(REFERENCE COPY - Not for submission)

## FCC Form 399:

Reimbursement Request

| Facility 74148 | Service: DTV | V Call | WTVA | Channel: |
| :---: | :---: | :---: | :---: | :---: |
| ID: Sign: |  |  |  |  |
| 11 (High VHF) | File 0 | 0000027676 |  |  |
| Number: |  |  |  |  |
| FRN: 0023931157 | Date | 03/13 |  |  |
|  | Submitted: | /2019 |  |  |


| Applicant <br> Information | Applicant Name, Type, and Contact Information |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Applicant | Address | Phone | Email | Applicant <br> Type |
|  | MISSISSIPPI TV | 3282 | $+1(470)$ | jburgett@wileyrein. | Limited |
|  | LICENSE COMPANY, | NORTHSIDE | $355-$ | com | Liability |
|  | LLC | PARKWAY | 1944 |  | Company |
|  |  | SUITE 275 |  |  |  |
|  |  | ATLANTA, GA |  |  |  |
|  |  | 30327 |  |  |  |
|  |  | United States |  |  |  |

## Reimbursement Roursement 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 Question
Information
and
Transition
Plan

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.

Briefly describe transition plan

Yes

Commence temporary ch. 8 operations with existing backup side-mount antenna/line while install new primary top-mount antenna /line and new primary transmitter for permanent repack ch. 11 operations. Replace backup antenna after phase completion date.

| Transmitters | Section | Question | Response |
| :--- | :--- | :--- | :--- |
| Transmitter Related <br> Expenses | Do you have transmitter related expenses? | Yes |  |

Primary
Transmitter
Existing Transmitter Information

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Transmitter Description | Type of change | Purchase <br> 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 |  |
|  | Model | DTT3M |
|  | Year | 2008 |
|  | Type | Solid State |
|  | Solid State Cooling | Air Cooled |
|  | Solid State Power Capacity | 3.5 kW |


| Primary Transmitter | New Transmitter Costs |  |  |
| :---: | :---: | :---: | :---: |
|  | Section | Question | Response |
|  | New Transmitter | Use | Primary <br> (Main) |
|  |  | Change Type | Purchase <br> New |
|  |  | Is this a request for upgraded equipment? | No |
|  |  | Manufacturer |  |
|  |  | Model | VAXTE-16 |
|  |  | Transmitter Type | Solid State |
|  |  | Solid State Cooling | Air Cooled |
|  |  | Solid State Power capacity | 4.2 kW |
|  |  | Justification for New Transmitter | Current transmitter cannot be rechanneled to meet repack channel assignment and is no longer supported by out-ofbusiness manufacturer. |

Primary Transmitter

## Other Transmitter Costs

| Section | Question | Response |
| :--- | :--- | :--- |
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
|  | Switchgear (industrial 800 amp) | Yes |
|  | Transformer (480V) | Yes |
| Power | 150 kVA |  |
|  | Rigid Conduit and Wiring | Yes |


|  | Size | 2 inches |
| :--- | :--- | :--- |
|  | Length | 100.0 feet |
|  | Other Electrical Service | Yes |
| Description | 500ft \#1 <br> Wire to <br> connect <br> new <br> transmitter <br> to service <br> transformer |  |
| HVAC Service |  | No |
|  | Does the replacement transmitter require |  |
| HVAC Service? | Type | N/A |
|  | Size | N/A |
| Other Size | N/A |  |
| Transmitter Building | Does the Transmitter Building require an |  |
| Addition, modification, other leashold |  |  |
| Limprovement? | No |  |
| Leasehold Improvement | 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
Other Transmitter Cost Not Listed
Transmitter Information not provided.

## Antennas

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


| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Antenna Description | Type of change | Purchase <br> New |
|  | Antenna Use | Auxiliary (Backup) |
|  | Description of Use | Backup <br> Antenna |
|  | Ownership | Owned |
|  | Owner | N/A |
|  | Site | N/A |
|  | Is this antenna currently shared with any other stations? | No |
|  | Is this antenna directional? | No |
|  | Is antenna in operating condition? | Yes |
|  | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna <br> Manufacturer and Type | 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 | N/A |
|  | Design power capacity in use | N/A |
|  | Lower Limit | N/A |
|  | Upper Limit | N/A |
|  | Other Antenna Type | halfway <br> spaced <br> dual dipole |


| ERP: (Effective Radiated Power) | 7.2 kW |
| :--- | :--- |
| Manufacturer | JHD-HV2 2 <br> $/ 2(4)$ |
| Model | 2008 |
| Year |  |

