



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **65387** | Service: **DTV** | Call **WVBT** | Channel: **21 (UHF)** |  
ID: | Sign:  
File **0000028702**  
Number:  
FRN: **0009961889** | Date **03/19**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NEXSTAR BROADCASTING, INC.</b>	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar. tv	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
<b>Elizabeth Ryder</b> <i>General Counsel</i> <i>Nexstar Broadcasting,</i> <i>Inc.</i>	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar. tv

**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	See attached Transition Plan document.

**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	DCX2
	Year	2001
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 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	DCX Paragon 2
	Transmitter Type	Inductive Output Tube
	IOT Power Type	Two
	Power capacity	50 kW
	Justification for New Transmitter	End of life components require transmitter replacement rather than conversion per manufacturer.

**Primary  
Transmitter**

**Other Transmitter Costs**

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

	Length	75.0 feet
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	100.0 square feet
<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**  
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?	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)	1000.0 kW

Manufacturer	
Model	TFU- 26DSC-R C170
Year	2002



**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	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 Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	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) .....	1000.0 kW
	Manufacturer	
	Model	TFU24JTT

Year	2017
Justification for New Antenna	Existing coaxial slot antenna is not designed to operate on repacked channel. The top mounted antenna enables a more cost and time effective approach for the overall project.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	4
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	Yes
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

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

**Enter a list of RF channel numbers.**

RF Channel Number
14
19
21
31

**Primary Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>RF SYSTEM CONVERSION</b>	Equipment and labor to convert inside RF system to new combiner/antenna switching.

**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	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	DIELECTRIC
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	875 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Line extension	Extend 6" line to top stack requires extension of 225 ft.
Transmission line sweep test	Transmission line sweep test

**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	Owned
	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?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1018104
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	36° 49' 15.0" N-
	Longitude (NAD83)	076° 30' 40.0" W-
	Overall Structure Height	1026.89 feet
	Support Structure Height	889.10 feet
	Ground Elevation Above Mean Sea Level (AMSL)	22.97 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	WAVY BROADCASTING INC
	Date Constructed	01/01/1957

**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
71127	WAVY-TV	DTV
71121	WKTD-CD	DTV
71119	WITD-CD	DTV
13060	WNLO-CD	DTV

## Primary Tower

### Tower Modification Costs

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

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**  
Information not provided.



**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	90
	Explanation	The engineering, tower rigging, transmitter and combiner suppliers, must all coordinate effectively because WAVY transitions in Phase 9 and the WNLO-CD & WVBTV transition in Phase 7. Cost of this activity is shared between WAVY, WVBTV, & WNLO-CD.
<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	1
	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	1
	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	Yes
<b>RF Field Engineering Services</b>	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**  
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	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	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?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

<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 DCX Paragon 2	\$1,015,500.00	\$1,447,145.00		\$0.00	
Other -- Building Addition Size: 100.0	<i>\$5,000.00</i>	\$5,000.00	Need to move walls, plumbing, electrical wiring, lighting fixtures, etc.	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$3,900.00	\$3,675.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Two IOT system (50 kW)	\$954,000.00	\$1,388,470.00	See attached Comark 2 IOT Transmitter quote.	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,015,500.00	\$1,447,145.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,898,390.00	\$2,473,664.00	N/A	\$18,035.00	N/A

## Components

Information not provided.

## Cost Information

### Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna TFU24JTT</b>	<b>\$483,930.00</b>	<b>\$506,904.00</b>		<b>\$0.00</b>	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$280,504.00	See Attached antenna quote. The higher cost of this top-mounted antenna enables a large cost and time reduction of the entire project involving 3 stations.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Combiner output splitting /switching for dual feed lines, if applicable	\$126,000.00	\$120,000.00	N/A	N/A	N/A



RF SYSTEM CONVERSION	<b>\$20,000.00</b>	\$20,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$483,930.00	\$506,904.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,898,390.00	\$2,473,664.00	N/A	\$18,035.00	N/A

**Components**

Information not provided.

Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$49,600.00	\$49,600.00		\$2,290.00	
Line extension	<i>\$43,200.00</i>	\$43,200.00	225 ft of 6" Rigid T-Line.	N/A	N/A
Transmission line sweep test	<i>\$6,400.00</i>	\$6,400.00	Sweep test for repack feasibility on new channels.	\$2,290.00	N/A
Sub-total	\$49,600.00	\$49,600.00	N/A	\$2,290.00	N/A
Total for all systems	\$2,898,390.00	\$2,473,664.00	N/A	\$18,035.00	N/A

Components

Actual Information	
Description	File Name
Line extension	Information not provided.
Transmission line sweep test	<div><div>Component Description:</div><div>Sweep test, shared cost with WAVY FAC 71127</div><div>Amount:</div><div>\$2,290.00</div></div>

## Cost Information

### Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower TOWER</b>	<b>\$1,275,100.00</b>	<b>\$404,000.00</b>		<b>\$10,000.00</b>	
Serious tower reinforcement /modifications	\$1,052,000.00	\$333,333.00	Cost of this activity is shared between WAVY, WVBTV, & WNLO-CD.	\$10,000.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$4,000.00	Cost of this activity is shared between WAVY, WVBTV, & WNLO-CD. This is the WVBTV cost only.	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$66,667.00	Cost of this activity is shared between WAVY, WVBTV, & WNLO-CD.	N/A	N/A
<b>Sub-total</b>	<b>\$1,275,100.00</b>	<b>\$404,000.00</b>	<b>N/A</b>	<b>\$10,000.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,898,390.00</b>	<b>\$2,473,664.00</b>	<b>N/A</b>	<b>\$18,035.00</b>	<b>N/A</b>

