



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **18819** | Service: **DTV** | Call **WLAE-TV** | Channel: **23 (UHF)** |  
ID:  
File **0000027988** | Sign:  
Number:  
FRN: **0001718832** | Date **02/13**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>EDUCATIONAL BROADCASTING FOUNDATION, INC.</b>	3900 Howard Ave. New Orleans, LA 70125 United States	+1 (504) 234-8989	dave@wlae. com	Not-for- Profit

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Charles L. Spencer</b> <i>Attorney</i> <i>Hebert, Spencer &amp; Fry, L.</i> <i>L.P.</i>	701 Laurel Street Baton Rouge, LA 70802 United States	+1 (225) 344- 2601	CLSAtty@gmail. com

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	WLAE-TV will transition from DT Channel 31 to DT Channel 23 as part of Transition Phase 7 with a Testing Period Start Date of 10/19/2019 and a Phase Completion Date of 1/17/2020. Testing will be coordinated with linked Station KNOV-CD (FIN 64048).

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	HU15000AD
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	15 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	CTX718
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	15.0 kW
	Justification for New Transmitter	The existing transmitter output mask filter is channel specific and must be replaced to accommodate the new repack channel (see attachments pertaining to mask filter).

**Primary  
Transmitter**

**Other Transmitter Costs**

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

	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Upgrade the existing 400 amp service to a 600 amp service and add a 400 amp switch fused at 225 amps to power the new transmitter. The quote includes rigid conduit and wiring.
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary  
Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Electrical installation for HVAC</b>	HVAC needs electrical installation for unit to operate.
<b>Equipment and Labor for moving transmitter</b>	The transmitter vendor requires that we provide personnel and equipment to help move the transmitter rack as well as heat exchanger and mask filter from the delivery truck into our transmitter facility.
<b>Heat Exchanger Platform</b>	A platform must be built to accommodate the transmitter's heat exchanger which will be located on the outside of the transmitter building.
<b>Storage and Delivery</b>	Heavy lift equipment rental.

**Antennas**

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

## Primary Antenna

### Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	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) .....	200.0 kW



Manufacturer	
Model	TLP-16M
Year	2005

## 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?	Yes
	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) .....	168.0 kW
	Manufacturer	
	Model	ATC- BCE12C2-23

Year	2018
Justification for New Antenna	The present antenna will be lowered on tower to accommodate space for new antenna. Station wishes to operate at full licensed power on Ch. 31 while new re-pack antenna is mounted on tower. See attachment for WLAE repack plan.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches

<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

## Primary Antenna

### Other Antenna Cost Not Listed

Name	Description
<b>Storage</b>	Storage for antenna before delivery to site for tower crew to mount on tower.
<b>Off load main antenna</b>	Bobcat rental with forklift handles to off load main antenna from flatbed truck.
<b>Shipping and Handling</b>	Manufacturer delivery.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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?	No
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	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	Cavity Slot Antenna
	ERP: (Effective Radiated Power) .....	200.0 kW
	Manufacturer	
	Model	ATC- BCSH16S1- U

Year	2018
Justification for New Antenna	WLAE-TV prefers to continue broadcasting on our present channel without going dark during the transitional period to the new assigned frequency mandated by the FCC.

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

## Interim Antenna

### Other Antenna Cost Not Listed

Name	Description
Shipping and Handling	Cost to ship antenna to broadcast tower site.

<b>Wide Band Adapter</b>	3-1/8" to 4-1/16" wide band adapter.
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**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	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	950 feet per run

Primary  
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	950 feet per run

Justification for New Transmission Line	WLAE-TV wishes to continue broadcasting at full licensed power on our present channel using the existing transmission line while new transmission line is installed for new channel assignment. See attachment for WLAE repack plan.
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Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Storage	Storage for transmission line essential for protection against theft.