New Antenna Costs

| Section | Question | Response |
| :---: | :---: | :---: |
| New Antenna Description | Use | Auxiliary (Backup) |
|  | Description of Use | Backup |
|  | Change Type | Purchase <br> New |
|  | Is this a request for upgraded equipment? | No |
|  | Ownership | Owned |
|  | Owner | N/A |
|  | Is antenna shared? | No |
|  | Is antenna directional? | No |
|  | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna <br> Manufacturer and Types | Class | Full Power |
|  | Mounting | Side Mount |
|  | Antenna position in stack | Not in Stack |
|  | Polarization | Horizontal |
|  | Type | Slotted <br> 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) | 8.0 kW |
|  | Manufacturer |  |


| Model | ALV8H7- <br> HSO-11 |
| :--- | :--- |
| Year | 2018 |
| Justification for New Antenna | Existing aux <br> /backup <br> antenna <br> cannot be <br> re-tuned for <br> use on <br> repack <br> channel. |

Auxiliary Antenna

## Other Antenna Costs

| Section | Question | Response |
| :--- | :--- | :--- |
| Combiner for Shared <br> Antenna | Do you need a Combiner for a Shared <br> 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 <br> /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of <br> the Elbow Complex? | Yes |
|  | Broadband or Single Channel? | Single <br> Channel |
|  | Feed Line Size | 4 <br> inches |
| inches |  |  |


| Sweep Test | Do you require the sweep testing of <br> transmission line and antenna? | Yes |
| :--- | :--- | :--- |

Auxiliary
Other Antenna Cost Not Listed
Antenna Information not provided.

Primary Antenna

Existing Antenna Information

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Antenna Description | Type of change | Purchase <br> New |
|  | Antenna Use | Primary (Main) |
|  | Description of Use | N/A |
|  | Ownership | Owned |
|  | Owner | N/A |
|  | Site | N/A |
|  | Is the existing antenna shared with another station or stations? | No |
|  | Is the existing antenna directional? | No |
|  | Is antenna in operating condition? | Yes |
|  | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna <br> Manufacturer and Type | Class | Full Power |
|  | Mounting | Top Mount |
|  | Antenna position in stack | Not in Stack |
|  | Polarization | Horizontal |
|  | Type | Other |
|  | 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 | Bat Wing |
|  | ERP: (Effective Radiated Power) | 16.0 kW |
|  | Manufacturer |  |


| Section | Question | Response |
| :---: | :---: | :---: |
| New Antenna Description | Use | Primary (Main) |
|  | Description of Use | N/A |
|  | Change Type | Purchase <br> New |
|  | Is this a request for upgraded equipment? | Yes |
|  | Ownership | Owned |
|  | Owner | N/A |
|  | Is antenna shared? | No |
|  | Is antenna directional? | No |
|  | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Full Power |
|  | Mounting | Top Mount |
|  | Antenna position in stack | Not in Stack |
|  | Polarization | Elliptical |
|  | Type | Slotted <br> 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) | 31.0 kW |
|  | Manufacturer |  |


| Model | ATW9V3- <br> ETO-11H |
| :--- | :--- |
| Year | 2017 |
| Justification for New Antenna | Current <br> primary <br> antenna <br> cannot be <br> re-tuned for <br> use on <br> repack <br> channel. |

Primary Antenna

## Other Antenna Costs

| Section | Question | Response |
| :--- | :--- | :--- |
| Combiner for Shared <br> Antenna | Do you need a Combiner for a Shared <br> 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 <br> /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of <br> the Elbow Complex? | Yes |
|  | Broadband or Single Channel? | Single <br> Channel |
|  | Feed Line Size | $61 / 8$ <br> inches <br> inches |
| Side Mount Brackets | Do you require the separate purchase of <br> side mount brackets for a high power <br> antenna? | No |
| Pattern Scatter Analysis | Do you require separate purchase of <br> pattern scatter analysis for a side mount <br> high or medium power antenna? | No |
|  |  |  |


| Sweep Test | Do you require the sweep testing of <br> transmission line and antenna? | Yes |
| :--- | :--- | :--- |

Primary Other Antenna Cost Not Listed

Antenna Information not provided.

