



(REFERENCE COPY - Not for submission)

# FCC Form 399: Incentive Auction Relocation Reimbursement Fund System

File Number: **0000024803** | FRN: **0018223693** | Facility ID: **13995**  
Repack Channel: **32 (UHF)** | Entity: **Broadcaster** | Filing Status: **Submitted**  
Date Submitted: **02/28/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>RAYCOM MEDIA LICENSEE, LLC</b> Doing Business As: RAYCOM MEDIA LICENSEE, LLC	Robert Folliard 4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504- 9828	rfolliard@graytv. com	Limited Liability Company

## 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
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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	Existing Ch 39 Transmitters, line and side mount antenna will serve as interim Station will install new top mounted antenna and line. Station will install new main and backup transmitters

### Transmitters

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

### Auxiliary Transmitter

#### Add Transmitter Information

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Retune Existing
	Use	Auxiliary (Backup)
	Description of Use	Emergency Backup
	Ownership	Owned
	Owner	
	Site	
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter</b>	Manufacturer	Harris

<b>Manufacturer and Type</b>	Model	UAX
	Year	2012
	Type	Solid state
	IOT Power Type	
	Description	
	Power capacity	
	Solid State Cooling	Air
	Solid State Power Capacity	1.1 kw
	Other Transmitter Type	

#### Retuning Transmitter Costs

#### Auxiliary Transmitter

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	
<b>New Mask Filter</b>	Power	3 kw
	Other Power	
<b>New Exciter</b>	Is a new exciter needed?	No
	Exciter Type	

#### Other Transmitter Costs

#### Auxiliary Transmitter

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	
	Rigid Conduit and Wiring	No
	Size	

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

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	
	Ownership	Owned
	Owner	
	Site	
	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	Sigma
	Year	2003
	Type	Inductive Output Tube
	IOT Power Type	Single
	Description	
	Power capacity	30.2 kw
	Solid State Cooling	
	Solid State Power Capacity	
	Other Transmitter Type	

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Description of Use	
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-50
	Transmitter Type	Solid state
	IOT Power Type	
	Other	
	Power capacity	
	Solid State Cooling	Liquid
	Solid State Power Capacity	30.1 kw
	Other Transmitter Type	
	Justification for New Transmitter	Existing transmitter cannot be returned Manufacturers letter attached Headroom analysis attached

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes

	Power	300 kVA
	Rigid Conduit and Wiring	No
	Size	
	Length	
	Other Electrical Service	No
	Description	
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	
	Size	
	Other Size	
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	
	Is a channel 14 Mask Filer needed?	
	Is additional field engineering time needed?	
	Number of Days	

**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
<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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side-mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	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) .....	715.00 kW

Manufacturer	
Model	ATW25H3- HSWC-39H
Year	2003

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top-mount single
	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) .....	550.00 kW
	Manufacturer	

Model	TFU-27ETT /VP-R C140
Year	2019
Justification for New Antenna	Existing Ch 39 antenna can not be retuned. Reduced ERP to allow for top mounting. E-Pol premium not reimbursable. Top mount premium less expensive than interim antenna.

**Primary Antenna**

**Other Antenna Costs**

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

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

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

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
<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	Rigid
	Diameter	6 1/8 inches
	Segment Length	Broadband
	Other Segment Length	
	Number of parallel runs	1
	Length	1220 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?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Segment Length	20'
	Other Segment Length	
	Number of parallel runs	1
	Length	1300 feet per run
	Justification for New Transmission Line	Existing line will be used as interim, while new line is installed to the new antenna. Existing line is mismatched on Ch-32 Sweep data attached

**Primary  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
<b>Installation Materials</b>	Tarps to cover line in site Pressurization parts
<b>Nitrogen</b>	TX Line pressurization





**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	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?	No
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1039874
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	30° 43' 23.0" N-
	Longitude (NAD83)	089° 05' 28.0" W-
	Overall Structure Height	1319.21 feet
	Support Structure Height	1203.40 feet
	Ground Elevation Above Mean Sea Level (AMSL)	229.98 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	WLOX, LLC
Date Constructed	04/17/2017

**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:	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
Tower Load Study	Structural Analysis

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	300
	Explanation	Pattern analysis Antenna Spec Transmitter Spec Building drawings Installation Supervision Accounting Internal Legal
<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	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	No
Address transition timing and coordination issues w/ other stations and wireless providers	No	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	1
	Justification	System sweep

**Other Professional Services Expenses Not Listed**

**Outside  
Professional  
Services  
Costs**

Information not provided.

