



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **4353** | Service: **DCA** | Call **WDES-CD** | Channel: **22 (UHF)**
ID: | Sign:
File **0000027960**
Number:
FRN: **0004941621** | Date **09/21**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
BEACH TV PROPERTIES, INC.	Byron J. Colley, Jr.	+1 (850) 276-9552	jud.colley@tripsmarter.com	Corporation
Doing Business As: BEACH TV PROPERTIES, INC.	8317 Front Beach Road Suite 23 PANAMA CITY BEACH, FL 32407 United States			

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

**Broadcaster
Information
and
Transition
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Transition to channel 22, to maintain signal, a new antenna will be mounted above the present and become the main antenna after the transition. A new transmitter and mask filter will be needed.

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	DT834A 300 watts
	Year	2000
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.30 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	UAXTE-1-P2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.40 kW
	Justification for New Transmitter	Old transmitter cannot be returned.

**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	120/240

HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	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**
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
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Class A
	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)	5.0 kW

Manufacturer	
Model	PSILP8ABR-35
Year	2017

**Primary
Antenna**

New Antenna Costs

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

Model	ATC-BCE46BR-V2-22
Year	2018
Justification for New Antenna	New antenna needed for 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?	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 a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Transmission
Line**

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

**Primary
Transmission
Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	170 feet per run

**Primary
Transmission
Line** **New Transmission Line**

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	200 feet per run
	Justification for New Transmission Line	New transmission line needed for new antenna.

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

Information not provided.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	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?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	30° 23' 50.0" N-
	Longitude (NAD83)	086° 30' 27.0" W-
	Overall Structure Height	187.99 feet
	Support Structure Height	180.12 feet
	Ground Elevation Above Mean Sea Level (AMSL)	15.09 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Beach TV Properties, Inc.
Date Constructed	09/30/1997

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Name	Description
Structural Analysis	Structural analysis of existing tower
Tower Crew	Remove and replace antennas.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	620
	Explanation	No internal ability to accomplish services.
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	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes

	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	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	Yes
	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

Name	Description
Thomaston Broadcasting	WDES 8 hr x \$40/hr. \$320 Preparation of 399.
Thomaston Broadcasting	Transmitter and tower work. 80 hrs x \$40 /hr. \$1,600.

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	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	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?	Yes
	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
Mask Filter	Gates Air FLUA-00625-6AT

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 UAXTE-1-P2R37	\$59,188.42	\$48,938.42		\$24,177.84	
5 Ton system	\$20,250.00	\$10,000.00	N/A	N/A	N/A
Other Electrical Service: 120 /240	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter . 40 kW	<i>\$35,438.42</i>	\$35,438.42	Quote GA-00021736	\$24,177.84	N/A
Sub-total	\$59,188.42	\$48,938.42	N/A	\$24,177.84	N/A
Total for all systems	\$491,618.42	\$378,058.42	N/A	\$59,049.64	N/A

Components

Actual Information	
Description	File Name
5 Ton system	Information not provided.
Other Electrical Service: 120 /240	Information not provided.

UHF - Air Cooled Solid State
Transmitter .40 kW

Component Description: 1/3 due prior to shipping. See Gates Air proposal GA-00021736.
Amount: \$11,040.01

Component Description: 1/3 Down payment. Invoice does not include tax and freight. See Gates Air proposal GA-00021736.
Amount: \$11,040.01

Component Description: Transmitter and mask filter
Amount: \$13,137.83

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 ATC-BCE46BR-V2-22	\$33,030.00	\$20,250.00		\$15,050.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$13,850.00	N/A	\$15,050.00	The final invoice includes \$1,200 for the cost of shipping the antenna that was not included in the original quote.
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$0.00	N/A
Sub-total	\$33,030.00	\$20,250.00	N/A	\$15,050.00	N/A
Total for all systems	\$491,618.42	\$378,058.42	N/A	\$59,049.64	N/A

Components

Actual Information Description	File Name
--------------------------------	-----------

<p>UHF - Lower Power Side Mount, Class A One Station antenna -- basic</p>	<p>Component Description: Antenna-AYC-BCH46BR-22 Amount: \$8,125.00</p>
<p></p>	<p>Component Description: ATC-BCH46BR-22 Amount: \$6,925.00</p>
<p>Sweep test of existing antenna</p>	<p>Component Description: 1/2 down with order. See Alive Telecom proposal #2252017-2. Amount: \$1,500.00</p>

Cost Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$6,600.00	\$7,665.00		\$7,665.00	
Flexible Air Transmission Line - dielectric, 1 5/8"	\$6,600.00	\$7,665.00	po#135	\$7,665.00	N/A
Sub-total	\$6,600.00	\$7,665.00	N/A	\$7,665.00	N/A
Total for all systems	\$491,618.42	\$378,058.42	N/A	\$59,049.64	N/A

Components

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 1 5/8"	Component Description: TX Line system and dehydrator
	Amount: \$3,250.00
	Component Description: TX Line System - 185 ft of HJ7-50A 1-5/8 Aire Cable Terminated w/ 7/8 EIA Connectors, Gas Barrier w/ Inner Anchor
	Amount: \$4,415.00

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	\$119,200.00	\$40,000.00		\$1,250.00	
Structural Analysis	<i>\$10,000.00</i>	\$10,000.00	Structural analysis of existing tower	\$1,250.00	N/A
Tower Crew	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$119,200.00	\$40,000.00	N/A	\$1,250.00	N/A
Total for all systems	\$491,618.42	\$378,058.42	N/A	\$59,049.64	N/A

