



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **2708** | Service: **DTV** | Call **WGBA-TV** | Channel: **14 (UHF)**  
ID: | Sign:  
File **0000027244**  
Number:  
FRN: **0002710192** | Date **07/31**  
Submitted: **/2017**

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

Applicant	Address	Phone	Email	Applicant Type
<b>SCRIPPS BROADCASTING HOLDINGS LLC</b>	David Giles 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (513) 977- 3000	DAVE. GILES@SCRIPPS. COM	Limited Liability Company

## Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Ray Thurber</b> <i>Vice President / Engineering</i> <i>SCRIPPS BROADCASTING</i> <i>HOLDINGS LLC</i>	Ray Thurber 312 Walnut St. Cincinnati, OH 45202 United States	+1 (248) 827- 9202	ray. thurber@scripps. 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	WGBA must replace its main antenna and transmitter in order to move to its new channel. See attached narrative for a more detailed explanation.

**Transmitters**

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

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

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Ranger
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.9 kW

**Auxiliary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Current transmitter is no longer supported by the manufacturer except for maintenance. Available parts are in very limited supply and in some cases are no longer available. Manufacturer says it cannot be re-tuned.

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

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	CD-3260P2
	Year	2004
	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?	Yes
	Manufacturer	
	Model	ULXTE-16
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	10.8 kW
	Justification for New Transmitter	Current transmitter is no longer supported by the manufacturer except for maintenance. Available parts are in very limited supply and in some cases are no longer available. Manufacturer says it cannot be re-tuned.

**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	Necessary switchgear, transformer installation, conduit, wiring and fuse disconnects as quoted by electrical contractor for main and auxiliary transmitter.
<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	10



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

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	32
	Design power capacity in use	65.5 %
	Lower Limit	542.00 MHz
	Upper Limit	746.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	1000.0 kW

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Manufacturer	
Model	TUA-C4-8 /32U-1-S
Year	2004

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

Facility ID	Call Sign
361	WACY-TV

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	32
	Lower Limit	470.00 MHz
	Upper Limit	698.00 MHz
	Design power capacity in use	12.6 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	175.0 kW
	Manufacturer	

Model	TUA-C4-8 /32H-R-1-T
Year	2019
Justification for New Antenna	Current panel antenna is not suitable for Ch. 14 operation. Due to shape of directional pattern and the channel spread between WGBA and WACY, stations cannot be combined into same antenna.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A

<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Wisconsin Sales Tax	Wisconsin Sales Tax on Antenna Expenses

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

**Primary Transmission Line**  
**Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	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	Dielectric
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1080 feet per run



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

Name	Description
<b>Wisconsin Sales Tax</b>	Wisconsin Sales Tax for Transmission Line Expenses
<b>Misc. Pieces of Transmission Line</b>	Extra pieces of transmission line as necessary to complete connection between new transmitter and antenna.

**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
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1034782
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	44° 21' 30.0" N-
	Longitude (NAD83)	087° 58' 48.4" W-
	Overall Structure Height	1055.11 feet
	Support Structure Height	1051.82 feet
	Ground Elevation Above Mean Sea Level (AMSL)	990.15 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Scripps Broadcasting Holdings LLC
Date Constructed	10/01/1983

**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
361	WACY-TV	DTV

**Primary  
Tower**

**Tower Modification Costs**

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

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Wisconsin Sales Tax</b>	Wisconsin Sale Tax on Tower Expenses
<b>PE Review of Rigging Plan</b>	Professional Engineering review of proposed rigging plan as required by ANSI /ASEE A10.48 and ANSI/TIA 322 standards.

**Outside Professional Services Costs**

Section	Question	Response
<p><b>Outside Project Management Services</b></p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>240</p>
	<p>Explanation</p>	<p>Project manager needed to manage all work at transmitter site required to transition to new channel (both the main and interim facilities). With the size of the current engineering staff, WGBA cannot spare personnel to ensure these tasks are completed.</p>
<p><b>Outside RF consulting Engineering Services</b></p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>

	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	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	No	

<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Other Professional Services Expenses Not Listed**

**Outside Professional Services Costs**

<b>Name</b>	<b>Description</b>
<b>Wisconsin Sales Tax</b>	Wisconsin Sales Tax on Professional Services
<b>Site Survey</b>	GatesAir performed a site survey to access changes to facility as necessary to transition to new channel including, power and HVAC requirements, available transmitter room space and existing antenna and transmission line RF characteristics at new channel.

