



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **13206** | Service: **DTV** | Call **WATC-DT** | Channel: **34 (UHF)**  
ID: | Sign:  
File **0000025456**  
Number:  
FRN: **0016652232** | Date **10/24**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Community Television, Inc.</b>	1862 Enterprise Dr. Norcross, GA 30093 United States	+1 (770) 300-9828	scott@watc.tv	Not-for-Profit

## 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
<b>Joseph C. Chautin III</b> <i>Hardy, Carey, Chautin &amp; Balkin, LLP</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.com

## Broadcaster Information and Transition Plan

Question	Response
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<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>Station plans to install new transmitter, filter, transmission line and antenna so that we may continue to serve our community fully during the transition time.</p>

**Transmitters**

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

**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	NV7640
	Year	2005
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	10 kW

**Primary Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THU-9evo-12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19.0 kW
	Justification for New Transmitter	We are in receipt of an "end of life" letter from the manufacturer stating that any problems occurring from this day forward may result in a failure that cannot be corrected. The manufacturer states it is "a high risk."

**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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?	Yes
	Type	Cooling Only
	Size	5 tons
	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
<b>Mask Filter</b>	Dielectric RF System w/Floor Mount frame
<b>Spinner Load</b>	Spinner 25kW Station Smart Load. 3-50 Input

**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?	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
<b>Existing Antenna Manufacturer and Type</b>	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) .....	330.0 kW

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Manufacturer	
Model	SWMP22 /OI-41
Year	2006

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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?	No
	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	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) .....	288.0 kW
Manufacturer		

Model	TLP 24B W /VP
Year	2018
Justification for New Antenna	Unable to retune old antenna for repack channel.

**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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<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**

<b>Name</b>	<b>Description</b>
<b>Interim Rent</b>	Additional rent costs.
<b>Dehydrator</b>	Dehydrator & accys needed to keep the line dry..

**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	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	225 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?	Yes
	Type	Flexible Air
	Diameter	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	225 feet per run
Justification for New Transmission Line	Old transmission line in use with pre-transition system. Cannot be off air for the time needed to change over to new line and testing.	

**Primary  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
<b>Assessories to hang line</b>	Various accessories needed to properly mount transmission line to tower, ice-bridge, & building entrance.



**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	No
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 03' 59.3" N-
	Longitude (NAD83)	084° 27' 16.7" W-
	Overall Structure Height	195.00 feet
	Support Structure Height	195.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1883.00 feet



Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	American Tower, Inc.
Date Constructed	01/01/0070

### Other Types of Users

Users
Paging

### Primary Tower

#### Tower Modification Costs

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

Name	Description
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<b>Antenna - Transmission line installers</b>	Crew to install new transmission line & antenna and remove old line / antenna after repack.
<b>Tower permit Drawing Package</b>	If needed
<b>Construction Project Management</b>	For Tower Modification reinforcements & facilities

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	150
	Explanation	In the unlikely event that our staff engineer is unable to complete the project, we will need to hire someone or for American Tower Project Mgr.
<b>Outside RF consulting Engineering Services</b>	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	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	Yes
	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	Yes
	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
Transmitter Installation	Transmitter install

**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	No
	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?	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**

<b>Name</b>	<b>Description</b>
<b>Public Hearing</b>	If necessary.
<b>Site Coordination Meeting</b>	Coordination and transition planning with all parties onsite and management of the timelines and schedules occurring during the repack
<b>Disposal Costs</b>	Removal of equipment that would interfere with placement of new repack equipment.

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter THU-9evo-12</b>	<b>\$766,231.25</b>	<b>\$487,659.93</b>		<b>\$0.00</b>	
Spinner Load	<i>\$13,281.25</i>	\$13,281.25	Non-radiating load for transmitter set up and maintenance large enough to handle the output of the THU9 transmitter.	N/A	N/A
Mask Filter	<i>\$48,700.00</i>	\$48,700.00	List price less 25%. Quote attached on CLE-097 RevA WATC.	N/A	N/A
5 Ton system	\$20,250.00	\$18,771.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$406,907.68	Estimated cost of replacement transmitter, less installation.	N/A	N/A
<b>Sub-total</b>	<b>\$766,231.25</b>	<b>\$487,659.93</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,629,212.36</b>	<b>\$880,491.04</b>	N/A	<b>\$4,720.35</b>	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 TLP 24B W/VP</b>	<b>\$303,837.00</b>	<b>\$130,642.00</b>		<b>\$2,113.69</b>	
Dehydrator	<i>\$5,387.00</i>	\$5,387.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$2,100.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$9,255.00	Cost provided by the factory.	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$21,900.00	N/A	N/A	N/A

Interim Rent	<i>\$32,000.00</i>	\$32,000.00	170630 American Tower cover letter with price. pdf. Rent for additional tower space required for pre- transition /post transition antenna.	N/A	N/A
UHF - Lower Power Side Mount, One station antenna -- 200- 500 kW, elliptically or circularly polarized	\$227,000.00	\$60,000.00	N/A	\$2,113.69	N/A
<b>Sub-total</b>	\$303,837.00	\$130,642.00	N/A	\$2,113.69	N/A
<b>Total for all systems</b>	\$1,629,212.36	\$880,491.04	N/A	\$4,720.35	N/A

## Components

Actual Information	
Description	File Name
Dehydrator	Information not provided.
Sweep test of existing antenna	Information not provided.
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.