Components

Actual Information Description	File Name
Structural Analysis	<p>Component Description: Structural Tower Analysis</p> <p>Amount: \$1,250.00</p>
Tower Crew	Information not provided.
Short Tower (less than 500')	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	\$238,005.00	\$226,170.00		\$10,906.80	
Thomaston Broadcasting	<i>\$1,920.00</i>	\$1,920.00	N/A	\$720.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$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	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	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	\$1,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,500.00	N/A

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,308.75	N/A
Project management of the transition	\$97,960.00	\$93,000.00	N/A	\$6,378.05	N/A
Sub-total	\$238,005.00	\$226,170.00	N/A	\$10,906.80	N/A
Total for all systems	\$491,618.42	\$378,058.42	N/A	\$59,049.64	N/A

Components

Actual Information	
Description	File Name
Thomaston Broadcasting	<p>Component Description: Contract Labor</p> <p>Amount: \$720.00</p>
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>	
<p>RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application</p>	<p>Information not provided.</p>	
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>	
<p>RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application</p>	<p>Information not provided.</p>	
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description:</p> <p>Amount:</p>	<p>FCC App for CP for minor change in frequency including FCC attorney and client coordination.</p> <p>\$1,000.00</p>

<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="703 181 1010 210">Component Description:</td> <td data-bbox="1145 181 1369 448">Replication filing - Review antenna and system data to be specified in CP App. Engineering for App. Limited 399 assistance.</td> </tr> <tr> <td data-bbox="703 461 815 490">Amount:</td> <td data-bbox="1145 461 1262 490">\$1,500.00</td> </tr> <tr> <td data-bbox="703 598 1010 627">Component Description:</td> <td data-bbox="1145 598 1369 627">Structural analysis.</td> </tr> <tr> <td data-bbox="703 640 815 669">Amount:</td> <td data-bbox="1145 640 1262 669">\$1,250.00</td> </tr> <tr> <td data-bbox="703 777 1010 806">Component Description:</td> <td data-bbox="1145 777 1251 806">Site visit.</td> </tr> <tr> <td data-bbox="703 819 815 848">Amount:</td> <td data-bbox="1145 819 1262 848">\$1,200.00</td> </tr> </table>	Component Description:	Replication filing - Review antenna and system data to be specified in CP App. Engineering for App. Limited 399 assistance.	Amount:	\$1,500.00	Component Description:	Structural analysis.	Amount:	\$1,250.00	Component Description:	Site visit.	Amount:	\$1,200.00
Component Description:	Replication filing - Review antenna and system data to be specified in CP App. Engineering for App. Limited 399 assistance.												
Amount:	\$1,500.00												
Component Description:	Structural analysis.												
Amount:	\$1,250.00												
Component Description:	Site visit.												
Amount:	\$1,200.00												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>												
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="703 1142 1010 1171">Component Description:</td> <td data-bbox="1145 1142 1361 1209">Completion of 399 forms.</td> </tr> <tr> <td data-bbox="703 1223 815 1252">Amount:</td> <td data-bbox="1145 1223 1230 1252">\$80.00</td> </tr> <tr> <td data-bbox="703 1359 1010 1388">Component Description:</td> <td data-bbox="1145 1359 1334 1509">Get quotes for replacement antenna, help in filing 399.</td> </tr> <tr> <td data-bbox="703 1523 815 1552">Amount:</td> <td data-bbox="1145 1523 1241 1552">\$720.00</td> </tr> <tr> <td data-bbox="703 1659 1010 1688">Component Description:</td> <td data-bbox="1145 1659 1334 1809">Prepare and Review Reimbursement Form</td> </tr> <tr> <td data-bbox="703 1823 815 1852">Amount:</td> <td data-bbox="1145 1823 1241 1852">\$508.75</td> </tr> </table>	Component Description:	Completion of 399 forms.	Amount:	\$80.00	Component Description:	Get quotes for replacement antenna, help in filing 399.	Amount:	\$720.00	Component Description:	Prepare and Review Reimbursement Form	Amount:	\$508.75
Component Description:	Completion of 399 forms.												
Amount:	\$80.00												
Component Description:	Get quotes for replacement antenna, help in filing 399.												
Amount:	\$720.00												
Component Description:	Prepare and Review Reimbursement Form												
Amount:	\$508.75												

Project management of the transition

Component Description: Project Management
Amount: \$3,447.20

Component Description: Review initial FCC notification. Email time with client reviewing the FCC filing process.
Amount: \$337.50

Component Description: FCC 387 form preparation
Amount: \$175.00

Component Description: Project management
Amount: \$2,418.35

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	\$35,595.00	\$35,035.00		\$0.00	
Mask Filter	<i>\$3,710.00</i>	\$3,710.00	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
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A

Local Zoning	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Sub-total	\$35,595.00	\$35,035.00	N/A	\$0.00	N/A
Total for all systems	\$491,618.42	\$378,058.42	N/A	\$59,049.64	N/A

Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$491,618.42	\$378,058.42	\$59,049.64

Reimbursement Status

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

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

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

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

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

Jud Colley
Owner

09/21/2018

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

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

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

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

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

Jud Colley
Owner

09/21/2018

Attachments