**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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	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?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes



**Other  
Expenses**

**Other Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Employee Time</b>	Time needed by Scripps corporate and WGBA employees to work on the transition to a new channel.
<b>Wisconsin Sales Tax</b>	Wisconsin Sales Tax on Other Expenses
<b>In-Building Deconstruction</b>	Work necessary to disassemble and remove existing transmitter, beam supplies, step starts, heat exchangers and mask filter.

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter ULXTE-16</b>	<b>\$772,987.00</b>	<b>\$648,076.00</b>		<b>\$0.00</b>	
Additional field engineering time, 10-30 days	\$63,100.00	\$60,000.00	N/A	N/A	N/A
Channel 14 Mask Filter	\$189,500.00	\$180,000.00	N/A	N/A	N/A
RF Consulting Engineer	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Other Electrical Service: Necessary switchgear, transformer installation, conduit, wiring and fuse disconnects as quoted by electrical contractor for main and auxiliary transmitter.	<i>\$20,627.00</i>	\$20,627.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$382,449.00	N/A	N/A	N/A
<b>Auxiliary Transmitter UAXTE-2R37</b>	<b>\$315,500.00</b>	<b>\$300,000.00</b>		<b>\$0.00</b>	
Channel 14 Mask Filter	\$189,500.00	\$180,000.00	N/A	N/A	N/A

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$120,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,088,487.00	\$948,076.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,111,626.80	\$2,016,663.80	N/A	\$0.00	N/A

### Components

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
<b>Primary Antenna TUA-C4-8/32H-R-1-T</b>	<b>\$269,886.00</b>	<b>\$339,274.00</b>		<b>\$0.00</b>	
Wisconsin Sales Tax	<i>\$16,156.00</i>	\$16,156.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$316,718.00	WGBA needs a panel antenna with a special spline in order to be able to replicate the current antenna pattern on the new channel. This antenna has a higher cost than a single channel slot antenna.	N/A	N/A
<b>Sub-total</b>	<b>\$269,886.00</b>	<b>\$339,274.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,111,626.80</b>	<b>\$2,016,663.80</b>	N/A	<b>\$0.00</b>	N/A

**Components**

Information not provided.

**Cost  
Information**

**Transmission Line**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmission Line</b>	<b>\$31,500.00</b>	<b>\$31,500.00</b>		<b>\$0.00</b>	
Wisconsin Sales Tax	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Misc. Pieces of Transmission Line	<i>\$30,000.00</i>	\$30,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$31,500.00</b>	<b>\$31,500.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,111,626.80</b>	<b>\$2,016,663.80</b>	N/A	<b>\$0.00</b>	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
<b>Primary Tower GTOWER</b>	<b>\$407,075.00</b>	<b>\$387,975.00</b>		<b>\$0.00</b>	
Wisconsin Sales Tax	<i>\$18,475.00</i>	\$18,475.00	N/A	N/A	N/A
PE Review of Rigging Plan	<i>\$7,500.00</i>	\$7,500.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$407,075.00</b>	<b>\$387,975.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,111,626.80</b>	<b>\$2,016,663.80</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

**Components**

Information not provided.

**Cost Information**

**Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$108,161.20</b>	<b>\$103,881.20</b>		<b>\$0.00</b>	
Site Survey	<i>\$18,568.20</i>	\$18,568.20	N/A	N/A	N/A
Wisconsin Sales Tax	<i>\$4,063.00</i>	\$4,063.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	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
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
Project management of the transition	\$37,920.00	\$36,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A



Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$108,161.20	\$103,881.20	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,111,626.80	\$2,016,663.80	N/A	\$0.00	N/A

## Components

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
<b>Other Expenses</b>	<b>\$206,517.60</b>	<b>\$205,957.60</b>		<b>\$0.00</b>	
In-Building Deconstruction	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$6,500.00</i>	\$6,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Local Zoning	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Wisconsin Sales Tax	<i>\$3,375.00</i>	\$3,375.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Employee Time	<i>\$77,257.60</i>	\$77,257.60	N/A	N/A	N/A

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FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
<b>Sub-total</b>	\$206,517.60	\$205,957.60	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,111,626.80	\$2,016,663.80	N/A	\$0.00	N/A

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### **Components**

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$2,111,626.80	\$2,016,663.80	\$0.00

**Reimbursement Status**

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

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

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

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

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

**Ray  
Thurber**  
*Vice  
President /  
Engineering*

07/31/2017

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



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

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

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

**Ray  
Thurber**  
*Vice  
President /  
Engineering*

07/31/2017

## Attachments