



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **24582** | Service: **DTV** | Call **WHLV-TV** | Channel: **32 (UHF)** |  
ID: | Sign:  
File **0000027962**  
Number:  
FRN: **0004346060** | Date **08/19**  
Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>TRINITY BROADCASTING OF TEXAS, INC.</b>	13600 Heritage Parkway	+1 (855) 826-2255	CMMAY@MAYLAWOFFICES.COM	Not-for-Profit
Doing Business As:	Suite 200 Fort Worth, TX 76177			
TRINITY BROADCASTING NETWORKS	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.	Yes
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	Sigma
	Year	2005
	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-U18
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	30 kW
	Justification for New Transmitter	Harris no longer supports the Sigma. see attached

**Primary  
Transmitter**

**Other Transmitter Costs**

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

	Description	breakers, labor
<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**

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	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	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	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	4
	Number of Panels	12
	Design power capacity in use	80.0 %

Lower Limit	470.00 MHz
Upper Limit	800.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	1000.0 kW
Manufacturer	Dielectric
Model	TUD-C5SP-16/56H-2-B
Year	2000

## Primary Antenna

### Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	Additional Module
	Number of channels supported	1
	Frequencies of channels supported	RF channel
	Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number

32

Primary  
Antenna

Other Antenna Cost Not Listed

Name	Description
combiner install	Combiner install

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	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) .....	240.0 kW



Manufacturer	
Model	TFU-24WB
Year	2017
Justification for New Antenna	REMAIN ON THE AIR DURING TESTING

## 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

Name	Description
Combiner Install	Combiner Install

**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	Leased
	Owner	American Tower
	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	7 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1000 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	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1000 feet per run
	Justification for New Transmission Line	required

**Primary**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Information not provided.

Interim  
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Rigid
	Diameter	8 3/16 inches
	Segment Length	Broadband
	Other Segment Length	
	Number of parallel runs	1
	Length	1000 feet per run
	Justification for New Transmission Line	remains on the air during testing

Interim  
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
FIELD CUT	field cut

**Tower  
Equipment  
And  
Rigging  
Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	No

**Outside  
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	10
	Explanation	American Tower
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	3
	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	3
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<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

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

If wireless is not provided.

## Other Expenses

Section	Question	Response
<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	Yes
	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)?	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



<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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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-U18	\$1,032,000.00	\$978,005.00		\$834,977.58	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$893,005.00	N/A	\$781,901.00	N/A
install	<i>\$35,000.00</i>	\$35,000.00	quoted installation	\$35,000.00	N/A
Other Electrical Service: breakers, labor	<i>\$50,000.00</i>	\$50,000.00	quoted	\$18,076.58	N/A
Sub-total	\$1,032,000.00	\$978,005.00	N/A	\$834,977.58	N/A
Total for all systems	\$2,352,360.00	\$1,286,419.00	N/A	\$1,036,729.67	N/A

Components

Actual Information	
Description	File Name

UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<table> <tr> <td data-bbox="722 174 1027 208"><b>Component Description:</b></td><td data-bbox="1163 174 1270 208">5% proof</td></tr> <tr> <td data-bbox="722 219 831 253"><b>Amount:</b></td><td data-bbox="1163 219 1295 253">\$39,095.05</td></tr> <tr> <td data-bbox="722 353 1027 387"><b>Component Description:</b></td><td data-bbox="1163 353 1374 465">35% deposit, 30% 60 days and 30% prior to shipping</td></tr> <tr> <td data-bbox="722 477 831 510"><b>Amount:</b></td><td data-bbox="1163 477 1310 510">\$742,805.95</td></tr> </table>	<b>Component Description:</b>	5% proof	<b>Amount:</b>	\$39,095.05	<b>Component Description:</b>	35% deposit, 30% 60 days and 30% prior to shipping	<b>Amount:</b>	\$742,805.95
<b>Component Description:</b>	5% proof								
<b>Amount:</b>	\$39,095.05								
<b>Component Description:</b>	35% deposit, 30% 60 days and 30% prior to shipping								
<b>Amount:</b>	\$742,805.95								
install	<table> <tr> <td data-bbox="722 645 1027 678"><b>Component Description:</b></td><td data-bbox="1163 645 1318 678">xmitter install</td></tr> <tr> <td data-bbox="722 689 831 723"><b>Amount:</b></td><td data-bbox="1163 689 1295 723">\$35,000.00</td></tr> </table>	<b>Component Description:</b>	xmitter install	<b>Amount:</b>	\$35,000.00				
<b>Component Description:</b>	xmitter install								
<b>Amount:</b>	\$35,000.00								
Other Electrical Service: breakers, labor	<table> <tr> <td data-bbox="722 857 1027 891"><b>Component Description:</b></td><td data-bbox="1163 857 1334 891">xmitter electric</td></tr> <tr> <td data-bbox="722 902 831 936"><b>Amount:</b></td><td data-bbox="1163 902 1295 936">\$18,076.58</td></tr> </table>	<b>Component Description:</b>	xmitter electric	<b>Amount:</b>	\$18,076.58				
<b>Component Description:</b>	xmitter electric								
<b>Amount:</b>	\$18,076.58								