**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)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1000007
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	29° 58' 58.0" N-
	Longitude (NAD83)	089° 57' 09.0" W-
	Overall Structure Height	1049.86 feet
	Support Structure Height	1049.86 feet
	Ground Elevation Above Mean Sea Level (AMSL)	0.00 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	BAYOU BIENVENUE TOWER
Date Constructed	05/01/1984

**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
52435	WWL-FM	FM
54890	WRNO-FM	FM
58394	WNOE-FM	FM

## 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:	Major Reinforcements needed

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A

<b>Helicopter Services Required</b>	Are helicopter services required?	No
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**Primary  
Tower**

**Other Tower Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Structural Analysis</b>	A structural analysis is needed for the conditions used to add the new repack antenna and transmission line. See WLAE-TV repack plan in attachments.
<b>Tower Rigging</b>	Tower rigging is needed to reinforce and modify existing G-7 guy wired tower structure. .

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	500
	Explanation	WLAE-TV will need outside assistance and project management due to insufficient staffing levels to support a major project.
<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	Yes
	Quantity	2
	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	Yes
	Quantity	2
	NEPA Section 106 environmental review	No
	Environmental Assessment	Yes
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	22



	Justification	We do not have comprehensive internal resources. Consulting RF engineers are needed to meet the analytical, coordination, and FCC compliance needs of the station.
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Services 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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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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 CTX718	\$766,900.00	\$600,525.00		\$498,625.00	
Heat Exchanger Platform	<i>\$2,150.00</i>	\$2,150.00	N/A	N/A	N/A
Other Electrical Service: Upgrade the existing 400 amp service to a 600 amp service and add a 400 amp switch fused at 225 amps to power the new transmitter. The quote includes rigid conduit and wiring.	<i>\$51,100.00</i>	\$51,100.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$19,250.00	N/A	N/A	N/A

UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$518,625.00	N/A	\$498,625.00	N/A
Storage and Delivery	<b>\$1,900.00</b>	\$1,900.00	N/A	N/A	N/A
Equipment and Labor for moving transmitter	<b>\$2,500.00</b>	\$2,500.00	N/A	N/A	N/A
Electrical installation for HVAC	<b>\$5,000.00</b>	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$766,900.00	\$600,525.00	N/A	\$498,625.00	N/A
<b>Total for all systems</b>	\$2,481,437.85	\$1,445,860.65	N/A	\$812,509.25	N/A

## Components

Actual Information	
Description	File Name
Heat Exchanger Platform	Information not provided.
Other Electrical Service: Upgrade the existing 400 amp service to a 600 amp service and add a 400 amp switch fused at 225 amps to power the new transmitter. The quote includes rigid conduit and wiring.	Information not provided.
5 Ton system	Information not provided.

UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	<div> <div> <b>Component Description:</b> </div> <div> 2nd payment on  15kw transmitter is  due now so I'm  requesting  reimbursement for  this cost as shown  in the invoice,  \$317106.25. </div> </div> <div> <b>Amount:</b> </div> <div> \$317,106.25 </div> <div> <b>Component Description:</b> </div> <div> First payment for  35% down on  15kW transmitter is  due now so I am  requesting  reimbursement for  35% of this cost as  shown in the  invoice. </div> <div> <b>Amount:</b> </div> <div> \$181,518.75 </div>
Storage and Delivery	Information not provided.
Equipment and Labor for moving transmitter	Information not provided.
Electrical installation for HVAC	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
Interim Antenna ATC-BCSH16S1-U	\$210,055.00	\$62,175.00		\$57,675.00	
Wide Band Adapter	<i>\$1,800.00</i>	\$1,800.00	N/A	\$1,800.00	N/A
Shipping and Handling	<i>\$1,075.00</i>	\$1,075.00	N/A	\$1,075.00	N/A
Elbow complex, broadband, at antenna input, per 4 1/16. feedline (if needed)	\$10,950.00	\$6,800.00	N/A	\$6,800.00	N/A
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$48,000.00	N/A	\$48,000.00	N/A
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	N/A	N/A

<b>Primary Antenna ATC-BCE12C2-23</b>	<b>\$358,745.00</b>	<b>\$98,985.00</b>		<b>\$58,735.00</b>	
Shipping and Handling	<b>\$3,850.00</b>	\$3,850.00	N/A	\$3,850.00	N/A
Off load main antenna	<b>\$385.00</b>	\$385.00	N/A	\$385.00	N/A
Storage	<b>\$500.00</b>	\$500.00	N/A	\$500.00	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	\$5,000.00	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$4,750.00	N/A	\$4,750.00	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$4,000.00	N/A	\$4,000.00	N/A



