



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **63840** | Service: **DTV** | Call **WSVN** | Channel: **9 (High VHF)** |
ID:
File **0000026383**
Number:
FRN: **0001800168** | Date **02/26**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|-------------------|------------------|----------------|
| SUNBEAM TELEVISION CORPORATION Doing Business As: SUNBEAM TELEVISION CORPORATION | ROBERT LEIDER 1401 79TH STREET CAUSEWAY MIAMI, FL 33141 United States | +1 (305) 751-6692 | RLEIDER@WSVN.COM | Corporation |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

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

Broadcaster Information and Transition Plan

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|---|-------------------------|
| Will the station be sharing equipment with another broadcast television station or stations (e. g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | Yes |
| Briefly describe transition plan | We share the same tower |

Transmitters

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

**Auxiliary
Transmitter**

Add Transmitter Information

| Section | Question | Response |
|---|--|-----------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Auxiliary (Base) |
| | Description of Use | Aux Unit |
| | 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 | Platinum PTCD40P41 |
| | Year | 1999 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 10 kW |

Auxiliary
Transmitter

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|------------------------------------|
| New Transmitter | Use | Auxiliary (Ba |
| | Change Type | Purchase Ne |
| | Is this a request for upgraded equipment? | Yes |
| | Manufacturer | |
| | Model | VAXTE-16R |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 8 kW |
| | Justification for New Transmitter | Current transmitter is channel spe |

Auxiliary
Transmitter

Other Transmitter Costs

| Section | Question | Response |
|--------------------|--|--------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | Yes |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | Yes |
| | Size | 3 inches |
| | Length | 20.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Cooling Only |
| | | |

| | | |
|--|---|---------|
| | Size | 30 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 |

Auxiliary Transmitter

Other Transmitter Cost Not Listed

Information not provided.

**Primary
Transmitter**

Existing Transmitter Information

| Section | Question | Response |
|---|--|-----------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | |
| | Model | Platinum PTCD40P4I |
| | Year | 2008 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 16 kW |

Primary
Transmitter

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|---|
| New Transmitter | Use | Primary (Ma |
| | Change Type | Purchase Ne |
| | Is this a request for upgraded equipment? | Yes |
| | Manufacturer | |
| | Model | VAXTE-16R |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 16 kW |
| | Justification for New Transmitter | Current transmitter o made for ch 7, cannot ret |

Primary
Transmitter

Other Transmitter Costs

| Section | Question | Response |
|--------------------|--|--------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | Yes |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | Yes |
| | Size | 3 inches |
| | Length | 20.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Cooling Only |

| | | |
|--|---|---------|
| | Size | 30 tons |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

**Primary
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

Antennas

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

Primary
Antenna

Existing Antenna Information

| Section | Question | Response |
|---|--|-----------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | Yes |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Elliptical |
| | 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) | 158.0 kW |
| | Manufacturer | |
| | | |

| | |
|-------|--------------------|
| Model | THV-10A7/V P210 |
| Year | 2009 |

Primary Antenna

New Antenna Costs

| Section | Question | Response |
|---------------------------------------|--|-----------------------|
| New Antenna Description | Use | Primary (Ma |
| | Description of Use | N/A |
| | Change Type | Purchase Ne |
| | 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? | Yes |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Elliptical |
| | Type | Slotted Coax |
| | 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) | 158.0 kW |
| | Manufacturer | |
| | Model | THV-10A9/V P200 D9 |
| | Year | 2017 |

| | | |
|--|-------------------------------|--|
| | Justification for New Antenna | Old Antenna made for 7 c Our new ant paperwork s the antenna circularly or elliptically polarized, ar the antenna model numb does have th VP in it. |
|--|-------------------------------|--|

**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 Chan |
| | Feed Line Size | 4 1/16 inch es |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | Yes |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Interim
Antenna**