### Components

Actual Information Description	File Name
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<p>Serious tower reinforcement /modifications</p>	<p><b>Component Description:</b></p> <p>Deposit as agreed per Nexstar Commitment Letter and Coast to Coast Tower Service</p> <p><b>Amount:</b></p> <p>\$10,000.00</p>
<p>Structural engineering tower load study for well documented tower</p>	<p>Information not provided.</p>
<p>Tall Tower (greater than 500')</p>	<p>Information not provided.</p>

## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$44,930.00</b>	<b>\$42,250.00</b>		<b>\$5,745.00</b>	
Project management of the transition	\$14,220.00	\$13,500.00	This is a complex project with three stations on a single tower with multiple phase assignments. We have estimated WAVY's portion of the total project management cost to be 90 hours each at a rate of \$150/hr.	\$2,595.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	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	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$3,150.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$44,930.00	\$42,250.00	N/A	\$5,745.00	N/A
<b>Total for all systems</b>	\$2,898,390.00	\$2,473,664.00	N/A	\$18,035.00	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<p><b>Component Description:</b> Project management services and report preparation from Osborn Engineering including subcontractor services Kessler and Gehman Associates for dates October 20, 2017 through May 25, 2018.</p> <p><b>Amount:</b> \$1,370.00</p>

	<p><b>Component Description:</b> Project Management services from Osborn Engineering including services provided by Kessler and Gehman Associates from May 26, 2018 through June 29, 2018.</p> <p><b>Amount:</b> \$150.00</p>
	<p><b>Component Description:</b> Project management services 10.27.18 through 12.31.18</p> <p><b>Amount:</b> \$325.00</p>
	<p><b>Component Description:</b> Project management services 1.1.19 through 1.31.19</p> <p><b>Amount:</b> \$600.00</p>
	<p><b>Component Description:</b> Project management services 9.29.18 through 10.26.18</p> <p><b>Amount:</b> \$150.00</p>
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 and or review reimbursement form	Information not provided.																
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.																
Perform engineering study for new channel assignment and antenna development	<table> <tr> <td><b>Component Description:</b></td><td>Revise storyboard, interference study, create CP and recalculate ERP if COR changed, transition plan document, create 399, coverage maps, &amp; upload draft documents to ASANA.</td></tr> <tr> <td><b>Amount:</b></td><td>\$1,225.00</td></tr> <tr> <td><b>Component Description:</b></td><td>Information gathering, creation of transition plan with definition of initial equipment and service needs.</td></tr> <tr> <td><b>Amount:</b></td><td>\$350.00</td></tr> <tr> <td><b>Component Description:</b></td><td>Repack plan and revision, 399 form info</td></tr> <tr> <td><b>Amount:</b></td><td>\$1,050.00</td></tr> <tr> <td><b>Component Description:</b></td><td>Revise and update 399 form</td></tr> <tr> <td><b>Amount:</b></td><td>\$525.00</td></tr> </table>	<b>Component Description:</b>	Revise storyboard, interference study, create CP and recalculate ERP if COR changed, transition plan document, create 399, coverage maps, & upload draft documents to ASANA.	<b>Amount:</b>	\$1,225.00	<b>Component Description:</b>	Information gathering, creation of transition plan with definition of initial equipment and service needs.	<b>Amount:</b>	\$350.00	<b>Component Description:</b>	Repack plan and revision, 399 form info	<b>Amount:</b>	\$1,050.00	<b>Component Description:</b>	Revise and update 399 form	<b>Amount:</b>	\$525.00
<b>Component Description:</b>	Revise storyboard, interference study, create CP and recalculate ERP if COR changed, transition plan document, create 399, coverage maps, & upload draft documents to ASANA.																
<b>Amount:</b>	\$1,225.00																
<b>Component Description:</b>	Information gathering, creation of transition plan with definition of initial equipment and service needs.																
<b>Amount:</b>	\$350.00																
<b>Component Description:</b>	Repack plan and revision, 399 form info																
<b>Amount:</b>	\$1,050.00																
<b>Component Description:</b>	Revise and update 399 form																
<b>Amount:</b>	\$525.00																

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 Cost Justification
<b>Other Expenses</b>	<b>\$29,330.00</b>	<b>\$23,765.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$5,750.00</i>	\$5,750.00	See attached quote.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	Develop and produce crawls and spots for viewer notification.	N/A	N/A
Equipment Storage	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$6,000.00	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 - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A

Local Zoning	<b>\$1,000.00</b>	\$1,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$29,330.00	\$23,765.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,898,390.00	\$2,473,664.00	N/A	\$18,035.00	N/A

## Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,898,390.00	\$2,473,664.00	\$18,035.00

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

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Elizabeth  
Ryder**  
*General  
Counsel*

03/19/2019



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>Elizabeth Ryder</b> <i>General Counsel</i></p> <p>03/19/2019</p>

## Attachments