



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **35666** | Service: **DTV** | Call **KTEN** | Channel: **17 (UHF)** |
ID: | Sign:
File **0000027674**
Number:
FRN: **0003755279** | Date **04/26**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CHANNEL 49 ACQUISITION CORPORATION	150 Fayetteville Street	+1 (919) 839-	cramsey@brookspierce. com	Corporation
Doing Business As:	Suite 1700	0300		
CHANNEL 49 ACQUISITION CORPORATION	Raleigh, NC 27602 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
Bob Pectelidis <i>Director of Engineering</i> <i>CHANNEL 49 ACQUISITION</i> <i>CORPORATION</i>	Bob Pectelidis 3914 Wistar Road Richmond, VA 23228 United States	+1 (804) 672-6565	bob@lockwoodbroadcast. 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	See attached

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

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

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Backup
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	DT830A
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.5 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	EC701HP- BB
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.8 kW
	Justification for New Transmitter	Axcera has been unable to provide a quote to retune to date. 800W is the smallest transmitter Comark makes. See attached transition plan.

**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
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

**Auxiliary
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

**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	Classic Innovator VISIONARY IOT DT
	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?	Yes
	Manufacturer	
	Model	HPTV-PRLX- U27
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	43.2 kW
	Justification for New Transmitter	Existing transmitter re tune unsupported. See attached. Cost of replacement Tube transmitter exceeds Solid State. See attached. Also requires 8th order filter to protect land- mobile See attached statement.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
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Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	400.0 feet
	Other Electrical Service	No
	Description	N/A
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
Concrete Slab and Ice Bridge	Slab for Heat exchanger

Antennas

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

Primary Antenna

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	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)	1000.0 kW

Manufacturer	
Model	TFU-32DSB-R O3
Year	2006

Primary
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	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)	811.0 kW
	Manufacturer	

Model	ATW30H3- HTO-17H
Year	2020
Justification for New Antenna	Current Antenna wont support new frequency

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 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?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

Transmission Line

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

**Primary
Transmission Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1385 feet per run

Primary **New Transmission Line**
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1390 feet per run
	Justification for New Transmission Line	See attached transition plan

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

Information not provided.

**Tower
Equipment
And
Rigging
Costs**

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

**Primary
Tower**

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	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?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1011425
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 21' 34.0" N-
	Longitude (NAD83)	096° 33' 35.0" W-
	Overall Structure Height	1458.32 feet
	Support Structure Height	1350.38 feet
	Ground Elevation Above Mean Sea Level (AMSL)	880.24 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	KTEN TELEVISION LIMITED PARTNERSHIP DBA = KTEN TV
	Date Constructed	09/01/1984

**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:	Major Reinforcements needed

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	100
	Explanation	Expenses for experienced RF consultant to layout and assist with project management.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	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
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

Name	Description
Additional Repack Legal Services Not Otherwise Specified in Form 399	Non-Catalog Legal Services such as review of quarterly transition status reports and other miscellaneous non-catalog legal fees.

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	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Site survey	Initial assessment and cad drawing of existing facilities
Site Preperation	reworking of existing interior rf system

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-U27	\$1,522,950.00	\$1,352,397.00		\$0.00	
Concrete Slab and Ice Bridge	<i>\$14,000.00</i>	\$14,000.00	Slab for heat exchanger. See attached transition plan	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$10,400.00	\$10,000.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,304,097.00	N/A	N/A	N/A
Auxiliary Transmitter EC701HP-BB	\$66,950.00	\$66,950.00		\$0.00	
UHF - Air Cooled Solid State Transmitter . 8 kW	<i>\$66,950.00</i>	\$66,950.00	Quote is attached.	N/A	N/A

Sub-total	\$1,589,900.00	\$1,419,347.00	N/A	\$0.00	N/A
Total for all systems	\$2,912,014.00	\$2,688,081.00	N/A	\$32,049.70	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
Primary Antenna ATW30H3- HTO-17H	\$254,680.00	\$252,600.00		\$0.00	
UHF - High Power, Side Mount, basic slot antenna, 811 kW input, horizontally polarized	\$212,500.00	\$212,500.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Sub-total	\$254,680.00	\$252,600.00	N/A	\$0.00	N/A
Total for all systems	\$2,912,014.00	\$2,688,081.00	N/A	\$32,049.70	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
Primary Transmission Line	\$280,780.00	\$266,880.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8"	\$280,780.00	\$266,880.00	N/A	N/A	N/A
Sub-total	\$280,780.00	\$266,880.00	N/A	\$0.00	N/A
Total for all systems	\$2,912,014.00	\$2,688,081.00	N/A	\$32,049.70	N/A

Components

Information not provided.

Cost
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$657,800.00	\$632,260.00		\$16,130.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$32,260.00	Structural estimate includes geotech and mapping. See attached cost estimate	\$16,130.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Sub-total	\$657,800.00	\$632,260.00	N/A	\$16,130.00	N/A
Total for all systems	\$2,912,014.00	\$2,688,081.00	N/A	\$32,049.70	N/A

Components

Actual Information	
Description	File Name
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<div>Component Description: Partial Payment on Invoice 35428</div> <div>Amount: \$16,130.00</div>

Tall Tower (greater than 500')	Information not provided.
Major tower reinforcement /modifications	Information not provided.