Interim Rent	Information not provided.	
UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized	<p data-bbox="730 248 1038 282"><b>Component Description:</b></p> <p data-bbox="730 568 842 602"><b>Amount:</b></p>	<p data-bbox="1169 248 1382 602">5% down payment on repack antenna. This updated invoice &amp; cover letter show the adjusted amount after the upgrade. \$2,113.69</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
<b>Primary Transmission Line</b>	<b>\$20,594.11</b>	<b>\$15,104.11</b>		<b>\$0.00</b>	
Assessories to hang line	<i>\$3,944.11</i>	\$3,944.11	CLE 097 RevA WATC	N/A	N/A
Flexible Air Transmission Line - dielectric, 4"	\$16,650.00	\$11,160.00	CLE 097 RevA WATC.	N/A	N/A
<b>Sub-total</b>	<b>\$20,594.11</b>	<b>\$15,104.11</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,629,212.36</b>	<b>\$880,491.04</b>	N/A	<b>\$4,720.35</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 TOWER</b>	<b>\$289,760.00</b>	<b>\$110,435.00</b>		<b>\$0.00</b>	
Construction Project Management	<i>\$5,000.00</i>	\$5,000.00	Project mgr for landlord during modification of tower.	N/A	N/A
Tower permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	The generation of a permitting drawing package.	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$10,475.00	N/A	N/A	N/A
Antenna - Transmission line installers	<i>\$25,260.00</i>	\$25,260.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$20,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$45,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$289,760.00</b>	<b>\$110,435.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,629,212.36</b>	<b>\$880,491.04</b>	N/A	<b>\$4,720.35</b>	N/A

**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>\$195,240.00</b>	<b>\$88,050.00</b>		<b>\$0.00</b>	
Transmitter Installation	<i>\$35,000.00</i>	\$35,000.00	Transmitter installation costs.	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$6,000.00	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
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
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$5,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$8,300.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$23,700.00	\$11,000.00	N/A	N/A	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	If necessary.	N/A	N/A
<b>Sub-total</b>	\$195,240.00	\$88,050.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,629,212.36	\$880,491.04	N/A	\$4,720.35	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>\$53,550.00</b>	<b>\$48,600.00</b>		<b>\$2,606.66</b>	
Disposal Costs	<i>\$5,000.00</i>	\$5,000.00	Disposal of existing equipment to make room for repack equipment.	\$2,606.66	N/A
Site Coordination Meeting	<i>\$2,500.00</i>	\$2,500.00	Coordination and transition planning with all parties onsite and management of the timelines and schedules occurring during the repack.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$6,600.00	N/A	N/A	N/A
Local Zoning	<i>\$2,500.00</i>	\$2,500.00	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



Equipment Delivery and Handling Charges	<i>\$7,500.00</i>	\$7,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$750.00</i>	\$750.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,250.00</i>	\$1,250.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$7,500.00</i>	\$7,500.00	If necessary.	N/A	N/A
Public Hearing	<i>\$10,000.00</i>	\$10,000.00	If necessary.	N/A	N/A
<b>Sub-total</b>	\$53,550.00	\$48,600.00	N/A	\$2,606.66	N/A
<b>Total for all systems</b>	\$1,629,212.36	\$880,491.04	N/A	\$4,720.35	N/A

## Components

Actual Information	
Description	File Name
Disposal Costs	<p><b>Component Description:</b> This invoice was paid on 8/15/2018. Resubmitted, 9/24/18. Corrected Inv# on 10/4/18.</p> <p><b>Amount:</b> \$2,606.66</p>
Site Coordination Meeting	Information not provided.
DTV Medical Facility Notification	Information not provided.
Local Zoning	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Equipment Storage	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Public Hearing	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>	\$1,629,212.36	\$880,491.04	\$4,720.35

**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.

**Scott Wills**  
*Chief  
Operator,  
WATC TV*

10/24/2018

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></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"> <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.

**Scott Wills**  
*Chief  
Operator,  
WATC TV*

10/24/2018

## Attachments