**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	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
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	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
Security	Site Security to prevent copper theft



**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter ULXTE-50</b>	<b>\$995,000.00</b>	<b>\$1,038,956.94</b>		<b>\$20,384.25</b>	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$922,000.00	\$967,656.94	Quote and change order attached	\$0.00	N/A
Switchgear - industrial 800 amp	\$37,150.00	\$36,300.00	N/A	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$35,850.00	\$35,000.00	N/A	\$20,384.25	N/A
<b>Auxiliary Transmitter UAX</b>	<b>\$106,445.00</b>	<b>\$11,141.60</b>		<b>\$0.00</b>	
UHF and VHF - minor banding issues	\$102,400.00	\$11,141.60	Quote attached	\$0.00	N/A
3 kW mask filter	\$4,045.00	\$0.00	included in tx quote	N/A	N/A
<b>Sub-total</b>	<b>\$1,101,445.00</b>	<b>\$1,050,098.54</b>	N/A	<b>\$20,384.25</b>	N/A
<b>Total for all systems</b>	<b>\$2,247,234.33</b>	<b>\$2,140,479.53</b>	N/A	<b>\$493,097.24</b>	N/A

**Components**

Actual Information	
Description	File Name

UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<b>Component Description:</b> ULXTE-50-E <b>Amount:</b> \$97,791.30
	<b>Component Description:</b> ULXTE-50-E per quote <b>Amount:</b> \$145,148.54
	<b>Component Description:</b> ULXTE-50-E per quote <b>Amount:</b> \$322,552.31
Switchgear - industrial 800 amp	Information not provided.
Transformer 3 phase/480v - 300 KVA	<b>Component Description:</b> Work completed at McHenry from 1/29/18-4/28/18 <b>Amount:</b> \$20,384.25
UHF and VHF - minor banding issues	<b>Component Description:</b> Channel Change and Proof <b>Amount:</b> \$1,671.24
	<b>Component Description:</b> Channel Change UAX-1000AT <b>Amount:</b> \$1,114.16
3 kW mask filter	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 TFU-27ETT /VP-R C140</b>	<b>\$288,050.00</b>	<b>\$259,992.56</b>		<b>\$240,027.68</b>	
Sweep test of existing antenna	\$6,550.00	\$6,782.06	actual cost	\$0.00	Actual costs exceeded estimates
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$281,500.00	\$253,210.50	Quote Total: 458,684.60 Antenna: 282,385.5 Line: 169,899.1 V-pol premium: 29,175 (not reimbursable and not included in estimated cost above. V-pol billed to station.	\$240,027.68	N/A
<b>Sub-total</b>	<b>\$288,050.00</b>	<b>\$259,992.56</b>	N/A	<b>\$240,027.68</b>	N/A
<b>Total for all systems</b>	<b>\$2,247,234.33</b>	<b>\$2,140,479.53</b>	N/A	<b>\$493,097.24</b>	N/A

**Components**

Actual Information	
Description	File Name

<p>Sweep test of existing antenna</p>	<p><b>Component Description:</b> Engineering services to measure antenna and line plus motel, meals, and mileage  <b>Amount:</b> \$3,347.72</p> <p><b>Component Description:</b> Engineering services  <b>Amount:</b> \$234.34</p> <p><b>Component Description:</b> 25% Due  <b>Amount:</b> \$640.00</p> <p><b>Component Description:</b> 10% due with order  <b>Amount:</b> \$1,600.00</p> <p><b>Component Description:</b> 50% Due  <b>Amount:</b> \$3,200.00</p>
<p>UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized</p>	<p><b>Component Description:</b> 50% Due prior to shipment  <b>Amount:</b> \$141,192.75</p> <p><b>Component Description:</b> 25% due  <b>Amount:</b> \$70,596.38</p> <p><b>Component Description:</b> 10% Due with Order  <b>Amount:</b> \$28,238.55</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>\$256,740.33</b>	<b>\$170,539.43</b>		<b>\$155,691.53</b>	
Rigid Transmission Line - copper, 6 1/8"	\$256,100.00	\$169,899.10	Quote attached	\$155,463.89	N/A
Nitrogen	<i>\$227.64</i>	\$227.64	Documentation attached WLOX Airgas South	\$227.64	N/A
Installation Materials	<i>\$412.69</i>	\$412.69	Documentation attached (WLOX install materials)	N/A	N/A
<b>Sub-total</b>	<b>\$256,740.33</b>	<b>\$170,539.43</b>	N/A	<b>\$155,691.53</b>	N/A
<b>Total for all systems</b>	<b>\$2,247,234.33</b>	<b>\$2,140,479.53</b>	N/A	<b>\$493,097.24</b>	N/A