UHF - Lower Power Side Mount, One Station antenna . medium power (50- 200 kW), elliptically or circularly polarized	\$103,100.00	\$38,000.00	N/A	\$19,000.00	N/A
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	\$2,250.00	N/A
UHF - Lower Power Side Mount, One Station antenna . medium power (50- 200 kW), elliptically or circularly polarized	\$103,100.00	\$19,000.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$19,000.00	N/A

UHF - Lower Power Side Mount, One Station antenna . medium power (50- 200 kW), elliptically or circularly polarized	\$103,100.00	\$19,000.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$0.00	N/A
<b>Sub-total</b>	\$568,800.00	\$161,160.00	N/A	\$116,410.00	N/A
<b>Total for all systems</b>	\$2,481,437.85	\$1,445,860.65	N/A	\$812,509.25	N/A

## Components

**Actual Information**  
**Description**

**File Name**

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Wide Band Adapter

**Component Description:** First payment of 50% for the wide band adapter is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.

**Amount:** \$900.00

**Component Description:** 3rd payment of 20% for the wide band adapter is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice.

**Amount:** \$360.00

**Component Description:** Second payment of 30% for the wide band adapter is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.

**Amount:** \$540.00

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Shipping and Handling	<div><div><b>Component Description:</b></div><div>Payment for 100% for shipping and handling of interim antenna is due now so I am requesting reimbursement for 100% of this cost as shown in the invoice. Amount: \$1075.00</div><div><b>Amount:</b></div><div>\$1,075.00</div></div>
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Elbow complex, broadband, at antenna input, per 4 1/16. feedline (if needed)	<b>Component Description:</b>		Second payment of 30% for elbow complex is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.
	<b>Amount:</b>		\$2,040.00
	<b>Component Description:</b>		First payment of 50% for elbow complex is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.
	<b>Amount:</b>		\$3,400.00
	<b>Component Description:</b>		3rd payment of 20% for elbow complex is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice.
	<b>Amount:</b>		\$1,360.00

<p>UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized</p>	<table> <tr> <td data-bbox="708 174 1015 210"><b>Component Description:</b></td><td data-bbox="1150 174 1378 524">3rd payment of 20% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="708 535 815 571"><b>Amount:</b></td><td data-bbox="1150 535 1267 571">\$9,600.00</td></tr> <tr> <td data-bbox="708 674 1015 710"><b>Component Description:</b></td><td data-bbox="1150 674 1378 1023">Second payment of 30% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="708 1034 815 1070"><b>Amount:</b></td><td data-bbox="1150 1034 1283 1070">\$14,400.00</td></tr> <tr> <td data-bbox="708 1173 1015 1209"><b>Component Description:</b></td><td data-bbox="1150 1173 1378 1523">First payment of 50% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="708 1534 815 1570"><b>Amount:</b></td><td data-bbox="1150 1534 1283 1570">\$24,000.00</td></tr> </table>	<b>Component Description:</b>	3rd payment of 20% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice.	<b>Amount:</b>	\$9,600.00	<b>Component Description:</b>	Second payment of 30% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.	<b>Amount:</b>	\$14,400.00	<b>Component Description:</b>	First payment of 50% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.	<b>Amount:</b>	\$24,000.00
<b>Component Description:</b>	3rd payment of 20% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 20% of this cost as shown on the invoice.												
<b>Amount:</b>	\$9,600.00												
<b>Component Description:</b>	Second payment of 30% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.												
<b>Amount:</b>	\$14,400.00												
<b>Component Description:</b>	First payment of 50% for H-Pole Cavity Slot Interim antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.												
<b>Amount:</b>	\$24,000.00												
<p>Sweep test of existing antenna</p>	<p>Information not provided.</p>												