New Antenna Costs

| Section | Question | Response |
|--|--|--------------------|
| New Antenna Description | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | 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? | Yes |
| New Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Middle |
| | Polarization | Horizontal |
| | Type | Slotted Coax |
| | 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) | 11.7 kW |
| | Manufacturer | |
| | Model | TLS-V4BB |
| | Year | 2017 |
| | Justification for New Antenna | current can't do 7 |

**Interim
Antenna**

Other Antenna Costs

| Section | Question | Response |
|--------------------------|---|--------------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | S |
| | Feed Line Size | 3 1/8 inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for an 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 |

**Interim
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Transmission
Line**

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

**Primary
Transmission
Line**

Existing Transmission Line

| Section | Question | Response |
|--|--|--------------|
| Existing Transmission Line Description | Type of change | Purchase Ne |
| | Use | Primary (Ma |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Rigid |
| | Diameter | 4 1/16 inch |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1065 feet pe |

Primary
Transmission
Line

New Transmission Line

| Section | Question | Response |
|-----------------------------|---|------------------------|
| New Transmission Line Costs | Use | Primary (Ma |
| | Description of Use | N/A |
| | Change Type | Purchase Ne |
| | Is this a request for upgraded equipment? | Yes |
| | Type | Rigid |
| | Diameter | 4 1/16 inche |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1065 feet pe |
| | Justification for New Transmission Line | Old line was channel 7 |

Primary
Transmission
Line

Other Transmission Line Expenses Not Listed

Information not provided.

| | | | |
|--|--|---|-----------------|
| Interim Transmission Line | New Transmission Line | | |
| | Section | Question | Response |
| | New Transmission Line Costs | Use | Interim |
| | | Description of Use | N/A |
| | | Change Type | Purchase Ne |
| | | Type | Rigid |
| | | Diameter | 3 1/8 inches |
| | | Segment Length | 20' |
| | | Other Segment Length | |
| | | Number of parallel runs | 2 |
| | | Length | 800 feet per |
| | | Justification for New Transmission Line | Old line was |
| | | | |

| | |
|--|--|
| Interim Transmission Line | Other Transmission Line Expenses Not Listed |
| | Information not provided. |

**Tower
Equipment
And Rigging
Costs**

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

**Primary
Tower**

Existing Tower

| Section | Question | Response |
|---|---|--|
| Existing Tower Description | Type of change | Modify Exist |
| | Tower Use | Primary (Ma |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Is this tower consider Complex? | Candelabra |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | No |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | Yes |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1262187 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 25° 58' 01.0' |
| | Longitude (NAD83) | 080° 12' 42.0' |
| | Overall Structure Height | 1041.98 feet |
| | Support Structure Height | 952.09 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 6.89 feet |
| | Structure Type | TOWER - Fr Standing or Guyed Struc |
| | Tower Owner | Miami Towe |
| | | |

| | | |
|--|------------------|------------|
| | Date Constructed | 08/22/2009 |
|--|------------------|------------|

**FM, AM or TV radio broadcasters.
Facility ID's, Call Signs and
Services of other broadcast
stations with whom the tower is
shared**

| Facility ID | Call Sign | Service |
|-------------|-----------|---------|
| 53113 | WPLG | DTV |

**Primary
Tower**

Tower Modification Costs

| Section | Question | Response |
|----------------------|--|------------------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | Study needed tower with candelabra |
| Tower Reinforcements | Please select whether tower reinforcements are needed: | No reinforcement needed |

**Primary
Tower**

Tower Rigging Costs

| Section | Question | Response |
|------------------------------|-----------------------------------|------------|
| Tower Rigging Costs | Complex Tower | Candelabra |
| Helicopter Services Required | Are helicopter services required? | No |

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional
Services
Costs**

| Section | Question | Response |
|---|--|----------|
| Outside Project Management Services | Do you require outside project management services? | No |
| | Number of Hours | N/A |
| | Explanation | N/A |
| 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 | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | No |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

| Name | | Description |
|--------------|--|---|
| Herman Hurst | | Consulting Engineer for construction permit |