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 TFU-24WB	\$256,880.00	\$71,700.00		\$45,758.51	
UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized	\$227,000.00	\$50,000.00	N/A	\$45,758.51	N/A
Sweep test of existing antenna	\$6,730.00	\$6,700.00	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
Combiner Install	\$0.00	\$0.00	N/A	\$0.00	Placeholder - FCC IT Technical Support

<b>Primary Antenna TUD-C5SP-16/56H-2-B</b>	<b>\$113,230.00</b>	<b>\$105,500.00</b>		<b>\$78,101.89</b>	
Adding a module to existing combiner (without antenna)	\$84,200.00	\$84,000.00	N/A	\$64,639.39	N/A
combiner install	<b>\$10,000.00</b>	\$10,000.00	N/A	\$5,962.50	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$4,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$7,500.00	quoted	\$7,500.00	N/A
<b>Sub-total</b>	<b>\$370,110.00</b>	<b>\$177,200.00</b>	<b>N/A</b>	<b>\$123,860.40</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,352,360.00</b>	<b>\$1,286,419.00</b>	<b>N/A</b>	<b>\$1,036,729.67</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name

<p>UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized</p>	<p><b>Component Description:</b> antenna cap3 plus tax <b>Amount:</b> \$16,925.01</p> <p><b>Component Description:</b> aux antenna <b>Amount:</b> \$28,833.50</p>
<p>Sweep test of existing antenna</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>Combiner Install</p>	<p><b>Component Description:</b> Combiner install cap 1 <b>Amount:</b> \$1,987.50</p>

Adding a module to existing combiner (without antenna)	<b>Component Description:</b> combiner cap3 <b>Amount:</b> \$12,500.00
	<b>Component Description:</b> connect xmitter to combiner <b>Amount:</b> \$9,220.18
	<b>Component Description:</b> connect xmitter to combiner <b>Amount:</b> \$7,069.48
	<b>Component Description:</b> connect xmitter to combiner <b>Amount:</b> \$3,704.46
	<b>Component Description:</b> combiner connection <b>Amount:</b> \$7,145.27
	<b>Component Description:</b> combiner <b>Amount:</b> \$25,000.00
combiner install	<b>Component Description:</b> combiner install cap 3 <b>Amount:</b> \$1,987.50
	<b>Component Description:</b> combiner install <b>Amount:</b> \$3,975.00
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.

Sweep test of existing antenna		
	<b>Component Description:</b>	sweep cap 3
	<b>Amount:</b>	\$2,500.00
	<b>Component Description:</b>	second sweep
	<b>Amount:</b>	\$5,000.00



Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$404,000.00	\$45,000.00		\$27,450.00	
Rigid Transmission Line - copper, 8 3 /16" broadband	\$399,000.00	\$40,000.00	N/A	\$27,450.00	N/A
FIELD CUT	\$5,000.00	\$5,000.00	N/A	\$0.00	N/A
Primary Transmission Line	\$399,000.00	\$0.00		\$0.00	
Rigid Transmission Line - copper, 8 3 /16" broadband	\$399,000.00	\$0.00	N/A	N/A	N/A
Sub-total	\$803,000.00	\$45,000.00	N/A	\$27,450.00	N/A
Total for all systems	\$2,352,360.00	\$1,286,419.00	N/A	\$1,036,729.67	N/A

