



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **57292** | Service: **DTV** | Call **WAAY-TV** | Channel: **17 (UHF)**
ID: | Sign:
File **0000027628**
Number:
FRN: **0025852393** | Date **05/11**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|--------------------------|----------------------------|---------------------------------|
| ALABAMA TV LICENSE COMPANY, LLC | 3282 NORTHSIDE PARKWAY SUITE 275 ATLANTA, GA 30327 United States | +1 (470) 355- 1944 | jburgett@wileyrein. 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 |
|----------|----------|
|----------|----------|

| | |
|---|--|
| <p>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.</p> | <p>Yes</p> |
| <p>Briefly describe transition plan</p> | <p>WAAY (post ch. 17, Phase 2) & WZDX (pre ch. 41/post ch. 18, Phase 8) to re-use shared antenna. WAAY to install new transmitter & constant impedance mask filter for shared 17/41 operations until Phase 8, then will implement shared 17/18 operations.</p> |

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

**Auxiliary
Transmitter****Add Transmitter Information**

| Section | Question | Response |
|---|--|-----------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Backup |
| | 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 | Ranger |
| | Year | 2003 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | .5 kW |

**Auxiliary
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|------------------------|---|---|
| New Transmitter | Use | Auxiliary (Backup) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | UAXTE1 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | .6 kW |
| | Justification for New Transmitter | Existing aux /backup transmitter cannot be re-channeled to meet repack channel assignment and is no longer supported by manufacturer. |

**Auxiliary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|---------------------------|---------------------------------------|------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | Yes |
| | Size | 1.5 inches |

| | | |
|--|---|--|
| | Length | 1000.0 feet |
| | Other Electrical Service | Yes |
| | Description | Connect power panel to Aux transmitter |
| 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 leasehold 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 |

Auxiliary Transmitter **Other Transmitter Cost Not Listed**
Information not provided.

**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 | Quantum |
| | Year | 2002 |
| | Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power Capacity | 30 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 | ULXTE-16 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 10.8 kW |
| | Justification for New Transmitter | Primary transmitter cannot be re-channeled to meet repack channel assignment and is no longer supported by manufacturer. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|---------------------------|---------------------------------------|------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | Yes |
| | Size | 1.5 inches |

| | | |
|--|---|---|
| | Length | 1000.0 feet |
| | Other Electrical Service | Yes |
| | Description | Connecting power panel to new transmitter |
| 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 leasehold 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 | Retune Existing |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Leased |
| | Owner | American Tower |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | Yes |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| Existing Antenna Manufacturer and Type | Is antenna located on or in close proximity to an antenna farm? | No |
| | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Bottom |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 70 |
| Design power capacity in use | 50.0 % | |

| | |
|--|--------------------|
| Lower Limit | 470.00 MHz |
| Upper Limit | 860.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 700.0 kW |
| Manufacturer | Dielectric |
| Model | TUD-S5B-14/70H-1-T |
| Year | 2001 |

Facility ID's and Call Signs of all stations with whom the antenna is shared.

| Facility ID | Call Sign |
|-------------|-----------|
| 57292 | WAAY-TV |
| 28119 | WZDX |

Primary Antenna

Adjustment to Existing Antenna

| Section | Question | Response |
|---------------------------------------|---|----------|
| Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | Yes |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|--|------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | Yes |
| | Type | New |
| | Number of channels supported | 2 |
| | Frequencies of channels supported | RF channel |
| | Frequency | N/A |

Enter a list of RF channel numbers.

| RF Channel Number |
|--------------------------|
| 17 |
| 18 |

Primary Antenna

Other Antenna Cost Not Listed

| Name | Description |
|-------------------------------|---|
| Combiner Interconnects | 6-1/8", 3-1/8", & 4-1/16" combiner interconnects required to connect new channel 17 combiner module |
| Combiner Installation | Cost to install the new channel 17 combiner module in existing broadband combiner system |

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

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

| Outside Professional Services Costs | Section | Question | Response | |
|--|---|---|--|---|
| | Outside Project Management Services | | Do you require outside project management services? | Yes |
| | | | Number of Hours | 37 |
| | | | Explanation | Manage combiner ordering, shipping, installation, and testing |
| | 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 | Yes |
| Address transition timing and coordination issues 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 |
|-----|

**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

| Name | Description |
|---------------------------------|---|
| RF System Test | Testing of the combiner to ensure all frequencies are tuned for optimal patterns. |
| Attorney Fees and Other Matters | Professional Fees Outside 2100 Permit Applications |

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 | Yes |
| | 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)? | 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 |

