Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: **51806** | Service: **DCA** | Call Sign: **WBXH-CD** | Channel: **32 (UHF)**

File Number: **0000024798**

FRN: **0018223693** | Date Submitted: **03/25/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **RAYCOM MEDIA LICENSEE, LLC**<br>Doing Business As:<br>RAYCOM MEDIA LICENSEE, LLC | Robert Folliard<br>4370 PEACHTREE ROAD, NE<br>ATLANTA, GA 30319<br>United States | +1 (202) 750-1585 | robert.folliard@gray.tv | Limited Liability Company |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

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

## Preparer Contact Information

### Preparer Contact Name and Information

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

## Broadcaster Information and Transition Plan

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

| | |
|---|---|
| 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 | Install new Channel 32 antenna in place of existing Channel 39 antenna. Install new air dielectric line for pressurized antenna. New transmitter required as the existing will not make required TPO. |

## Transmitters

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

## Primary Transmitter

### Existing Transmitter Information

| Section | Question | Response |
|---|---|---|
| **Existing Transmitter Description** | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| **Existing Transmitter Manufacturer and Type** | Manufacturer | |
| | Model | UAX |
| | Year | 2012 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | .62 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 | UAXTE-2 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 1.1 kW |
| | Justification for New Transmitter | Existing transmitter will not make required TPO Headroom analysis attached |

## Primary Transmitter

### Other Transmitter Costs

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

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

## Primary Transmitter

### Other Transmitter Cost Not Listed

Information not provided.

## Antennas

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

## Primary Antenna

### Existing Antenna Information

| Section | Question | Response |
|---|---|---|
| **Existing Antenna Description** | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| **Existing Antenna Manufacturer and Type** | Class | Class A |
| | 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) | 8.8 kW |
| | | |

| | |
|---|---|
| Manufacturer | |
| Model | TLP16-M |
| 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 | Class A |
| | 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) | 7.2 kW |
| | Manufacturer | |
| | Model | TLP-12M/VP |

| | |
|---|---|
| Year | 2019 |
| Justification for New Antenna | Existing antenna can not be retuned E-Pol premium is not reimbursable |

## Primary Antenna

### Other Antenna Costs

| Section | Question | Response |
|---|---|---|
| **Combiner for Shared Antenna** | Do you need a Combiner for a Shared Antenna? | No |
| | Type | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | N/A |
| **Elbow Complex** | Do you require the separate purchase of the Elbow Complex? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| **Side Mount Brackets** | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
| **Pattern Scatter Analysis** | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | Yes |
| **Sweep Test** | Do you require the sweep testing of transmission line and antenna? | Yes |

**Primary Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

## Transmission Line

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

## Primary Transmission Line

### Existing Transmission Line

| Section | Question | Response |
|---|---|---|
| **Existing Transmission Line Description** | 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 |
| **Existing Transmission Line Manufacturer and Type** | Manufacturer | |
| | Type | Flexible Foam |
| | Diameter | Other |
| | Other Diameter | 2 inches |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 537 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 | Flexible Air |
| | Diameter | 3 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 537 feet per run |
| | Justification for New Transmission Line | Existing transmission line is foam, need air dielectric in order to pressurize the new channel 32 antenna. 2' no longer sold (3" on quote) |

## Primary Transmission Line

### Other Transmission Line Expenses Not Listed

No information not provided.

## Tower Equipment And Rigging Costs

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

## Primary Tower

### Existing Tower

| Section | Question | Response |
|---|---|---|
| **Existing Tower Description** | Type of change | Modify 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? | No |
| **Existing Tower Structure Registration** | Do you have a tower registration number? | No |
| | ASR Number | |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 30° 26' 37.0" N- |
| | Longitude (NAD83) | 091° 10' 54.0" W- |
| | Overall Structure Height | 499.01 feet |
| | Support Structure Height | 456.03 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 36.09 feet |

| | |
|---|---|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | WAFB LLC |
| Date Constructed | 05/22/1965 |

### 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 |
|---|---|---|
| 18185 | WBRH | FM |

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: | Minor Reinforcements needed |

Primary Tower

### Tower Rigging Costs

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

Primary Tower

### Other Tower Expenses Not Listed

| Name | Description |
|---|---|

| | |
|---|---|
| **Tower Mapping** | Tower Mapping for WBXH existing tower |

## Outside Professional Services Costs

| Section | Question | Response |
|---|---|---|
| **Outside Project Management Services** | Do you require outside project management services? | Yes |
| | Number of Hours | 300 |
| | Explanation | Pattern analysis<br>Antenna Spec<br>Transmitter Spec<br>Building drawings<br>Installation Supervision<br>Accounting<br>Internal<br>Legal |
| **Outside RF consulting Engineering Services** | Perform engineering study for new channel assignment and antenna development | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |
| | Terrain-Shielded Facility | N/A |

| | | |
|---|---|---|
| **Attorney and Other Outside Consulting Services** | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | No |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | No |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| **RF Field Engineering Services** | Comprehensive coverage verification via field study | Yes |
| | 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

Information not provided.

