	\$2,659,695.00	\$2,080,582.00	N/A	\$1,671,881.09	N/A

Components

Actual Information Description	File Name
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UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	Component Description: 30% 60 days Amount: \$303,272.01
	Component Description: 35% deposit Amount: \$353,817.35
	Component Description: 30% 7 days prior to shipping Amount: \$303,272.01
	Component Description: 5% proof Amount: \$50,545.33
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Other Electrical Service: disconnects, labor	Component Description: xmitter electrical Amount: \$23,100.00
install	Component Description: Xmitter install Amount: \$35,000.00

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Antenna i230ECN-16-28	\$219,380.00	\$176,300.00		\$160,087.31	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$155,000.00	N/A	\$153,837.31	N/A
Sweep test of existing antenna	\$6,730.00	\$6,300.00	N/A	\$6,250.00	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$15,000.00	N/A	N/A	N/A
Primary Antenna ATW20H3-HSOX-28H	\$218,710.00	\$204,700.00		\$128,304.00	
Sweep test of existing antenna	\$6,730.00	\$6,700.00	N/A	\$5,625.00	N/A

UHF - High Power, Side Mount, basic slot antenna, 597 kW input, directional,, horizontally polarized	\$174,000.00	\$174,000.00	N/A	\$122,679.00	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$15,000.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$4,000.00	N/A	N/A	N/A
Sub-total	\$438,090.00	\$381,000.00	N/A	\$288,391.31	N/A
Total for all systems	\$2,659,695.00	\$2,080,582.00	N/A	\$1,671,881.09	N/A

Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	Component Description: balance on Aux Amount: \$80,527.86
	Component Description: deposit on Aux antenna Amount: \$73,309.45
Sweep test of existing antenna	Component Description: sweep aux Amount: \$6,250.00
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.
Sweep test of existing antenna	Component Description: 30% deposit system sweep Amount: \$1,875.00
	Component Description: 30% prior to shipping Amount: \$1,875.00
	Component Description: 30% 30 days Amount: \$1,875.00

<p>UHF - High Power, Side Mount, basic slot antenna, 597 kW input, directional,, horizontally polarized</p>	<p>Component Description: 30% 30 days Amount: \$40,893.00</p>
	<p>Component Description: 30% prior to shipping Amount: \$40,893.00</p>
	<p>Component Description: 30% deposit main antenna Amount: \$40,893.00</p>
<p>Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)</p>	<p>Information not provided.</p>
<p>Side mount brackets for high power antennas (if not included in antenna base cost)</p>	<p>Information not provided.</p>
<p>Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)</p>	<p>Information not provided.</p>

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	\$29,500.00	\$22,000.00		\$13,312.61	
Flexible Air Transmission Line - dielectric, 3"	\$29,500.00	\$22,000.00	N/A	\$13,312.61	N/A
Primary Transmission Line	\$80,300.00	\$87,200.00		\$86,026.69	
dehydrator	<i>\$2,200.00</i>	\$2,200.00	dehydrator for line	\$1,912.50	N/A
Rigid Transmission Line - copper, 4 1/16"	\$78,100.00	\$85,000.00	parts needed to feed antenna.	\$84,114.19	q
Sub-total	\$109,800.00	\$109,200.00	N/A	\$99,339.30	N/A
Total for all systems	\$2,659,695.00	\$2,080,582.00	N/A	\$1,671,881.09	N/A

Components

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 3"	<p>Component Description: flex</p> <p>Amount: \$13,312.61</p>

dehydrator	<p>Component Description: 30% 30 days Amount: \$637.50</p> <p>Component Description: dehydrator Amount: \$637.50</p> <p>Component Description: 30% prior to shipping Amount: \$637.50</p>
Rigid Transmission Line - copper, 4 1/16"	<p>Component Description: 30% deposit line Amount: \$15,110.76</p> <p>Component Description: 30% 30 days Amount: \$15,110.76</p> <p>Component Description: 30% prior to shipping Amount: \$15,110.76</p> <p>Component Description: misc line Amount: \$38,781.91</p>

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	\$447,300.00	\$306,000.00		\$198,425.92	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$6,000.00	N/A	\$5,738.00	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$300,000.00	N/A	\$192,687.92	N/A
Sub-total	\$447,300.00	\$306,000.00	N/A	\$198,425.92	N/A
Total for all systems	\$2,659,695.00	\$2,080,582.00	N/A	\$1,671,881.09	N/A

Components

Actual Information Description	File Name
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Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<p>Component Description: tower measurements</p> <p>Amount: \$5,738.00</p>
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<p>Component Description: Aux antenna</p> <p>Amount: \$21,949.00</p> <p>Component Description: Aux</p> <p>Amount: \$40,761.00</p> <p>Component Description: weather</p> <p>Amount: \$2,400.00</p> <p>Component Description: main antenna</p> <p>Amount: \$48,996.00</p> <p>Component Description: main antenna</p> <p>Amount: \$32,664.00</p> <p>Component Description: main antenna</p> <p>Amount: \$43,970.00</p> <p>Component Description: overage</p> <p>Amount: \$1,947.92</p>

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	\$35,915.00	\$31,800.00		\$7,300.00	
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	\$2,200.00	N/A	N/A	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$2,105.00	\$2,000.00	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	\$4,100.00	N/A	\$3,500.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$750.00	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	\$5,000.00	N/A	\$1,300.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$35,915.00	\$31,800.00	N/A	\$7,300.00	N/A
Total for all systems	\$2,659,695.00	\$2,080,582.00	N/A	\$1,671,881.09	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	<p>Component Description: STA 2 Amount: \$1,750.00</p> <p>Component Description: STA Amount: \$1,750.00</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p>Component Description: license Amount: \$750.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p>Component Description: Engineering for FCC 2100 CP Amount: \$1,750.00</p>
Perform engineering study for new channel assignment and antenna development	<p>Component Description: Further interference study for CP Amount: \$650.00</p> <p>Component Description: interference study for CP Amount: \$650.00</p>
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	\$25,890.00	\$16,415.00		\$9,417.86	
misc tools	<i>\$100.00</i>	\$100.00	tools	\$45.38	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$600.00</i>	\$600.00	dumpster	\$525.00	N/A
Equipment rental	<i>\$2,000.00</i>	\$2,000.00	forklift	\$1,681.48	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	\$5,190.00	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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	\$1,000.00	N/A	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$2,200.00	N/A	\$1,976.00	N/A
Sub-total	\$25,890.00	\$16,415.00	N/A	\$9,417.86	N/A
Total for all systems	\$2,659,695.00	\$2,080,582.00	N/A	\$1,671,881.09	N/A

Components

Actual Information Description	File Name
misc tools	Component Description: tools Amount: \$45.38
Disposal Costs (for equipment and other waste, net of any salvage value)	Component Description: dumpster Amount: \$525.00
Equipment rental	Component Description: rental Amount: \$1,681.48
Equipment Delivery and Handling Charges	Component Description: shipping Amount: \$5,190.00
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	Component Description: med Amount: \$1,976.00

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,659,695.00	\$2,080,582.00	\$1,671,881.09

Reimbursement Status

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

Certification	Section	Question	Response
	<p>Submission of Estimated Expenses Statements</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"> 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.

Steve Hastings
Network RF Manager

08/02/2021

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

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

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.

**Steve
Hastings**
*Network RF
Manager*

08/02/2021

Certification	Section	Question	Response
	<p>Submission of Final Allocation or Accounting Information Statements</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 data-bbox="758 772 1037 1456">1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. <li data-bbox="758 1478 1037 1758">2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

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

Steve Hastings
Network RF Manager

08/02/2021

Attachments