Other Expenses

| Section | Question | Response |
|------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | Yes |
| | FCC License to Cover Application | Yes |
| | FCC Special Temporary Authority Application | No |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | Yes |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | No |
| | Does this relocation require Equipment Storage? | No |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

Other Expenses

Other Expenses Not Listed

| Name | Description |
|------------|-------------------------------------|
| EIA Length | T/L 4-50 EIA Length 10 to 15' Fixed |

| | |
|------------------------------|---|
| Elbow 4-50 Digit Main | Elbow 4-50 Digit 7x14 |
| Taxes | Taxes, with Matching Documentation |
| Freight | Freight costs, which I am told need no match quote. |
| Support Pole | Ch 9 antenna is 30 feet shorter then Ch 7 Antenna and we need to maintain the same height as Ch 7 antenna. Therefore we have to construct a 30' base pole for ch 9 antenna. |

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 |
|---|--------------------------------|-------------------|-------------------------------|
| Primary Transmitter VAXTE-16R44 | \$380,807.99 | \$380,047.99 | |
| Service entrance 3 phase/800 amp/208 volt | \$14,400.00 | \$13,700.00 | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$1,040.00 | \$980.00 | N/A |
| Other -- HVAC Service Type: C Size:30 (Other) | \$33,500.00 | \$33,500.00 | One HVAC needs to be replaced |
| High VHF - Air Cooled Solid State Transmitter 16 kW | \$331,867.99 | \$331,867.99 | N/A |
| Auxiliary Transmitter VAXTE-16R44 | \$346,940.00 | \$290,473.87 | |

| | | | |
|--|----------------|----------------|--|
| High VHF - Air Cooled Solid State Transmitter 6.5 . 12.5 kW | \$331,500.00 | \$275,793.87 | Quote includes Freight, but not taxes (which we will do separately). Freight will be included in "Other" area. Quote in file "GatesAir_Invoice_TE10004389_Quote_GA-00022212_Fixed" |
| Service entrance 3 phase/800 amp/208 volt | \$14,400.00 | \$13,700.00 | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$1,040.00 | \$980.00 | N/A |
| Other -- HVAC Service Type: C Size:30 (Other) | \$0.00 | \$0.00 | N/A |
| Sub-total | \$727,747.99 | \$670,521.86 | N/A |
| Total for all systems | \$2,200,871.83 | \$1,721,642.60 | N/A |

Components

| Actual Information Description | File Name |
|---|---------------------------|
| Service entrance 3 phase/800 amp /208 volt | Information not provided. |
| 3" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |
| Other -- HVAC Service Type: C Size:30 (Other) | Information not provided. |

| | | |
|---|-------------------------------|--|
| High VHF - Air Cooled Solid State Transmitter 16 kW | Component Description: | Main Transmitter, 2n |
| | Amount: | Deposit \$104,361.00 |
| | Component Description: | Main Transmitter, 1s |
| | Amount: | Deposit \$102,277.67 |
| | Component Description: | Main Transmitter Site Survey, quote is file "Gates Air Site Surve |
| | Amount: | Quote" \$17,770.00 |
| High VHF - Air Cooled Solid State Transmitter 6.5 . 12.5 kW | Component Description: | Additional Parts for |
| | Amount: | Aux Transmitter. \$2,231.55 |
| | Component Description: | Aux Transmitter, 1/3 |
| | Amount: | down payment. Note fixed Quote and fixe Invoice to correct Gates' rounding issues. Quote re-fixe with correct Faculty I \$89,864.62 |
| Service entrance 3 phase/800 amp /208 volt | Information not provided. | |
| 3" Rigid Conduit and Wiring (Cost per foot) | Information not provided. | |
| Other -- HVAC Service Type: C Size:30 (Other) | 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 Justifi |
|--|--------------------------------|---------------------|---------------------------------|--------------------|--|
| Interim Antenna TLS-V4BB | \$74,040.00 | \$58,936.32 | | \$58,032.00 | |
| High VHF - High Power Side Mount One Station horizontally polarized | <i>\$36,560.00</i> | \$36,560.00 | Freight not included | \$36,560.00 | Frei costs inclu (lines invoi Tax also dor separ |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$6,400.00 | Sweep |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | \$7,600.00 | \$7,445.44 | See attached quote | \$7,024.00 | N/ |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$8,530.88 | N/A | \$8,048.00 | N/ |
| Primary Antenna THV-10A9 /VP P200 D9 | \$432,950.00 | \$367,784.80 | | \$6,834.00 | |