## 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 | No |
| | FCC License to Cover Application | No |
| | FCC Special Temporary Authority Application | No |
| **Other Miscellaneous Expenses** | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | No |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes |
| | Does this relocation require Equipment Storage? | Yes |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

## Other Expenses

### Other Expenses Not Listed

Information not provided.

## 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 UAXTE-2** | **$164,200.00** | **$114,208.96** | | **$56,918.97** | |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | $126,000.00 | $89,208.96 | Quote attached (GA-00021472) | $56,918.97 | N/A |
| Switchgear - industrial 800 amp | $38,200.00 | $25,000.00 | N/A | $0.00 | N/A |
| **Sub-total** | $164,200.00 | $114,208.96 | N/A | $56,918.97 | N/A |
| **Total for all systems** | $667,903.00 | $642,610.83 | N/A | $127,610.19 | N/A |

### Components

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

| | | |
|---|---|---|
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | **Component Description:**<br>**Amount:** | UAXTE-2-E<br>$7,589.20 |
| | **Component Description:**<br>**Amount:** | Transmitter, Mask Filter Saystem, Electrical, Installation and Proof<br>$37,945.98 |
| | **Component Description:**<br>**Amount:** | Transmitter, Mask Filter Saystem, Electrical, Installation & Proof<br>$11,383.79 |
| Switchgear - industrial 800 amp | 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 |
|---|---|---|---|---|---|
| **Primary Antenna TLP-12M/VP** | **$33,030.00** | **$25,948.74** | | **$15,569.24** | |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | $26,300.00 | $19,548.74 | Quote attached | $11,729.24 | N/A |
| Sweep test of existing antenna | $6,730.00 | $6,400.00 | N/A | $3,840.00 | N/A |
| **Sub-total** | $33,030.00 | $25,948.74 | N/A | $15,569.24 | N/A |
| **Total for all systems** | $667,903.00 | $642,610.83 | N/A | $127,610.19 | N/A |

### Components

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

| | | |
|---|---|---|
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | **Component Description:** | Antenna, Transmission Line, On-Site Engineer, VPOL Components |
| | **Amount:** | $9,774.37 |
| | **Component Description:** | UHF lower power side mount antenna |
| | **Amount:** | $1,954.87 |
| Sweep test of existing antenna | **Component Description:** | Repack Sweep - WBXH-210-Primary Antenna - Sweep Test |
| | **Amount:** | $3,200.00 |
| | **Component Description:** | Sweep Test Primary Antenna |
| | **Amount:** | $640.00 |

## 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 Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|---|---|---|---|---|
| **Primary Transmission Line** | **$31,683.00** | **$21,958.13** | | **$13,174.87** | |
| Flexible Air Transmission Line - dielectric, 3" | $31,683.00 | $21,958.13 | Dielectric quote for 3" replaces 2" which is no longer manufactured. Air dielectric is required to pressurize new antenna Quote attached.(see main antenna quote) Estimated tax and shipping added to cost. | $13,174.87 | N/A |
| **Sub-total** | $31,683.00 | $21,958.13 | N/A | $13,174.87 | N/A |
| **Total for all systems** | $667,903.00 | $642,610.83 | N/A | $127,610.19 | N/A |

### Components

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

| | | |
|---|---|---|
| Flexible Air Transmission Line - dielectric, 3" | **Component Description:** | Flexible Transmission Line - WBXH-310-Primary Transmission Line - Flexible, 3", Air Dielectric |
| | **Amount:** | $10,979.06 |
| | **Component Description:** | Primary Transmission Line |
| | **Amount:** | $2,195.81 |

## 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** | **$260,300.00** | **$218,300.00** | | **$30,109.31** | |
| Tower Mapping | ***$5,500.00*** | $5,500.00 | Please see invoice 3178 from Tower King II, Inc. | $0.00 | N/A |
| Structural engineering tower load study for well documented tower | $12,600.00 | $7,800.00 | N/A | $0.00 | N/A |
| Minor tower reinforcement /modifications | $158,000.00 | $125,000.00 | N/A | N/A | N/A |
| Short Tower (less than 500') | $84,200.00 | $80,000.00 | N/A | $30,109.31 | N/A |
| **Sub-total** | $260,300.00 | $218,300.00 | N/A | $30,109.31 | N/A |
| **Total for all systems** | $667,903.00 | $642,610.83 | N/A | $127,610.19 | N/A |