Shipping and Handling	<div data-bbox="708 174 1378 566"> <div> <b>Component Description:</b> <p>Second payment of 50% for shipping and handling of antenna is due now so I am requesting reimbursement for 50% of this cost as shown in the invoice.</p> </div> <div> <b>Amount:</b> <p>\$1,925.00</p> </div> </div> <div data-bbox="708 674 1378 1066"> <div> <b>Component Description:</b> <p>First payment of 50% for shipping and handling of antenna is due now so I am requesting reimbursement for 50% of this cost as shown in the invoice.</p> </div> <div> <b>Amount:</b> <p>\$1,925.00</p> </div> </div>
Off load main antenna	<div data-bbox="708 1205 1370 1597"> <div> <b>Component Description:</b> <p>Full payment of cost for unloading main antenna from flatbed truck is due now so I'm requesting 100% reimbursement of this cost as shown in the invoice.</p> </div> <div> <b>Amount:</b> <p>\$385.00</p> </div> </div>

Storage

**Component Description:**

First payment of 50% for storage of antenna is due now so I am only requesting reimbursement for 50% of this cost as shown in the invoice.

**Amount:**

\$250.00

**Component Description:**

2nd payment of 50% for storage of antenna is due now so I am only requesting reimbursement for 50% of this cost as shown in the invoice.

**Amount:**

\$250.00



Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)

**Component Description:**

Second payment of 30% for antenna scattering study for side mounted directional antenna is due now so I am requesting reimbursement for 30% of this cost as shown on the invoice.

**Amount:**

\$1,500.00

**Component Description:**

First payment of 50% for antenna scattering study for side mounted directional antenna is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.

**Amount:**

\$2,500.00

**Component Description:**

3rd payment of 20% for antenna scattering study for side mounted directional antenna is due now so I am requesting reimbursement for 20% of this cost as shown on the invoice.

**Amount:**

\$1,000.00

Side mount brackets for high power antennas (if not included in antenna base cost)

**Component Description:**

First payment of 50% for cost of custom mounts for offset, 3 mount locations for antenna is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.

**Amount:**

\$2,375.00

**Component Description:**

2nd payment of 50% for cost of custom mounts for offset, 3 mount locations for antenna is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.

**Amount:**

\$2,375.00

Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	<b>Component Description:</b>	First payment of 50% for 3 1/8" Elbow complex is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.
	<b>Amount:</b>	\$2,000.00
	<b>Component Description:</b>	2nd payment of 50% for 3 1/8" Elbow complex is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.
	<b>Amount:</b>	\$2,000.00

<p>UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized</p>	<table> <tr> <td data-bbox="710 179 1013 212"><b>Component Description:</b></td><td data-bbox="1150 179 1372 562">Third payment of 20% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 20% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="710 577 815 607"><b>Amount:</b></td><td data-bbox="1150 577 1267 607">\$7,600.00</td></tr> </table>	<b>Component Description:</b>	Third payment of 20% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 20% of this cost as shown on the invoice.	<b>Amount:</b>	\$7,600.00
<b>Component Description:</b>	Third payment of 20% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 20% of this cost as shown on the invoice.				
<b>Amount:</b>	\$7,600.00				
	<table> <tr> <td data-bbox="710 719 1013 752"><b>Component Description:</b></td><td data-bbox="1150 719 1372 1066">Second payment of 30% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="710 1077 815 1106"><b>Amount:</b></td><td data-bbox="1150 1077 1281 1106">\$11,400.00</td></tr> </table>	<b>Component Description:</b>	Second payment of 30% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.	<b>Amount:</b>	\$11,400.00
<b>Component Description:</b>	Second payment of 30% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.				
<b>Amount:</b>	\$11,400.00				
<p>Sweep test of existing antenna</p>	<table> <tr> <td data-bbox="710 1249 1013 1283"><b>Component Description:</b></td><td data-bbox="1150 1249 1372 1597">First payment of 50% for Field Service System sweep is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.</td></tr> <tr> <td data-bbox="710 1608 815 1637"><b>Amount:</b></td><td data-bbox="1150 1608 1267 1637">\$2,250.00</td></tr> </table>	<b>Component Description:</b>	First payment of 50% for Field Service System sweep is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.	<b>Amount:</b>	\$2,250.00
<b>Component Description:</b>	First payment of 50% for Field Service System sweep is due now so I am requesting reimbursement for 50% of this cost as shown on the invoice.				
<b>Amount:</b>	\$2,250.00				