| TransmissionSeffiien | Question | Response |
| :---: | :--- | :--- |
| Transmission Line <br> Related Expenses | Do you have transmission line related <br> expenses? | Yes |


| Primary Existing Transmission Line |  |  |
| :---: | :---: | :---: |
| Transmissionseitionn | Question | Response |
| Existing Transmission Line Description | Type of change | Purchase <br> New |
|  | Use | Primary <br> (Main) |
|  | Description of Use | N/A |
|  | Ownership | Owned |
|  | Owner | N/A |
|  | Site | N/A |
|  | Is the existing transmission line shared with another station or stations? | No |
|  | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer |  |
|  | Type | Rigid |
|  | Diameter | $\begin{aligned} & 6 \text { 1/8 } \\ & \text { inches } \end{aligned}$ |
|  | Other Diameter | N/A |
|  | Segment Length | 20 inches |
|  | Other Segment Length | N/A |
|  | Number of parallel runs | 1 |
|  | Length | 1500 feet per run |


| Primary <br> New Transmission Line <br> Transmission_Leiftion <br> New Transmission Line <br> Costs | Use |  |
| :--- | :--- | :--- | :--- |


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

Primary Tower

## Existing Tower

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Tower Description | Type of change | Move Equipment |
|  | 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? | No |
| Existing Tower <br> Structure Registration | Do you have a tower registration number? | Yes |
|  | ASR Number | 1040183 |
| Coordinates (NAD83 ( North American Datum of 1983)) | Latitude (NAD83) | $33^{\circ} 47^{\prime} 40.0{ }^{\prime \prime} \mathrm{N}$ - |
|  | Longitude (NAD83) | $\begin{aligned} & 089^{\circ} 05^{\prime} 16.0^{\prime \prime} \\ & \text { W- } \end{aligned}$ |
|  | Overall Structure Height | 1559.69 feet |
|  | Support Structure Height | 1501.95 feet |
|  | Ground Elevation Above Mean Sea Level (AMSL) | 579.72 feet |


| Structure Type | GTOWER - <br> Guyed <br> Structure Used <br> for <br> Communication <br> Purposes |
| :--- | :--- |
| Tower Owner | Mississippi TV, <br> LLC |
| Date Constructed | $05 / 15 / 1972$ |

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 |
| :--- | :--- | :--- |
| 37732 | WLOV-TV | DTV |
| 83946 | WEPH | DTV |

Primary Tower

Tower Rigging Costs

| Section | Question | Response |
| :--- | :--- | :--- |
| Tower Rigging Costs | Complex Tower | N/A |
| Helicopter Services <br> Required | Are helicopter services required? | No |

Primary
Other Tower Expenses Not Listed
Tower

| Outside Professiona | Section <br> Services Cost Outside Project | Question | Response |
| :---: | :---: | :---: | :---: |
|  |  | Do you require outside project management services? | Yes |
|  |  | Number of Hours | 595 |
|  |  | Explanation | WTVA does <br> not have <br> dedicated <br> personnel <br> that can <br> handle the <br> project <br> management <br> of the <br> transition |
|  | Outside RF consulting <br> 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 | Yes |
|  |  | Quantity | 2 |
|  |  | 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 | Yes |
|  | Quantity | 2 |
|  | 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 $\mathrm{w} /$ other stations and wireless providers | Yes |
| 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 |

## Description

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 | Yes |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | Yes |
|  | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes |
|  | Does this relocation require Equipment Storage? | 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 |

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary | \$222,450.00 | \$341,739.03 |  | \$0.00 |  |
| Transmitter |  |  |  |  |  |
| VAXTE-16 |  |  |  |  |  |


| Switchgear <br> - industrial <br> 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Transformer 3 phase /480v-150 KVA | \$25,550.00 | \$24,300.00 | N/A | N/A | N/A |
| 2" Rigid <br> Conduit and Wiring (Cost per foot) | \$2,600.00 | \$2,500.00 | N/A | N/A | N/A |
| Other <br> Electrical <br> Service: <br> 500ft \#1 <br> Wire to <br> connect <br> new <br> transmitter <br> to service <br> transformer | \$3,600.00 | \$3,600.00 | N/A | N/A | N/A |
| High VHF - <br> Air Cooled <br> Solid State <br> Transmitter <br> 1.1.4.4 kW | \$152,500.00 | \$275,039.03 | Please see the attached Gates air quote \#Q75518 | \$0.00 | N/A |
| Sub-total | \$222,450.00 | \$341,739.03 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,168,605.00 | \$1,383,603.92 | N/A | \$273,858.72 | N/A |

## Components

Information not provided.