### Components

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

| | | |
|---|---|---|
| Tower Mapping | **Component Description:**<br><br>**Amount:** | Tower Service - Mapping of WBXH for Repack - Facility ID # 51806<br>$5,500.00 |
| Structural engineering tower load study for well documented tower | Information not provided. | |
| Minor tower reinforcement /modifications | Information not provided. | |
| Short Tower (less than 500') | **Component Description:**<br><br>**Amount:**<br><br>**Component Description:**<br><br>**Amount:** | Tower Service - Antenna and Transmission Line Installation<br>$30,000.00<br><br>SS Angle Adapter, 10/pack; Cushion Hanger kit or (1) 7 /8"<br>$109.31 |

## 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** | **$151,320.00** | **$243,425.00** | | **$11,837.80** | |
| Comprehensive coverage verification via field study, if needed | $84,200.00 | $80,000.00 | 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 |
| Project management of the transition | $47,400.00 | $144,675.00 | Widelity Strategic Support Quote | $8,712.80 | N/A |
| Perform engineering study for new channel assignment and antenna development | $7,360.00 | $7,000.00 | N/A | $1,125.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | $3,155.00 | $3,000.00 | N/A | $2,000.00 | 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 |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | $5,260.00 | $5,000.00 | N/A | N/A | N/A |
| **Sub-total** | $151,320.00 | $243,425.00 | N/A | $11,837.80 | N/A |
| **Total for all systems** | $667,903.00 | $642,610.83 | N/A | $127,610.19 | N/A |

## Components

| Actual Information Description | File Name |
|---|---|
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |

| | | |
|---|---|---|
| Project management of the transition | **Component Description:**<br>**Amount:** | Project Management<br>$4,255.10 |
| | **Component Description:**<br>**Amount:** | Project Management<br>$3,194.95 |
| | **Component Description:**<br>**Amount:** | Project Management<br>$2,137.85 |
| | **Component Description:**<br>**Amount:** | Project Management<br>$2,084.95 |
| | **Component Description:**<br>**Amount:** | Project management<br>$2,372.75 |
| Perform engineering study for new channel assignment and antenna development | **Component Description:**<br>**Amount:** | Engineering study work for new channel assignment and antenna development.<br>$125.00 |
| | **Component Description:**<br>**Amount:** | Engineering study work for new channel assignment and antenna development.<br>$1,125.00 |

| | | |
|---|---|---|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | **Component Description:**<br><br>**Amount:** | FCC Form 2100 Construction Permit Application<br>$2,000.00 |
| Prepare engineering section of 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. | |

## 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 |
|---|---|---|---|---|---|
| **Other Expenses** | **$27,370.00** | **$18,770.00** | | **$0.00** | |
| Equipment Storage | ***$10,000.00*** | $10,000.00 | Estimate for Dielectric on site antenna storage Dielectric letter attached | N/A | N/A |
| DTV Medical Facility Notification | $11,550.00 | $2,950.00 | Group quote attached | $0.00 | N/A |
| Equipment Delivery and Handling Charges | ***$2,970.00*** | $2,970.00 | On site forklift rental estimate Representative quote attached | N/A | N/A |
| Develop and air announcement of upcoming channel change | ***$2,850.00*** | $2,850.00 | estimate for on air rescan announcement production. Quote attached | N/A | N/A |
| MVPD Notification of Channel Change | ***$0.00*** | $0.00 | N/A | N/A | N/A |
| **Sub-total** | $27,370.00 | $18,770.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $667,903.00 | $642,610.83 | N/A | $127,610.19 | N/A |

### Components

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

| | |
|---|---|
| Equipment Storage | Information not provided. |
| DTV Medical Facility Notification | **Component Description:** Medical Notification<br>**Amount:** $2,950.00 |
| Equipment Delivery and Handling Charges | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| MVPD Notification of Channel Change | Information not provided. |

## Cost Information

### Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|---|---|---|---|
| **Total for all systems** | $667,903.00 | $642,610.83 | $127,610.19 |

## Reimbursement Status

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

## Certification

| Section | Question | Response |
| --- | --- | --- |
| **Submission of Estimated Expenses Statements** | WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT. | |
| | 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.<br>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>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 entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **Robert J. Folliard , III .**<br>*Assistant Secretary*<br><br>03/25/2019 |

## Attachments