**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 ULXTE-16 | \$512,456.25 | \$487,956.25 | | \$408,412.02 | |
| 1.5" Rigid Conduit and Wiring | <i>\$3,000.00</i> | \$3,000.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW | \$494,500.00 | \$470,000.00 | N/A | \$393,455.77 | N/A |
| Other Electrical Service: Connecting power panel to new transmitter | <i>\$14,956.25</i> | \$14,956.25 | ACW Electric Estimate 3346 | \$14,956.25 | N/A |
| Auxiliary Transmitter UAXTE1 | \$89,957.35 | \$89,957.35 | | \$71,907.11 | |
| Other Electrical Service: Connect power panel to Aux transmitter | <i>\$3,000.00</i> | \$3,000.00 | N/A | N/A | N/A |
| 1.5" Rigid Conduit and Wiring | <i>\$3,000.00</i> | \$3,000.00 | N/A | N/A | N/A |

| | | | | | |
|---|---------------------------|--------------|---|--------------|-----|
| UHF - Air Cooled Solid State Transmitter . 6 kW | <i>\$83,957.35</i> | \$83,957.35 | See Attachment "WAAY - Gates Air UAXTE 1 Auxiliary Transmitter Invoice and Quote.pdf" showing total with estimated shipping and taxes included. | \$71,907.11 | N/A |
| Sub-total | \$602,413.60 | \$577,913.60 | N/A | \$480,319.13 | N/A |
| Total for all systems | \$1,056,189.85 | \$873,830.10 | N/A | \$654,659.38 | N/A |

Components

| Actual Information | |
|-------------------------------|---------------------------|
| Description | File Name |
| 1.5" Rigid Conduit and Wiring | Information not provided. |

| | |
|--|---|
| <p>UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW</p> | <p>Component Description: WAAY-Primary Transmitter (ULXTE-16). Request does not include cost for shipping and taxes, which will be requested when these expenses are incurred. See Attachment "WAAY-GatesAir ULXTE-16 Primary Transmitter Invoice and Quote (submitted 4.23.2018).pdf."</p> <p>Amount: \$393,455.77</p> |
| <p>Other Electrical Service: Connecting power panel to new transmitter</p> | <p>Component Description: Power package / Required equipment for 480 volt connection</p> <p>Amount: \$14,956.25</p> |
| <p>Other Electrical Service: Connect power panel to Aux transmitter</p> | <p>Information not provided.</p> |
| <p>1.5" Rigid Conduit and Wiring</p> | <p>Information not provided.</p> |

UHF - Air Cooled Solid State
Transmitter .6 kW

Component Description:

WAAY - Auxiliary
Transmitter
(UAXTE-1R37).
Request does not
include estimated
costs for shipping
and taxes, which
will be requested
with a separate
invoice when
these expenses
are incurred.

Amount:

\$71,907.11

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 TUD-S5B-14 /70H-1-T | \$372,525.00 | \$94,595.00 | | \$94,595.00 | |
| Combiner Interconnects | <i>\$24,305.00</i> | \$24,305.00 | Estimated cost shown is WAAY-TV's total cost for shared American Tower project. See Attachment "American Tower Invoice for Shared Project (revised)." | \$24,305.00 | N/A |
| New combiner, cost per channel (without antenna) | \$84,200.00 | \$55,000.00 | Estimated cost shown is WAAY-TV's total cost for shared American Tower project. See Attachment "American Tower Invoice for Shared Project (revised)." | \$55,000.00 | N/A |

| | | | | | |
|---|-----------------------|---------------------|---|---------------------|-----|
| Sweep test of existing antenna | \$6,730.00 | \$5,000.00 | Estimated cost shown is WAAY-TV's total cost for shared American Tower project. See Attachment "American Tower Invoice for Shared Project (revised)." | \$5,000.00 | N/A |
| Combiner Installation | \$10,290.00 | \$10,290.00 | Estimated cost shown is WAAY-TV's total cost for shared American Tower project. See Attachment "American Tower Invoice for Shared Project (revised)." | \$10,290.00 | N/A |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | \$247,000.00 | \$0.00 | N/A | \$0.00 | N/A |
| Sub-total | \$372,525.00 | \$94,595.00 | N/A | \$94,595.00 | N/A |
| Total for all systems | \$1,056,189.85 | \$873,830.10 | N/A | \$654,659.38 | N/A |

Components

| Actual Information | |
|--|--|
| Description | File Name |
| Combiner Interconnects | <p>Component Description: Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."</p> <p>Amount: \$24,305.00</p> |
| New combiner, cost per channel (without antenna) | <p>Component Description: Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."</p> <p>Amount: \$55,000.00</p> |
| Sweep test of existing antenna | <p>Component Description: Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."</p> <p>Amount: \$5,000.00</p> |

| | |
|---|--|
| Combiner Installation | <p>Component Description: Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."</p> <p>Amount: \$10,290.00</p> |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | Information not provided. |

Cost Information **Transmission Line**
 Information not provided.