**Components**

Actual Information	
Description	File Name

Rigid Transmission Line - copper, 6 1/8"	<table> <tr> <td><b>Component Description:</b></td> <td>25% Due</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$42,474.78</td> </tr> <tr> <td><b>Component Description:</b></td> <td>50% Before Shipment</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$84,949.55</td> </tr> <tr> <td><b>Component Description:</b></td> <td>10% Due with Order</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$16,989.91</td> </tr> <tr> <td><b>Component Description:</b></td> <td>Elbow, reducer, and fixed flg</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$11,049.65</td> </tr> </table>	<b>Component Description:</b>	25% Due	<b>Amount:</b>	\$42,474.78	<b>Component Description:</b>	50% Before Shipment	<b>Amount:</b>	\$84,949.55	<b>Component Description:</b>	10% Due with Order	<b>Amount:</b>	\$16,989.91	<b>Component Description:</b>	Elbow, reducer, and fixed flg	<b>Amount:</b>	\$11,049.65
<b>Component Description:</b>	25% Due																
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<b>Component Description:</b>	Elbow, reducer, and fixed flg																
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Nitrogen	<table> <tr> <td><b>Component Description:</b></td> <td>Nitrogen</td> </tr> <tr> <td><b>Amount:</b></td> <td>\$227.64</td> </tr> </table>	<b>Component Description:</b>	Nitrogen	<b>Amount:</b>	\$227.64												
<b>Component Description:</b>	Nitrogen																
<b>Amount:</b>	\$227.64																
Installation Materials	Information not provided.																

**Cost Information**

**Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower GTOWER</b>	<b>\$395,100.00</b>	<b>\$366,500.00</b>		<b>\$57,150.00</b>	
Tall Tower (greater than 500')	\$205,000.00	\$200,000.00	N/A	\$18,750.00	Actual costs exceeded estimates
Minor tower reinforcement /modifications	\$153,500.00	\$150,000.00	N/A	\$21,900.00	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$25,600.00	\$5,500.00	N/A	\$5,500.00	Previously submitted component to be denied
Tower Load Study	<i>\$11,000.00</i>	\$11,000.00	N/A	\$11,000.00	N/A
<b>Sub-total</b>	<b>\$395,100.00</b>	<b>\$366,500.00</b>	<b>N/A</b>	<b>\$57,150.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,247,234.33</b>	<b>\$2,140,479.53</b>	<b>N/A</b>	<b>\$493,097.24</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name

Tall Tower (greater than 500')	<b>Component Description:</b> Down Payment <b>Amount:</b> \$65,000.00
	<b>Component Description:</b> Clearance of 100ft of the tag line path that leads to the transmitter tower <b>Amount:</b> \$2,400.00
	<b>Component Description:</b> Final Invoice and balance of contract <b>Amount:</b> \$149,000.00
	<b>Component Description:</b> Drill and pour pilings for ice bridge <b>Amount:</b> \$18,750.00
Minor tower reinforcement /modifications	<b>Component Description:</b> 50% Down Payment <b>Amount:</b> \$21,900.00
	<b>Component Description:</b> 50% upon completion <b>Amount:</b> \$21,900.00
	<b>Component Description:</b> Tower Modification <b>Amount:</b> \$21,900.00