| | | | | | |
|--|----------------|----------------|--|--------------|--|
| High-VHF, One station antenna -- top mount, elliptically or circularly polarized | \$393,500.00 | \$330,792.80 | Tax, freight not included. They will be done in Other costs. Note, matching quote is file: "Main_Antenna_- _44893_Confirmation" which also includes other items including Elbow Complex and Transmission wire that are invoices elsewhere. | \$0.00 | See n attac fil |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$6,834.00 | Pri inclu Tax, direct the Fl Depart of Rev |
| Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed) | \$9,570.00 | \$8,592.00 | Cost for Elbow complex, invoice line 2 | \$0.00 | Se attac note, € compl for li |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$22,000.00 | N/A | N/A | N/ |
| Sub-total | \$506,990.00 | \$426,721.12 | N/A | \$64,866.00 | N/ |
| Total for all systems | \$2,200,871.83 | \$1,721,642.60 | N/A | \$699,070.39 | N/ |

Components

| Actual Information Description | File Name | |
|--|---|---|
| High VHF - High Power Side Mount One Station horizontally polarized | Component Description: Amount: | Freight not included. Tax will be done separately \$36,560.00 |
| Sweep test of existing antenna | Component Description: Amount: | Sweep Test \$6,400.00 |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | Component Description: Amount: | Line 3 of invoice. Tax will be done separately \$7,024.00 |
| Side mount brackets for high power antennas (if not included in antenna base cost) | Component Description: Amount: | Line 2 of invoice. Tax will be done separately \$8,048.00 |
| High-VHF, One station antenna -- top mount, elliptically or circularly polarized | Component Description: Amount: | Items received, but Freight charges in invoice have no matching line in the quote. See note in attached file. Amount here is for Antenna only, not including elbow complex or Fright or Elbow 4-50. \$330,792.80 |
| Sweep test of existing antenna | Component Description: Amount: | Price includes Tax, paid directly to the Florida Department of Revenue \$6,834.00 |

| | | |
|--|---|--|
| Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed) | Component Description: Amount: | See attached note. Price for Elbow is Invoice line 2 \$8,592.00 |
| Side mount brackets for high power antennas (if not included in antenna base cost) | 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 Justification |
|---|--------------------------------|-------------------|---|--------------|---|
| Interim Transmission Line | \$166,400.00 | \$78,598.58 | | \$0.00 | |
| Rigid Transmission Line - copper, 3 1/8" | \$166,400.00 | \$78,598.58 | N/A | N/A | N/A |
| Primary Transmission Line | \$151,230.00 | \$118,211.20 | | \$0.00 | |
| Rigid Transmission Line - copper, 4 1/16" | \$151,230.00 | \$118,211.20 | See file "Dielectric 44893 Transmission Line Item 5" (on line 5) | \$0.00 | 87005 bec move Oth /Frei alrea |
| Sub-total | \$317,630.00 | \$196,809.78 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,200,871.83 | \$1,721,642.60 | N/A | \$699,070.39 | N/A |

Components

| Actual Information Description | File Name |
|---|---------------------------|
| Rigid Transmission Line - copper, 3 1/8" | Information not provided. |

Rigid Transmission Line - copper,
4 1/16"

Component Description:

Freight and taxes to be included in "other" costs. Cost for transmission line is line 1. Note, invoice total is correct (I am ignoring the sales scribble).