Cost Information **Tower Equipment and Rigging Costs**
 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 |
|--------------------------------------|-----------------------------|---------------------|---|--------------------|---------------------------|
| Outside Professional Services | \$49,243.50 | \$169,873.75 | | \$71,439.50 | |
| Attorney Fees and Other Matters | <i>\$13,417.50</i> | \$13,417.50 | Wiley Rein Invoices including 1467358, 1471191, 1441810, 1445757, 1457860, 1453829, 1478863, 1482488, 1486739 | \$13,417.50 | N/A |

| | | | | | |
|--|-------------------|-------------|---|-------------|-----|
| RF System Test | <i>\$5,000.00</i> | \$5,000.00 | Estimated cost shown is WAAY-TV's total cost for shared American Tower project. See Attachment "American Tower Invoice for Shared Project (revised)." | \$5,000.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$25,031.25 | See Wiley Rein Invoices including #1461819, #1467358, #1457860, #1441810, #1445757, #1449756, and #1482488 | \$25,031.25 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$5,000.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|------------|------------|---|------------|-----|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | 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 |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | Estimated cost shown is WAAY-TV's total cost for shared American Tower project. See Attachment "American Tower Invoice for Shared Project (revised)." | \$2,500.00 | N/A |

| | | | | | |
|--------------------------------------|----------------|--------------|--|--------------|-----|
| Project management of the transition | \$5,846.00 | \$105,175.00 | See Widality Strategic Support Services Quote; Estimated cost shown is WAAY-TV's total cost for shared American Tower project. See Attachment "American Tower Invoice for Shared Project (revised)." | \$20,490.75 | N/A |
| Sub-total | \$49,243.50 | \$169,873.75 | N/A | \$71,439.50 | N/A |
| Total for all systems | \$1,056,189.85 | \$873,830.10 | N/A | \$654,659.38 | N/A |

Components

| Actual Information | |
|---------------------------------|---|
| Description | File Name |
| Attorney Fees and Other Matters | Component Description: Professional Services |
| | Amount: \$905.00 |
| | Component Description: Professional services |
| | Amount: \$1,640.00 |

Component Description: Professional services
Amount: \$820.00

Component Description: WAAY-550-Attorney - Other Matters
Amount: \$205.00

Component Description: Total Professional Services, Total Disbursements
Amount: \$1,640.00

Component Description: WAAY-550-Attorney - Other Matters
Amount: \$820.00

Component Description: Professional services
Amount: \$1,640.00

Component Description: Professional legal services
Amount: \$1,435.00

Component Description: WAAY-550-Attorney - Other Matters
Amount: \$1,435.00

Component Description: WAAY-550-Attorney - Other Matters
Amount: \$2,262.50

| | |
|--|---|
| | <p>Component Description: For professional services rendered through November 30, 2018</p> <p>Amount: \$615.00</p> |
| RF System Test | <p>Component Description: Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."</p> <p>Amount: \$5,000.00</p> |
| Prepare and or review reimbursement form | <p>Component Description: Professional services</p> <p>Amount: \$1,435.00</p> <p>Component Description: Professional services</p> <p>Amount: \$6,560.00</p> <p>Component Description: WAAY-590-Prepare and/or Review Reimbursement Form</p> <p>Amount: \$226.25</p> <p>Component Description: Professional legal services</p> <p>Amount: \$2,460.00</p> |

Component Description: WAAY-590-
Prepare and/or
Review
Reimbursement
Form
Amount: \$1,640.00

Component Description: Review
construction and
equipment costs for
channel
reassignment, etc.;
Research, draft and
file receive-only
earth station
registration;
Analyze potential
acquisition of
WHNT, etc.
Amount: \$1,640.00

Component Description: Professional
services
Amount: \$2,460.00

Component Description: TC w/K. Laguatan
re: revisions to
Form 399 repack
reimbursement;
prepare Form 399
re: change in
transition plan
Amount: \$4,305.00

Component Description: WAAY-590-
Prepare and/or
Review
Reimbursement
Form
Amount: \$4,305.00

| | |
|---|--|
| <p>Perform engineering study for new channel assignment and antenna development</p> | <p>Component Description:</p> <p>Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."</p> <p>Amount: \$5,000.00</p> |
| <p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p> | <p>Information not provided.</p> |
| <p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p> | <p>Information not provided.</p> |
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <p>Information not provided.</p> |
| <p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p> | <p>Information not provided.</p> |
| <p>Address transition timing and coordination issues w/ other stations and wireless</p> | <p>Component Description:</p> <p>Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."</p> <p>Amount: \$2,500.00</p> |

