



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **36717** | Service: **DCA** | Call **KSKJ-CD** | Channel: **26 (UHF)**  
ID: | Sign:  
File **0000027925**  
Number:  
FRN: **0026907345** | Date **06/10**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>HC2 STATION GROUP, INC.</b>	RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	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	Station plans to replace the filters, and re-tune the transmitter if possible.

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	ADT-1000
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.35 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	TRN-5X-U-18-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3 kW
	Justification for New Transmitter	The current transmitter cannot be returned.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	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?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
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
<b>Existing Antenna Description</b>	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?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	2
	Design power capacity in use	100.0 %
	Lower Limit	548.00 MHz
	Upper Limit	554.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	1.0 kW

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Manufacturer	
Model	4DR-8S
Year	2004

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**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?	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
<b>New Antenna Manufacturer and Types</b>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	2
	Lower Limit	548.00 MHz
	Upper Limit	554.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1.0 kW
	Manufacturer	
	Model	UTVC-01/X
	Year	2019

Justification for New Antenna

Station's repack was for new location in Mt Harvard. Equipment at original site at Granada Hills CA was not worth salvaging to move due to being discontinued by the manufacturer due to age /supportability.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	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

**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
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	150 feet per run

**Primary  
Transmission  
Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	220 feet per run
	Justification for New Transmission Line	Station's repack was for new location in Mt Harvard. Equipment at original site at Granada Hills CA was not worth salvaging to move due to being discontinued by the manufacturer due to age /supportability.

**Primary  
Transmission  
Line**      **Other Transmission Line Expenses Not Listed**

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify 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?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1013606
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	34° 17' 03.0" N-
	Longitude (NAD83)	118° 28' 20.0" W-
	Overall Structure Height	269.03 feet
	Support Structure Height	269.03 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1249.98 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Liberman Broadcasting, Inc.
Date Constructed	01/01/1990

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for documented tower
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

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

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.



**Outside Professional Services Costs**

Section	Question	Response
<p><b>Outside Project Management Services</b></p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>260</p>
	<p>Explanation</p>	<p>Project management fee for the transition of one broadcaster for the tower and transmitter sub-projects. Scheduling and management of the timelines and schedules occurring during the repack.</p>
<p><b>Outside RF consulting Engineering Services</b></p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare request for Special Temporary Authority</p>	<p>No</p>
	<p>Quantity</p>	<p>N/A</p>

	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	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	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
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N/A
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**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
Project management expenses	Travel, per diem, lodging for on site visits for project management

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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?	No
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	No

**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
<b>Primary Transmitter TRN-5X-U-18-C</b>	<b>\$36,750.00</b>	<b>\$36,750.00</b>		<b>\$36,750.00</b>	
UHF - Air Cooled Solid State Transmitter 3 kW	<i>\$36,750.00</i>	\$36,750.00	N/A	\$36,750.00	N/A
<b>Sub-total</b>	<b>\$36,750.00</b>	<b>\$36,750.00</b>	<b>N/A</b>	<b>\$36,750.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$256,281.00</b>	<b>\$235,832.99</b>	<b>N/A</b>	<b>\$118,123.45</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 3 kW	<p><b>Component Description:</b> Transmitter cost, upgrade excluded. #7122-01</p> <p><b>Amount:</b> \$36,750.00</p>

**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 UTVC-01/X</b>	<b>\$35,550.00</b>	<b>\$58,900.45</b>		<b>\$49,890.45</b>	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$49,890.45	The total amount includes antenna, installation and shipping cost. See attached antenna quote from Kathrein.	\$49,890.45	N/A
Sweep test of existing antenna	\$6,730.00	\$6,550.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	\$2,520.00	\$2,460.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$35,550.00</b>	<b>\$58,900.45</b>	N/A	<b>\$49,890.45</b>	N/A
<b>Total for all systems</b>	<b>\$256,281.00</b>	<b>\$235,832.99</b>	N/A	<b>\$118,123.45</b>	N/A

**Components**

Actual Information Description	File Name
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UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<p><b>Component Description:</b> Antenna shipping cost. #35508747256</p> <p><b>Amount:</b> \$1,762.30</p>
	<p><b>Component Description:</b> Antenna cost 50% balance. #185462</p> <p><b>Amount:</b> \$9,827.40</p>
	<p><b>Component Description:</b> Antenna cost 50% down. #PO000047-INV</p> <p><b>Amount:</b> \$9,540.75</p>
	<p><b>Component Description:</b> Installation 50% balance. #46485</p> <p><b>Amount:</b> \$14,380.00</p>
	<p><b>Component Description:</b> Installation 50% down. #46430</p> <p><b>Amount:</b> \$14,380.00</p>
Sweep test of existing antenna	Information not provided.
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	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
<b>Primary Transmission Line</b>	<b>\$5,280.00</b>	<b>\$3,864.00</b>		<b>\$3,864.00</b>	
Flexible Foam Transmission Line - dielectric, 1 5/8"	\$5,280.00	\$3,864.00	N/A	\$3,864.00	N/A
<b>Sub-total</b>	<b>\$5,280.00</b>	<b>\$3,864.00</b>	<b>N/A</b>	<b>\$3,864.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$256,281.00</b>	<b>\$235,832.99</b>	<b>N/A</b>	<b>\$118,123.45</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Flexible Foam Transmission Line - dielectric, 1 5/8"	<p><b>Component Description:</b> Transmission line cost. #185327</p> <p><b>Amount:</b> \$3,864.00</p>