<p>UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized</p>	<table> <tr> <td data-bbox="692 87 1114 667"> <p><b>Component Description:</b></p> </td><td data-bbox="1114 87 1426 667"> <p>First Payment of 50% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 50% of this cost as shown on the invoice.</p> </td></tr> <tr> <td data-bbox="692 667 1114 1193"> <p><b>Amount:</b></p> </td><td data-bbox="1114 667 1426 1193"> <p>\$19,000.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>First Payment of 50% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 50% of this cost as shown on the invoice.</p>	<p><b>Amount:</b></p>	<p>\$19,000.00</p>
<p><b>Component Description:</b></p>	<p>First Payment of 50% for H-Pol Coaxial Slot Antenna is due now.so I am only requesting reimbursement for 50% of this cost as shown on the invoice.</p>				
<p><b>Amount:</b></p>	<p>\$19,000.00</p>				
<p>UHF - Lower Power Side Mount, One Station antenna . medium power (50-200 kW), elliptically or circularly polarized</p>	<table> <tr> <td data-bbox="692 667 1114 1193"> <p><b>Component Description:</b></p> </td><td data-bbox="1114 667 1426 1193"> <p>First payment of 50% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.</p> </td></tr> <tr> <td data-bbox="692 1193 1114 1193"> <p><b>Amount:</b></p> </td><td data-bbox="1114 1193 1426 1193"> <p>\$19,000.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>First payment of 50% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.</p>	<p><b>Amount:</b></p>	<p>\$19,000.00</p>
<p><b>Component Description:</b></p>	<p>First payment of 50% for H-Pol Coaxial Slot antenna is due now so I'm requesting reimbursement for 50% of this cost as shown on the invoice.</p>				
<p><b>Amount:</b></p>	<p>\$19,000.00</p>				

Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$135,694.85	\$81,069.85		\$81,069.85	
Storage	<i>\$794.85</i>	\$794.85	N/A	\$794.85	N/A
Rigid Transmission Line - copper, 4 1/16"	\$134,900.00	\$80,275.00	N/A	\$80,275.00	N/A
Sub-total	\$135,694.85	\$81,069.85	N/A	\$81,069.85	N/A
Total for all systems	\$2,481,437.85	\$1,445,860.65	N/A	\$812,509.25	N/A

Components

Actual Information	
Description	File Name
Storage	Component Description:
	1st payment for storage container.
	Amount:
	\$602.26
	Component Description:
	2nd payment for storage container.
	Amount:
	\$192.59

Rigid Transmission Line -  
copper, 4 1/16"

**Component Description:**

First payment for 35% down on 4 1/16" transmission line is due now so I am requesting reimbursement for 35% of this cost as shown in the invoice.

**Amount:**

\$28,096.25

**Component Description:**

Second payment for 65% of final payment on 4 1/16" transmission line is due now so I'm requesting reimbursement for the balance of this cost as shown in the invoice.

**Amount:**

\$52,178.75

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	\$681,978.00	\$290,035.00		\$96,168.60	
Structural Analysis	<i>\$5,000.00</i>	\$5,000.00	N/A	\$5,000.00	N/A
Major tower reinforcement /modifications	\$421,000.00	\$129,127.00	N/A	\$38,738.10	N/A
Tall Tower (greater than 500')	\$210,500.00	\$128,647.00	N/A	\$38,594.10	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$8,083.00	N/A	\$8,083.00	N/A
Tower Rigging	<i>\$19,178.00</i>	\$19,178.00	N/A	\$5,753.40	N/A
Sub-total	\$681,978.00	\$290,035.00	N/A	\$96,168.60	N/A
Total for all systems	\$2,481,437.85	\$1,445,860.65	N/A	\$812,509.25	N/A