Amount:

\$111,520.00

Component Description:

Transmission Line and 1 day of Engineer (line 1 and 5). Freight to be done in "Other" expenses area. Matches quote 44893 (not all of quote 4489 is in this invoice). Tax will be submitted separately, please ignore hand tax notes

Amount:

\$9,712.00

Component Description:

Freight for Transmission Line, moved to Other expenses, but I don't see a way to remove this line.

Amount:

N/A

Component Description:

Freight for Transmission Line, moved to Other expenses, freight. Can kill the line.

Amount:

N/A

Component Description:

Freight for Transmission Line, working on getting a matching quote.

Amount:

\$1,612.55

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 Justification |
|--|--------------------------------|-------------------|--|--------------|-------------------------|
| Primary Tower TOWER | \$441,000.00 | \$214,286.00 | | \$195,286.00 | |
| Structural engineering tower load study for a documented tower with candelabra | \$20,000.00 | \$16,936.00 | Uploaded FDH Velocitel Stainless Structural Analysis Quote | \$16,936.00 | N/A |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00 | \$197,350.00 | N/A | \$178,350.00 | N/A |
| Sub-total | \$441,000.00 | \$214,286.00 | N/A | \$195,286.00 | N/A |
| Total for all systems | \$2,200,871.83 | \$1,721,642.60 | N/A | \$699,070.39 | N/A |

Components

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

| | | |
|---|-------------------------------|---|
| Structural engineering tower load study for a documented tower with candelabra | | |
| | Component Description: | Tower Study & Structural Analysis (see file FDH Velocity Stainless Structural Analysis.pdf) |
| | Amount: | \$8,468.00 |
| | | |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | Component Description: | Structural Analysis - see quote "FDH Velocity Stainless Structural Analysis.p |
| | Amount: | \$8,468.00 |
| | | |
| | | |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | Component Description: | Tower Removal |
| | Amount: | \$30,000.00 |
| | | |
| | Component Description: | Tower Install |
| | Amount: | \$70,000.00 |
| | | |
| | Component Description: | Tower Install |
| | Amount: | \$78,350.00 |

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 Justification |
|--|--------------------------------|-------------------|---|-------------|--------------------------|
| Outside Professional Services | \$26,850.00 | \$33,250.00 | | \$6,082.00 | |
| Herman Hurst | <i>\$4,500.00</i> | \$4,500.00 | Consulting Engineer | 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 | \$5,055.00 | Revised Invoice Uploaded |
| Prepare and or review reimbursement form | \$2,630.00 | \$10,000.00 | Legal bills are higher than estimation. | \$1,027.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | 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/ |
| Sub-total | \$26,850.00 | \$33,250.00 | N/A | \$6,082.00 | N/ |
| Total for all systems | \$2,200,871.83 | \$1,721,642.60 | N/A | \$699,070.39 | N/ |

Components

| Actual Information Description | File Name |
|--|--|
| Herman Hurst | 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 | Component Description: Permit Application Amount: \$5,055.00 |
| Prepare and or review reimbursement form | Component Description: Legal Fees Amount: \$520.00 Component Description: Legal Fees Amount: \$118.00 Component Description: Legal Fees Amount: \$7,872.16 Component Description: Legal Fees Amount: \$507.00 |
| Perform engineering study for new channel assignment and antenna development | Information not provided. |

| | |
|--|---------------------------|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | 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 Justification |
|--|-----------------------------|---------------------|---|---------------------|----------------------|
| Other Expenses | \$180,653.84 | \$180,053.84 | | \$116,331.55 | |
| Taxes | <i>\$21,179.13</i> | \$21,179.13 | Was told to put all taxes in one line in other costs. Taxes here are from Invoices: 25015 | \$0.00 | Taxes Invoice 250 |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | \$5,450.00 | N/A |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |
| EIA Length | <i>\$3,510.72</i> | \$3,510.72 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$3,500.00</i> | \$3,500.00 | N/A | N/A | N/A |