Components

Actual Information	
Description	File Name

Rigid Transmission Line - copper, 8 3/16" broadband	<div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> Aux line cap 3  \$9,150.00 </div> </div> <div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> line  \$18,300.00 </div> </div>
FIELD CUT	Information not provided.
Rigid Transmission Line - copper, 8 3/16" broadband	Information not provided.

Cost Information

Tower Equipment and Rigging Costs

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
Outside Professional Services	\$127,950.00	\$73,250.00		\$44,632.00	
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$500.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$40,000.00	N/A	\$37,732.00	N/A
Prepare request for Special Temporary Authorization	\$6,150.00	\$3,000.00	N/A	\$1,750.00	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

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 request for Special Temporary Authorization	\$11,040.00	\$7,000.00	N/A	N/A	N/A
Project management of the transition	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$750.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$4,400.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$127,950.00	\$73,250.00	N/A	\$44,632.00	N/A

<b>Total for all systems</b>	\$2,352,360.00	\$1,286,419.00	N/A	\$1,036,729.67	N/A
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## Components

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Comprehensive coverage verification via field study, if needed	<b>Component Description:</b> study <b>Amount:</b> \$37,732.00
Prepare request for Special Temporary Authorization	<b>Component Description:</b> sta <b>Amount:</b> \$1,750.00
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Project management of the transition	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<b>Component Description:</b> license <b>Amount:</b> \$750.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.

Perform engineering study for new channel assignment and antenna development	<div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> engineering cap 3  \$1,250.00 </div> </div> <div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> interference  \$650.00 </div> </div> <div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> eng  \$2,500.00 </div> </div>
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	\$19,300.00	\$12,964.00		\$5,809.69	
Disposal Costs (for equipment and other waste, net of any salvage value)	\$4,000.00	\$4,000.00	dispose of old transmitter	\$731.29	N/A
Equipment Delivery and Handling Charges	\$3,000.00	\$3,000.00	foklift	N/A	N/A
Non-zoning permits	\$750.00	\$750.00	American Tower	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,214.00	N/A	\$5,078.40	N/A
Sub-total	\$19,300.00	\$12,964.00	N/A	\$5,809.69	N/A
Total for all systems	\$2,352,360.00	\$1,286,419.00	N/A	\$1,036,729.67	N/A

Components

Actual Information Description	File Name
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<p>Disposal Costs (for equipment and other waste, net of any salvage value)</p>	<table> <tr> <td data-bbox="726 98 1149 257"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1149 98 1428 257"> <p>dumpster</p> <p>\$699.50</p> </td></tr> <tr> <td data-bbox="726 347 1149 436"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1149 347 1428 436"> <p>dumpster</p> <p>\$31.79</p> </td></tr> </table>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>dumpster</p> <p>\$699.50</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>dumpster</p> <p>\$31.79</p>
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>dumpster</p> <p>\$699.50</p>				
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>dumpster</p> <p>\$31.79</p>				
<p>Equipment Delivery and Handling Charges</p>	<p>Information not provided.</p>				
<p>Non-zoning permits</p>	<p>Information not provided.</p>				
<p>DTV Medical Facility Notification</p>	<table> <tr> <td data-bbox="726 678 1149 840"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1149 678 1428 840"> <p>med</p> <p>\$5,078.40</p> </td></tr> </table>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>med</p> <p>\$5,078.40</p>		
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>med</p> <p>\$5,078.40</p>				



<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$2,352,360.00	\$1,286,419.00
			\$1,036,729.67

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <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.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Steve Hastings</b>  <i>Network RF Manager</i></p> <p>08/19/2021</p>

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"> <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.

<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><b>Steve Hastings</b>  <i>Network RF Manager</i></p> <p>08/19/2021</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	



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*

08/19/2021

**Attachments**