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$51,510.00	\$48,750.00		\$10,326.00	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,939.10	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,544.20	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
Additional Repack Legal Services Not Otherwise Specified in Form 399	\$5,000.00	\$5,000.00	N/A	\$542.70	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Project management of the transition	\$15,800.00	\$15,000.00	N/A	\$6,300.00	N/A
Sub-total	\$51,510.00	\$48,750.00	N/A	\$10,326.00	N/A

Total for all systems	\$2,912,014.00	\$2,688,081.00	N/A	\$32,049.70	N/A
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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 - Prepare and File FCC Form 2100 (main), Construction Permit Application	<div> <div>Component Description:</div> <div>Split Invoice for Legal Form 2100 Construction Permit Application</div> <div>Amount:</div> <div>\$1,800.50</div> </div> <div> <div>Component Description:</div> <div>Split Invoice for Legal Form 2100 Construction Permit Application</div> <div>Amount:</div> <div>\$59.40</div> </div> <div> <div>Component Description:</div> <div>Split Invoice for Legal Form 2100 Construction Permit Application</div> <div>Amount:</div> <div>\$79.20</div> </div>
Perform engineering study for new channel assignment and antenna development	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 174 1015 210">Component Description:</td><td data-bbox="1150 174 1386 286">Legal Services for Prepare or review reimbursement form</td></tr> <tr> <td data-bbox="708 297 815 333">Amount:</td><td data-bbox="1150 297 1246 333">\$213.50</td></tr> <tr> <td data-bbox="708 434 1015 470">Component Description:</td><td data-bbox="1150 434 1386 546">Legal Services for Prepare or review reimbursement form</td></tr> <tr> <td data-bbox="708 557 815 593">Amount:</td><td data-bbox="1150 557 1230 593">\$42.70</td></tr> <tr> <td data-bbox="708 694 1015 730">Component Description:</td><td data-bbox="1150 694 1361 846">Legal Services for Prepare or review reimbursement form Split Invoice</td></tr> <tr> <td data-bbox="708 857 815 893">Amount:</td><td data-bbox="1150 857 1246 893">\$394.80</td></tr> <tr> <td data-bbox="708 994 1015 1030">Component Description:</td><td data-bbox="1150 994 1361 1146">Legal Services for Prepare or review reimbursement form Split Invoice</td></tr> <tr> <td data-bbox="708 1158 815 1193">Amount:</td><td data-bbox="1150 1158 1246 1193">\$893.20</td></tr> </table>	Component Description:	Legal Services for Prepare or review reimbursement form	Amount:	\$213.50	Component Description:	Legal Services for Prepare or review reimbursement form	Amount:	\$42.70	Component Description:	Legal Services for Prepare or review reimbursement form Split Invoice	Amount:	\$394.80	Component Description:	Legal Services for Prepare or review reimbursement form Split Invoice	Amount:	\$893.20
Component Description:	Legal Services for Prepare or review reimbursement form																
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Component Description:	Legal Services for Prepare or review reimbursement form Split Invoice																
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Component Description:	Legal Services for Prepare or review reimbursement form Split Invoice																
Amount:	\$893.20																
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>																

Additional Repack Legal Services Not Otherwise Specified in Form 399	<div> <div> Component Description: Amount: </div> <div> Additional Legal Services \$42.70 </div> </div> <div> <div> Component Description: Amount: </div> <div> Additional Legal Services \$42.70 </div> </div> <div> <div> Component Description: Amount: </div> <div> Additional Legal Services \$59.40 </div> </div> <div> <div> Component Description: Amount: </div> <div> Additional Legal Services \$85.40 </div> </div> <div> <div> Component Description: Amount: </div> <div> Additional Legal Services \$184.40 </div> </div> <div> <div> Component Description: Amount: </div> <div> Additional Legal Services \$128.10 </div> </div>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.

Project management of the transition		
	Component Description:	Project Management
	Amount:	\$1,575.00
	Component Description:	Project Management
	Amount:	\$2,475.00
	Component Description:	Project Management
	Amount:	\$1,050.00
	Component Description:	Project Management Partial Invoice
	Amount:	\$1,200.00

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	\$77,344.00	\$68,244.00		\$5,593.70	
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	see attached transition plan	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	see attached transition plan	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$15,000.00</i>	\$15,000.00	see attached transition plan	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$30,000.00</i>	\$30,000.00	see attached transition plan	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,450.00	see attached quote	N/A	N/A
Site Preperation	<i>\$8,000.00</i>	\$8,000.00	See attached transition plan	N/A	N/A
Site survey	<i>\$6,794.00</i>	\$6,794.00	See attached transition plan	\$5,593.70	N/A
Sub-total	\$77,344.00	\$68,244.00	N/A	\$5,593.70	N/A

Total for all systems	\$2,912,014.00	\$2,688,081.00	N/A	\$32,049.70	N/A
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Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
DTV Medical Facility Notification	Information not provided.
Site Preperation	Information not provided.
Site survey	<p>Component Description: Site Survey Partial Invoice</p> <p>Amount: \$5,593.70</p>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$2,912,014.00	\$2,688,081.00
			\$32,049.70

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

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

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

<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>Tiffany Humphrey <i>Director of Business Services</i></p> <p>04/26/2018</p>

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

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Tiffany Humphrey <i>Director of Business Services</i></p> <p>04/26/2018</p>

Attachments