| | | | | | |
|------------------------------|-----------------------|-----------------------|---|---------------------|---|
| Elbow 4-50 Digit Main | \$4,656.00 | \$4,656.00 | See info in file Dielectric Invoice 25015 Revised. This is invoiced lines 3 & 4 | \$0.00 | See no file, the invoice lines : |
| Support Pole | \$110,090.00 | \$110,090.00 | ch 7 antenna is 30 feet taller than new ch 9 antenna. New support pole is needed to maintain FCC height requirement. Taxes to be done separately. | \$110,090.00 | Taxes done separately |
| Freight | \$9,722.99 | \$9,722.99 | Was told to put all freight costs in one line in other costs. Freight costs in invoices: Dielectric 25015, 14001, 123003, 87005, 104011 | \$791.55 | Freight costs in invoice Dielectric 25015, 14001, 123003, 87005, 104011 |
| Sub-total | \$180,653.84 | \$180,053.84 | N/A | \$116,331.55 | N/A |
| Total for all systems | \$2,200,871.83 | \$1,721,642.60 | N/A | \$699,070.39 | N/A |

Components

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

| | |
|--|--|
| Taxes | <p>Component Description: Taxes for Invoice 25015. We will put together something from Accounting to show where we paid this amount. Please deny this component</p> <p>Amount: N/A</p> |
| DTV Medical Facility Notification | <p>Component Description: RF Notifications Mailing Complete</p> <p>Amount: \$1,200.00</p> <p>Component Description: RF Medical Notifications</p> <p>Amount: \$4,250.00</p> |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |
| EIA Length | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| MVPD Notification of Channel Change | Information not provided. |
| Elbow 4-50 Digit Main | <p>Component Description: See attached note. Invoice lines 3 & 4.</p> <p>Amount: \$4,656.00</p> |

| | | |
|--------------|-------------------------------|------------------------|
| Support Pole | | |
| | Component Description: | Price does not includ |
| | | tax, which will be dor |
| | | in Other page |
| | Amount: | \$55,045.00 |
| | | |
| | Component Description: | Deposit |
| | Amount: | \$55,045.00 |

| | | |
|---------|-------------------------------|---|
| Freight | Component Description: | Freight for items received. Was told there does not need to be a matching quote. |
| | Amount: | \$1,567.73 |
| | Component Description: | Freight for transmission line received. Was told there does not need to be a matching quote. |
| | Amount: | \$1,612.55 |
| | Component Description: | Freight for items received (line 4 of the invoice). I was told by FCC support that freight costs do not need matching quote |
| | Amount: | \$791.55 |
| | Component Description: | Line 5 on this invoice Was told there needs to be no matching quote. |
| | Amount: | \$5,688.65 |
| | Component Description: | Freight for items received. Was told there does not need to be a matching quote. |
| | Amount: | \$62.51 |

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|--------------|
| Total for all systems | \$2,200,871.83 | \$1,721,642.60 | \$699,070.39 |

Reimbursement Status

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

Certification

| Section | Question | Response |
|--|--|----------|
| Submission of Estimated Expenses Statements | 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. | |
| | <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). | |

| | |
|--|---|
| <p>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.</p> <p>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.</p> <p>7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Moreau Du <i>Director of Engineering</i></p> <p>02/26/2019</p> |

Certification

| Section | Question | Response |
|---|---|----------|
| Submission of Actual Cost Documentation Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312 (a)(1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND /OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733). | |
| | <ol style="list-style-type: none">1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV /TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information/documents submitted reflect costs actually incurred.
8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

| | |
|--|--|
| <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Moreau Duç <i>Director of Engineering</i> 02/26/2019</p> |

Attachments