Project management of the transition

Component Description: Project Management
Amount: \$2,841.05

Component Description: Project Management
Amount: \$1,924.50

Component Description: Project Management
Amount: \$2,552.30

Component Description: Project Management
Amount: \$4,941.95

Component Description: Actual Cost requested is WAAY-TV's total cost for shared American Tower project. See "American Tower Invoice for Shared Project (revised)."
Amount: \$5,500.00

Component Description: Project Management
Amount: \$2,730.95

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 | \$32,007.75 | \$31,447.75 | | \$8,305.75 | |
| Develop and air announcement of upcoming channel change | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$5,122.75</i> | \$5,122.75 | Wiley Rein LLP Invoice #1482488 | \$5,122.75 | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | \$3,183.00 | N/A |
| Sub-total | \$32,007.75 | \$31,447.75 | N/A | \$8,305.75 | N/A |
| Total for all systems | \$1,056,189.85 | \$873,830.10 | N/A | \$654,659.38 | N/A |

Components

| Actual Information Description | File Name | | | | | | | | | | | | |
|--|---|-------------------------------|--|----------------|------------|-------------------------------|--|----------------|------------|-------------------------------|-------------------------|----------------|----------|
| Develop and air announcement of upcoming channel change | Information not provided. | | | | | | | | | | | | |
| Equipment Delivery and Handling Charges | Information not provided. | | | | | | | | | | | | |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. | | | | | | | | | | | | |
| MVPD Notification of Channel Change | <table border="0"> <tr> <td data-bbox="708 831 1139 864">Component Description:</td> <td data-bbox="1139 831 1430 943">Total Professional Services, Total Disbursements</td> </tr> <tr> <td data-bbox="708 954 1139 987">Amount:</td> <td data-bbox="1139 954 1430 987">\$2,488.75</td> </tr> <tr> <td data-bbox="708 1088 1139 1122">Component Description:</td> <td data-bbox="1139 1088 1430 1245">Notification of Cable and Satellite MVPD Providers of new RF Channel</td> </tr> <tr> <td data-bbox="708 1256 1139 1290">Amount:</td> <td data-bbox="1139 1256 1430 1290">\$1,814.00</td> </tr> <tr> <td data-bbox="708 1391 1139 1424">Component Description:</td> <td data-bbox="1139 1391 1430 1458">WAAY MVPD Notifications</td> </tr> <tr> <td data-bbox="708 1469 1139 1503">Amount:</td> <td data-bbox="1139 1469 1430 1503">\$820.00</td> </tr> </table> | Component Description: | Total Professional Services, Total Disbursements | Amount: | \$2,488.75 | Component Description: | Notification of Cable and Satellite MVPD Providers of new RF Channel | Amount: | \$1,814.00 | Component Description: | WAAY MVPD Notifications | Amount: | \$820.00 |
| Component Description: | Total Professional Services, Total Disbursements | | | | | | | | | | | | |
| Amount: | \$2,488.75 | | | | | | | | | | | | |
| Component Description: | Notification of Cable and Satellite MVPD Providers of new RF Channel | | | | | | | | | | | | |
| Amount: | \$1,814.00 | | | | | | | | | | | | |
| Component Description: | WAAY MVPD Notifications | | | | | | | | | | | | |
| Amount: | \$820.00 | | | | | | | | | | | | |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. | | | | | | | | | | | | |
| DTV Medical Facility Notification | <table border="0"> <tr> <td data-bbox="708 1792 1139 1825">Component Description:</td> <td data-bbox="1139 1792 1430 2027">Notification of Medical Facilities, Transmitter Medical Facility Notification per proposal</td> </tr> <tr> <td data-bbox="708 2038 1139 2072">Amount:</td> <td data-bbox="1139 2038 1430 2072">\$3,183.00</td> </tr> </table> | Component Description: | Notification of Medical Facilities, Transmitter Medical Facility Notification per proposal | Amount: | \$3,183.00 | | | | | | | | |
| Component Description: | Notification of Medical Facilities, Transmitter Medical Facility Notification per proposal | | | | | | | | | | | | |
| Amount: | \$3,183.00 | | | | | | | | | | | | |

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$1,056,189.85 | \$873,830.10 | \$654,659.38 |

Reimbursement Status

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

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

05/11/2019

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | <p>Submission of Actual Cost Documentation Statements</p> | <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"> 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.

| | |
|--|---|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Robert S. Prather , Jr . <i>CEO</i></p> <p>05/11/2019</p> |

Attachments