<p>Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study</p>	<p><b>Component Description:</b> Tower Service - Mapping of WLOX Facility ID # 13995</p> <p><b>Amount:</b> \$5,500.00</p> <p><b>Component Description:</b> Tower Mapping for WLOX's portion of the invoice</p> <p><b>Amount:</b> \$5,500.00</p>
<p>Tower Load Study</p>	<p><b>Component Description:</b> Structural analysis and report for WLOX-TV 1202' Stainless Steel G&amp; Guyed Tower</p> <p><b>Amount:</b> \$11,000.00</p>

**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>\$153,800.00</b>	<b>\$250,050.00</b>		<b>\$12,864.78</b>	
Project management of the transition	\$46,200.00	\$144,675.00	Widely Strategic Support Quote	\$12,745.15	N/A
Additional Field Engineering Service, 1 Days	<i>\$6,500.00</i>	\$6,500.00	system sweep	\$0.00	N/A
Comprehensive coverage verification via field study, if needed	\$81,900.00	\$80,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,305.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,120.00	\$5,000.00	N/A	\$119.63	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,535.00	\$1,500.00	N/A	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,170.00	\$7,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,070.00	\$3,125.00	Invoice 240805 Invoice 240178 Invoice 240645	\$0.00	Costs were more than estimates
<b>Sub-total</b>	\$153,800.00	\$250,050.00	N/A	\$12,864.78	N/A
<b>Total for all systems</b>	\$2,247,234.33	\$2,140,479.53	N/A	\$493,097.24	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<b>Component Description:</b> Project Management
	<b>Amount:</b> \$3,675.35
	<b>Component Description:</b> Project management
	<b>Amount:</b> \$2,942.75
	<b>Component Description:</b> Project Management
	<b>Amount:</b> \$2,864.60
	<b>Component Description:</b> Project Management
	<b>Amount:</b> \$3,262.45

Additional Field Engineering Service, 1 Days	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 - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Call with FCC staff regarding phase waiver request for WLOX. Repack.</p> <p><b>Amount:</b> \$119.63</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.

Prepare engineering section  
of FCC Form 2100 (main),  
Construction Permit  
Application

**Component Description:**

Engineering study  
work for new  
channel  
assignment and  
antenna  
development

**Amount:**

\$1,250.00

**Component Description:**

Engineering study  
work for new  
channel  
assignment and  
antenna  
development.  
Preparation of the  
engineering  
section of FCC  
Form 2100.

**Amount:**

\$1,750.00

**Component Description:**

Engineering study  
work for new  
channel  
assignment and  
antenna  
development

**Amount:**

\$125.00

**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
<b>Other Expenses</b>	<b>\$52,099.00</b>	<b>\$43,299.00</b>		<b>\$6,979.00</b>	
Security	<i>\$4,529.00</i>	\$4,529.00	Site specific detail attached (Swetment Security Service)	\$4,529.00	N/A
MVPD Notification of Channel Change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,850.00</i>	\$2,850.00	estimate for on air rescan announcement production Quote attached	N/A	N/A
Equipment Storage	<i>\$30,500.00</i>	\$30,500.00	Estimate for Dielectric on site antenna storage Dielectric letter attached	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,970.00</i>	\$2,970.00	On site forklift rental estimate Representative quote attached	N/A	N/A
DTV Medical Facility Notification	\$11,250.00	\$2,450.00	Group quote attached	\$2,450.00	N/A
<b>Sub-total</b>	<b>\$52,099.00</b>	<b>\$43,299.00</b>	N/A	<b>\$6,979.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,247,234.33</b>	<b>\$2,140,479.53</b>	N/A	<b>\$493,097.24</b>	N/A

## Components

Actual Information Description	File Name
Security	<p><b>Component Description:</b> Security Guard Services</p> <p><b>Amount:</b> \$4,529.00</p>
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.
DTV Medical Facility Notification	<p><b>Component Description:</b> Medical Notification</p> <p><b>Amount:</b> \$2,450.00</p>

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$2,247,234.33	\$2,140,479.53	\$493,097.24

Construction Status	Question	Response
		Is construction complete?



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.

**Robert  
Folliard**  
*Assistant  
Secretary*

02/28/2019

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material.</li>   <li>2. 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>	

- 3.** 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).
- 4.** 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.
- 5.** The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.
- 6.** The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 7.** 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.

**Robert  
Folliard**  
*Assistant  
Secretary*

02/28/2019

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## Attachments