



(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 **12/14**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-----------------------------------|---|-------------------|---------------|----------------|
| Community Television, Inc. | 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 |
|--|--|-------------------|-------------------------|
| Joseph C. Chautin III <i>Hardy, Carey, Chautin & 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 |
|----------|----------|
|----------|----------|

| | |
|---|---|
| <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>Transmitter Related Expenses</p> | <p>Do you have transmitter related expenses?</p> | <p>Yes</p> |

**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 | 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 |
|------------------------|---|---|
| New Transmitter | 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 |
|---------------------------|---------------------------------------|----------|
| 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? | 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**

| Name | Description |
|---------------------|---|
| Spinner Load | Spinner 25kW Station Smart Load. 3-50 Input |
| Mask Filter | Dielectric RF System w/Floor Mount frame |

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) | 330.0 kW |

| | |
|--------------|------------------|
| Manufacturer | |
| Model | SWMP22 /OI-41 |
| 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? | 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 |
| New Antenna Manufacturer and Types | 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 |
|------------------------------------|---|----------------------|
| 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 | 4 1/16 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

| Name | Description |
|---------------------|--|
| Interim Rent | Additional rent costs. |
| Dehydrator | 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 |
|---|--|---------------------|
| 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 | 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 |
|---|--|------------------|
| New Transmission Line Costs | 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 |
|---------------------------------|---|
| Assessories to hang line | 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 |
|------|-------------|
|------|-------------|

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

Outside Professional Services Costs

| Section | Question | Response |
|---|--|--|
| Outside Project Management Services | 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. |
| 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 | 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 | 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 | |
| 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 |

**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

| Name | Description |
|--------------------------|---------------------|
| Transmitter Installation | Transmitter install |

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 | 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? | 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 |
|----------------------------------|--|
| Public Hearing | If necessary. |
| Site Coordination Meeting | Coordination and transition planning with all parties onsite and management of the timelines and schedules occurring during the repack |
| Disposal Costs | 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 |
|--|-----------------------------|---------------------|--|---------------------|---------------------------|
| Primary Transmitter THU-9evo-12 | \$766,231.25 | \$487,659.93 | | \$217,242.90 | |
| 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 | \$6,750.00 | N/A |
| 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. | \$7,039.06 | 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. | \$203,453.84 | N/A |
| Sub-total | \$766,231.25 | \$487,659.93 | N/A | \$217,242.90 | N/A |
| Total for all systems | \$1,629,212.36 | \$880,491.04 | N/A | \$224,341.95 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| Mask Filter | Information not provided. |
| 5 Ton system | Component Description: 50% down payment on AC system. Amount: \$6,750.00 |
| Spinner Load | Component Description: 50% down payment for Load and tax. Amount: \$7,039.06 |
| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW | Component Description: 50% down payment for the transmitter, freight and tax. Amount: \$203,453.84 |

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 TLP 24B W /VP | \$303,837.00 | \$130,642.00 | | \$4,012.39 | |
| 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 |
| Sweep test of existing antenna | \$6,730.00 | \$2,100.00 | N/A | 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 |
| Dehydrator | <i>\$5,387.00</i> | \$5,387.00 | N/A | \$1,898.70 | 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 |
| Sub-total | \$303,837.00 | \$130,642.00 | N/A | \$4,012.39 | N/A |
| Total for all systems | \$1,629,212.36 | \$880,491.04 | N/A | \$224,341.95 | N/A |