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Antenna <br> ATW9V3- <br> ETO-11H | \$275,780.00 | \$274,850.00 |  | \$85,500.00 |  |
| High VHF - <br> High <br> Power Top <br> Mount One <br> Station <br> elliptically <br> or <br> circularly <br> polarized | \$256,750.00 | \$256,750.00 | ERI <br> Proposal \# 20171025095, this the estimated cost for a like-for-like ( H pol) of the current antenna | \$83,625.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$1,875.00 | N/A |
| Elbow complex, single channel, at antenna input, per 6 $1 / 8$. feedline (if needed) | \$12,300.00 | \$11,700.00 | N/A | N/A | N/A |
| Auxiliary <br> Antenna <br> ALV8H7- <br> HSO-11 | \$139,460.00 | \$137,250.00 |  | \$28,425.00 |  |


| Pattern <br> scatter <br> analysis for <br> side mount <br> high/med <br> power <br> antennas <br> (if not included in <br> antenna <br> base cost) | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$22,000.00 | N/A | \$0.00 | N/A |
| Elbow <br> complex, <br> single <br> channel, at antenna input, per 4 1/16. feedline (if needed) | \$9,570.00 | \$9,100.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$0.00 | N/A |
| High VHF - <br> High <br> Power <br> Side Mount <br> One <br> Station <br> horizontally <br> polarized | \$94,750.00 | \$94,750.00 | N/A | \$28,425.00 | N/A |
| Sub-total | \$415,240.00 | \$412,100.00 | N/A | \$113,925.00 | N/A |
| Total for all systems | \$1,168,605.00 | \$1,383,603.92 | N/A | \$273,858.72 | N/A |

Components

| Actual Information Description | File Name |  |
| :---: | :---: | :---: |
| High VHF - High Power Top Mount One Station elliptically or circularly polarized | Component Description: <br> Amount: | Primary Antenna- <br> High VHF, High <br> Power Top <br> Mount, H-POL <br> \$83,625.00 |
| Sweep test of existing antenna | Component Description: <br> Amount: <br> Component Description: <br> Amount: | WTVA - Primary antenna system sweep. Initial 30\% payment. \$1,875.00 <br> Primary Antenna <br> - Sweep Test <br> \$1,875.00 |
| Elbow complex, single channel, at antenna input, per $61 / 8$. feedline (if needed) | Information not provided. |  |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | Information not provided. |  |
| Side mount brackets for high power antennas (if not included in antenna base cost) | Information not provided. |  |
| Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed) | Information not provided. |  |
| Sweep test of existing antenna | Information not provided. |  |

High VHF - High Power Side
Mount One Station horizontally polarized

| Component Description: | WTVA - Auxiliary antenna ALV8H7-HSO-11. Initial 30\%payment. |
| :---: | :---: |
| Amount: | \$28,425.00 |
| Component Description: | Interim Antenna <br> Primary Antenna <br> Installation <br> Services |
| Amount: | \$28,425.00 |

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 <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Transmission <br> Line | \$161,200.00 | \$124,448.89 |  | \$37,334.67 |  |
| Rigid <br> Transmission Line copper, 3 1/8" | \$161,200.00 | \$124,448.89 | N/A | \$37,334.67 | N/A |
| Sub-total | \$161,200.00 | \$124,448.89 | N/A | \$37,334.67 | N/A |
| Total for all systems | \$1,168,605.00 | \$1,383,603.92 | N/A | \$273,858.72 | N/A |

## Components

## Actual Information

Description File Name

Rigid Transmission Line -
copper, 3 1/8"

File Name


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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Tower <br> GTOWER | \$210,500.00 | \$337,621.00 |  | \$101,286.30 |  |
| Tall Tower (greater than 500') | \$210,500.00 | $\$ 337,621.00$ | Installation cost for <br> Primary and <br> Auxiliary antenna. <br> See <br> attachment <br> "WTVA - <br> ERI <br> Invoice, <br> Cover <br> Letter, <br> Explanation of Variance and Quote (Submitted 10.16.18)." | \$101,286.30 | Installation <br> cost for <br> Primary <br> and <br> Auxiliary antenna. |
| Sub-total | \$210,500.00 | \$337,621.00 | N/A | \$101,286.30 | N/A |
| Total for all systems | \$1,168,605.00 | \$1,383,603.92 | N/A | \$273,858.72 | N/A |

## Components

## Actual Information

Description
File Name

Tall Tower (greater than 500')

| Component Description: | WTVA - Primary and Auxiliary antenna systems installation cost. Initial 30\% payment. |
| :---: | :---: |
| Amount: | \$101,286.30 |
| Component Description: | Existing Primary |
|  | Tower - Tower |
|  | Rigging, Tall |
|  | Tower |
| Amount: | \$101,286.30 |

## Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).
$\left.\begin{array}{lcllll} & & & \text { Estimated } \\ \text { Cost }\end{array}\right)$

| Attorney Fees and Other Matters | \$3,075.00 | \$3,075.00 | Wiley Rein Invoice \#1478867 | \$1,640.00 | N/A |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Attorney Fees <br> - Prepare and <br> File request <br> for Special <br> Temporary <br> Authorization | \$7,360.00 | \$7,000.00 | N/A | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| 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 |



## Components

| Actual Information | File Name |  |
| :--- | :--- | :--- |
| Description | Component Description: |  |
| Attorney Fees and Other <br> Matters | Total Professional <br> Services, Total |  |
|  | Amount: | Disbursements |


| Attorney Fees - Prepare <br> and File FCC Form 2100 <br> (main), Construction <br> Permit Application | Information not provided. |  |
| :--- | :--- | :--- |
| Attorney Fees -Prepare <br> and File FCC Form 2100 <br> (main), License to Cover <br> Application | Information not provided. |  |
| Perform engineering study <br> for new channel <br> assignment and antenna <br> development | Component Description: | Engineering <br> consulting |
| $\$ 187.50$ |  |  |


| Prepare and or review reimbursement form | Component Description: Amount: | WTVA-590-Prepare and/or Review Reimbursement Form \$205.00 |
| :---: | :---: | :---: |
|  | Component Description: Amount: | Legal services $\$ 3,280.00$ |
|  | Component Description: <br> Amount: | WTVA, Tupelo, MS Channel Repack $\$ 2,050.00$ |
|  | Component Description: Amount: | WTVA-590-Prepare <br> and/or Review <br> Reimbursement <br> Form <br> \$2,255.00 |
|  | Component Description: <br> Amount: | Professional legal services $\$ 820.00$ |
| Project management of the transition | Component Description: <br> Amount: | Project <br> Management $\$ 1,898.25$ |
|  | Component Description: <br> Amount: | Project <br> Management <br> \$2,713.55 |
|  | Component Description: <br> Amount: | Project <br> Management <br> \$3,578.45 |

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Other <br> Expenses | \$25,690.00 | \$25,085.00 |  | \$0.00 |  |
| Disposal <br> Costs (for equipment and other waste, net of any salvage value) | \$1,500.00 | \$1,500.00 | Disposal of Glycol in transmitter | N/A | N/A |
| Equipment <br> Delivery and <br> Handling <br> Charges | \$1,000.00 | \$1,000.00 | LULL rental for moving heavy equipment | N/A | N/A |
| Develop and air <br> announcement <br> of upcoming <br> channel <br> change | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| MVPD <br> Notification of Channel Change | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| FCC Filing <br> Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| FCC Filing <br> Fees - Form <br> 2100 license <br> to cover <br> application | \$335.00 | \$325.00 | N/A | N/A | N/A |


| FCC Filing <br> Fees - Form <br> 2100 minor <br> change CP <br> application | $\$ 1,110.00$ | $\$ 1,070.00$ | $\mathrm{~N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| DTV Medical <br> Facility <br> Notification | $\$ 11,550.00$ | $\$ 11,000.00$ | $\mathrm{~N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| Sub-total | $\$ 25,690.00$ | $\$ 25,085.00$ | $\mathrm{~N} / \mathrm{A}$ | $\mathrm{\$}$ | $\$ 0.00$ |
| Total for all <br> systems | $\$ 1,168,605.00$ | $\$ 1,383,603.92$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 273,858.72$ | $\mathrm{~N} / \mathrm{A}$ |

## Components

Information not provided.
Total for all systems \$1,168,605.00 \$1,383,603.92 \$273,858.72

## Reimbursemefriestatus

The facility has ceased operating on its preauction channel.

Construction of final facilities or all necessary modifications are complete.

All receipts for reimbursement have been
No 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.

## Response

No

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.

1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.
2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

| 8. The above-named <br> entity certifies that it <br> is in full compliance <br> with all statutes, <br> rules, regulations <br> and governmental <br> requirements for <br> which compliance is <br> a pre-requisite for <br> obtaining the <br> payments herein <br> requested. |  |
| :--- | :--- |
| I declare, under penalty of perjury, that I am <br> an authorized representative of the above- <br> named applicant for the Authorization(s) <br> specified above. | Robert S. |


| Certification | Section | Question | Response |
| :---: | :---: | :---: | :---: |
|  | Submission of Actual <br> Cost Documentation <br> Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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). |  |

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. | ( | 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. |$\quad$| Robert S. |
| :--- |
| I declare, under penalty of perjury, that I am |
| an authorized representative of the above- |
| named applicant for the Authorization(s) |
| specified above. |

## Attachments