Components

Actual Information Description	File Name
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Structural Analysis	<div data-bbox="708 174 1378 369"> <p><b>Component Description:</b> FDH Velocitel Invoice #2 for the balance due for the Structural Analysis.</p> <p><b>Amount:</b> \$2,500.00</p> </div> <div data-bbox="708 474 1378 824"> <p><b>Component Description:</b> This invoice is a 50% down payment for the signed and accepted proposal or quote. The signed proposal is in the attachments.</p> <p><b>Amount:</b> \$2,500.00</p> </div>
Major tower reinforcement /modifications	<div data-bbox="708 965 1378 1355"> <p><b>Component Description:</b> First payment of 30% down for cost of all modifications of tower is due now so I'm requesting reimbursement for 30% of this cost as shown in the invoice.</p> <p><b>Amount:</b> \$38,738.10</p> </div>
Tall Tower (greater than 500')	<div data-bbox="708 1498 1378 1928"> <p><b>Component Description:</b> First payment of 30% for cost of antenna and line relocation and install is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</p> <p><b>Amount:</b> \$38,594.10</p> </div>

<p>Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study</p>	<table> <tr> <td data-bbox="707 98 1114 728"> <p><b>Component Description:</b></p> </td><td data-bbox="1145 98 1426 728"> <p>This invoice is a 50% down payment for the signed and accepted proposal or quote. The proposal is attached to the bottom of the invoice. It is also in the attachments.</p> </td></tr> <tr> <td data-bbox="707 728 1114 795"> <p><b>Amount:</b></p> </td><td data-bbox="1145 728 1426 795"> <p>\$4,041.50</p> </td></tr> <tr> <td data-bbox="707 795 1114 1081"> <p><b>Component Description:</b></p> </td><td data-bbox="1145 795 1426 1081"> <p>Invoice is for remaining balance due after completion of scope of work performed.</p> </td></tr> <tr> <td data-bbox="707 1081 1114 1149"> <p><b>Amount:</b></p> </td><td data-bbox="1145 1081 1426 1149"> <p>\$4,041.50</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>This invoice is a 50% down payment for the signed and accepted proposal or quote. The proposal is attached to the bottom of the invoice. It is also in the attachments.</p>	<p><b>Amount:</b></p>	<p>\$4,041.50</p>	<p><b>Component Description:</b></p>	<p>Invoice is for remaining balance due after completion of scope of work performed.</p>	<p><b>Amount:</b></p>	<p>\$4,041.50</p>
<p><b>Component Description:</b></p>	<p>This invoice is a 50% down payment for the signed and accepted proposal or quote. The proposal is attached to the bottom of the invoice. It is also in the attachments.</p>								
<p><b>Amount:</b></p>	<p>\$4,041.50</p>								
<p><b>Component Description:</b></p>	<p>Invoice is for remaining balance due after completion of scope of work performed.</p>								
<p><b>Amount:</b></p>	<p>\$4,041.50</p>								
<p>Tower Rigging</p>	<table> <tr> <td data-bbox="707 1081 1114 1612"> <p><b>Component Description:</b></p> </td><td data-bbox="1145 1081 1426 1612"> <p>First payment of 30% for cost of tower rigging is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</p> </td></tr> <tr> <td data-bbox="707 1612 1114 1680"> <p><b>Amount:</b></p> </td><td data-bbox="1145 1612 1426 1680"> <p>\$5,753.40</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>First payment of 30% for cost of tower rigging is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</p>	<p><b>Amount:</b></p>	<p>\$5,753.40</p>				
<p><b>Component Description:</b></p>	<p>First payment of 30% for cost of tower rigging is due now so I'm requesting reimbursement for 30% of this cost as shown on the invoice.</p>								
<p><b>Amount:</b></p>	<p>\$5,753.40</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
Outside Professional Services	\$293,315.00	\$286,175.80		\$14,925.80	
Additional Field Engineering Service, 22 Days	<i>\$60,000.00</i>	\$60,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
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	\$6,575.80	N/A	\$6,575.80	N/A

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$8,350.00	The cost of addressing transition timing and coordination issues take much more time and therefore the attorney fees are much higher than the predetermined cost.	\$8,350.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$79,000.00	\$75,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$293,315.00	\$286,175.80	N/A	\$14,925.80	N/A
<b>Total for all systems</b>	\$2,481,437.85	\$1,445,860.65	N/A	\$812,509.25	N/A

## Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 22 Days	Information not provided.
RF Exposure Measurements	Information not provided.

FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	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	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.

Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b></p>	<p>Invoice for services rendered including performing a TV Study coverage and interference analysis, including compliance with coverage requirements for three different antennas.</p>
	<p><b>Amount:</b></p>	<p>\$2,800.80</p>
	<p><b>Component Description:</b></p>	<p>Invoice for creating spread sheet to compare various transmission line sizes and affect upon required Transmitter Power Output with various antenna configurations.</p>
	<p><b>Amount:</b></p>	<p>\$3,775.00</p>
Address transition timing and coordination issues w/ other stations and wireless	<p><b>Component Description:</b></p>	<p>Payment of \$700.00 is due now for transition and timing issues so I'm requesting reimbursement for \$700.00 as shown in the invoice.</p>
	<p><b>Amount:</b></p>	<p>\$700.00</p>

<b>Component Description:</b>	Payment of \$1000.00 is due now for transition and timing issues so I'm requesting reimbursement for \$1000.00 as shown in the invoice.
<b>Amount:</b>	\$1,000.00

<b>Component Description:</b>	Payment of \$1450.00 is due now for transition and timing issues so I'm requesting reimbursement for \$1450.00 as shown in the invoice.
<b>Amount:</b>	\$1,450.00

<b>Component Description:</b>	Payment of \$200.00 is due now for transition and timing issues so I'm requesting reimbursement for \$200.00 as shown in the invoice.
<b>Amount:</b>	\$200.00

<b>Component Description:</b>	Payment of \$300.00 is due now for transition and timing issues so I'm requesting reimbursement of \$300.00 as shown in the invoice.
<b>Amount:</b>	\$300.00



	<b>Component Description:</b>	Payment of \$3950.00 is due now for transition and timing issues so I'm requesting reimbursement for \$3950.00 as shown in the invoice.
	<b>Amount:</b>	\$3,950.00
	<b>Component Description:</b>	Payment of \$750.00 is due now for transition and timing issues so I'm requesting reimbursement for \$750.00 as shown in the invoice.
	<b>Amount:</b>	\$750.00
Prepare and or review reimbursement form	Information not provided.	
Project management of the transition	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	

## Cost Information

### Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$34,750.00</b>	<b>\$26,895.00</b>		<b>\$5,310.00</b>	
MVPD Notification of Channel Change	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$10,000.00</i>	\$10,000.00	.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$1,560.00</i>	\$1,560.00	N/A	\$1,560.00	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$3,750.00	N/A	\$3,750.00	N/A
<b>Sub-total</b>	\$34,750.00	\$26,895.00	N/A	\$5,310.00	N/A
<b>Total for all systems</b>	\$2,481,437.85	\$1,445,860.65	N/A	\$812,509.25	N/A

## Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	<p><b>Component Description:</b> Removal and disposal of debris from tower sight due to upgrade to tower as required for FCC Repack.</p> <p><b>Amount:</b> \$1,560.00</p>
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

DTV Medical Facility Notification	<table><tr><td data-bbox="711 107 1145 365"><b>Component Description:</b></td><td data-bbox="1145 107 1423 365">First payment for first stage of medical notification preparation.</td></tr><tr><td data-bbox="711 365 1145 443"><b>Amount:</b></td><td data-bbox="1145 365 1423 443">\$3,750.00</td></tr></table>	<b>Component Description:</b>	First payment for first stage of medical notification preparation.	<b>Amount:</b>	\$3,750.00
<b>Component Description:</b>	First payment for first stage of medical notification preparation.				
<b>Amount:</b>	\$3,750.00				

**Cost  
Information**

**Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$2,481,437.85	\$1,445,860.65	\$812,509.25

**Reimbursement Status**

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <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.

<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><b>Ronald P. Yager</b>  <i>Vice-President /General Manager</i></p> <p>02/13/2019</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"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <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><b>Ronald P. Yager</b>  <i>Vice-President /General Manager</i></p> <p>02/13/2019</p>

## Attachments