Components

| Actual Information | |
|---|---|
| Description | File Name |
| UHF - Lower Power Side Mount, One station antenna -- 200-500 kW, elliptically or circularly polarized | <p>Component Description: 5% down payment on repack antenna. This updated cover letter and original invoice addresses the earlier problems.</p> <p>Amount: \$2,113.69</p> |

| | | | | | |
|--|---|-------------------------------|---|----------------|------------|
| Sweep test of existing antenna | 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. | | | | |
| Dehydrator | <table data-bbox="715 555 1358 792"> <tr> <td data-bbox="715 555 1145 757">Component Description:</td> <td data-bbox="1145 555 1358 757">Dehydrator required for pressurization of repack transmission line.</td> </tr> <tr> <td data-bbox="715 757 1145 792">Amount:</td> <td data-bbox="1145 757 1358 792">\$1,898.70</td> </tr> </table> | Component Description: | Dehydrator required for pressurization of repack transmission line. | Amount: | \$1,898.70 |
| Component Description: | Dehydrator required for pressurization of repack transmission line. | | | | |
| Amount: | \$1,898.70 | | | | |
| Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed) | 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 | \$20,594.11 | \$15,104.11 | | \$0.00 | |
| Flexible Air Transmission Line - dielectric, 4" | \$16,650.00 | \$11,160.00 | CLE 097 RevA WATC. | N/A | N/A |
| Assessories to hang line | <i>\$3,944.11</i> | \$3,944.11 | CLE 097 RevA WATC | N/A | N/A |
| Sub-total | \$20,594.11 | \$15,104.11 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,629,212.36 | \$880,491.04 | N/A | \$224,341.95 | 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 | \$289,760.00 | \$110,435.00 | | \$0.00 | |
| 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 |
| Sub-total | \$289,760.00 | \$110,435.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,629,212.36 | \$880,491.04 | N/A | \$224,341.95 | 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 |
|--|-----------------------------|--------------------|---------------------------------|---------------|---------------------------|
| Outside Professional Services | \$195,240.00 | \$88,050.00 | | \$0.00 | |
| Transmitter Installation | <i>\$35,000.00</i> | \$35,000.00 | Transmitter installation costs. | N/A | N/A |
| RF Exposure Measurements | \$21,050.00 | \$8,300.00 | 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 |
| NEPA Section 106 environmental review, if needed | \$6,310.00 | \$6,000.00 | If necessary. | 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 | 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 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$6,000.00 | 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 |
| Project management of the transition | \$23,700.00 | \$11,000.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Sub-total | \$195,240.00 | \$88,050.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,629,212.36 | \$880,491.04 | N/A | \$224,341.95 | 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 |
|---|-----------------------------|--------------------|---|-------------------|---------------------------|
| Other Expenses | \$53,550.00 | \$48,600.00 | | \$3,086.66 | |
| Disposal Costs | <i>\$5,000.00</i> | \$5,000.00 | Disposal of existing equipment to make room for repack equipment. | \$3,086.66 | 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 |
| Public Hearing | <i>\$10,000.00</i> | \$10,000.00 | If necessary. | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$7,500.00</i> | \$7,500.00 | If necessary. | 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 |
| Equipment Storage | <i>\$750.00</i> | \$750.00 | 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 |
| 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 | \$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 |
| Sub-total | \$53,550.00 | \$48,600.00 | N/A | \$3,086.66 | N/A |
| Total for all systems | \$1,629,212.36 | \$880,491.04 | N/A | \$224,341.95 | N/A |

Components

| Actual Information | |
|-------------------------------------|--|
| Description | File Name |
| Disposal Costs | <p>Component Description: Site prep for repack.</p> <p>Amount: \$480.00</p> <p>Component Description: This invoice was paid on 8/15/2018. Resubmitted, 9/24/18. Corrected Inv# on 10/4/18.</p> <p>Amount: \$2,606.66</p> |
| Site Coordination Meeting | Information not provided. |
| Public Hearing | Information not provided. |
| MVPD Notification of Channel Change | Information not provided. |

| | |
|--|---------------------------|
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Storage | 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. |
| Local Zoning | Information not provided. |

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$1,629,212.36 | \$880,491.04 | \$224,341.95 |

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 |
|---------------|---|---|----------|
| | <p>Submission of Estimated Expenses Statements</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"> 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.

Scott Wills
*Chief
Operator,
WATC TV*

12/14/2018

| 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.

Scott Wills
*Chief
Operator,
WATC TV*

12/14/2018

Attachments