**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>\$96,800.00</b>	<b>\$83,100.00</b>		<b>\$1,200.00</b>	
Structural engineering tower load study for well documented tower	\$12,600.00	\$1,200.00	N/A	\$1,200.00	N/A
Short Tower (less than 500')	\$84,200.00	\$81,900.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$96,800.00</b>	<b>\$83,100.00</b>	N/A	<b>\$1,200.00</b>	N/A
<b>Total for all systems</b>	<b>\$256,281.00</b>	<b>\$235,832.99</b>	N/A	<b>\$118,123.45</b>	N/A

**Components**

Actual Information	
Description	File Name
Structural engineering tower load study for well documented tower	<p><b>Component Description:</b> Tower analysis. #160125694</p> <p><b>Amount:</b> \$1,200.00</p>
Short Tower (less than 500')	Information not provided.

**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>\$67,460.00</b>	<b>\$40,447.54</b>		<b>\$23,195.23</b>	
Project management expenses	<i>\$1,400.00</i>	\$1,400.00	On-site expenses for project management	\$372.69	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	\$125.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$0.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$650.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Project management of the transition	\$41,080.00	\$15,297.54	N/A	\$15,297.54	N/A
<b>Sub-total</b>	\$67,460.00	\$40,447.54	N/A	\$23,195.23	N/A
<b>Total for all systems</b>	\$256,281.00	\$235,832.99	N/A	\$118,123.45	N/A

## Components

**Actual Information**  
**Description**

**File Name**

Project management expenses	<p><b>Component Description:</b> Trip Expenses Dallas to LA to gather info for repack project planning and 399 estimate preparation.</p> <p><b>Amount:</b> \$372.69</p>
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	<p><b>Component Description:</b> Review of initial post-auction baseline construction permit application</p> <p><b>Amount:</b> \$125.00</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Prepare engineering section of initial post-auction baseline construction permit application</p> <p><b>Amount:</b> \$1,750.00</p>

<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b> Perform engineering study for new channel assignment. Line item was \$850, but reducing reimb. request to \$650 to match fixed fee quote from vendor. We're absorbing the extra \$200 out of pocket.</p> <p><b>Amount:</b> \$650.00</p>
<p>Prepare and or review reimbursement form</p>	<p><b>Component Description:</b> Fee for preparation of 399 Reimbursement Cost Estimates</p> <p><b>Amount:</b> \$2,500.00</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p><b>Component Description:</b> Transition and coordination related cost. #160125695</p> <p><b>Amount:</b> \$2,500.00</p>
<p>Project management of the transition</p>	<p><b>Component Description:</b> Portion of general repack matter invoice attributable to this station - divided by 10 stations. #473121</p> <p><b>Amount:</b> \$2,044.14</p>

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 15 stations. #472568

**Amount:** \$985.76

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 15 stations. #472232

**Amount:** \$901.10

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 15 stations. #471659

**Amount:** \$1,206.00

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 10 stations. #1134

**Amount:** \$1,678.60

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 10 stations. #1129

**Amount:** \$1,758.65

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 10 stations. \$1122

**Amount:** \$1,979.10

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1118

**Amount:** \$1,609.03

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1116

**Amount:** \$1,254.03

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1112

**Amount:** \$521.40

**Component Description:** Portion of general repack matter invoice attributable to this station - divided by 15 stations. #1096

**Amount:** \$714.93



**Component Description:**

Portion of general  
repack matter  
invoice attributable  
to this station -  
divided by 15  
stations. #1104

**Amount:**

\$644.80

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**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>\$14,441.00</b>	<b>\$12,771.00</b>		<b>\$3,223.77</b>	
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$1,777.77	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,446.00</i>	\$1,446.00	N/A	\$1,446.00	N/A
<b>Sub-total</b>	<b>\$14,441.00</b>	<b>\$12,771.00</b>	<b>N/A</b>	<b>\$3,223.77</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$256,281.00</b>	<b>\$235,832.99</b>	<b>N/A</b>	<b>\$118,123.45</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

DTV Medical Facility Notification	<p><b>Component Description:</b> Medical notification service. #INV-001857</p> <p><b>Amount:</b> \$1,777.77</p>
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Develop and air announcement of upcoming channel change	<p><b>Component Description:</b> Announcement cost. #6113921584</p> <p><b>Amount:</b> \$942.00</p> <p><b>Component Description:</b> Announcement cost. #6113848997</p> <p><b>Amount:</b> \$504.00</p>

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$256,281.00	\$235,832.99	\$118,123.45

**Reimbursement Status**

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

Certification	Section	Question	Response
	<b>Submission of Estimated Expenses Statements</b>	<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.

**Les Levi**  
*Chief  
Operating  
Officer*

06/10/2019

Certification	Section	Question	Response
	<b>Submission of Actual Cost Documentation Statements</b>	<p>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).</p>	
		<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.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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.

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

**Les Levi**  
*Chief*  
*Operating*  
*Officer*

06/10/2019

## Attachments