

Federal Communications Commission

#### (REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility	53734	Service: DTV	Call	WCNY-TV	Channel: 20 (UHF)	
ID:			Sign:			
File	000002	28114				
Number:						
FRN: <b>000</b>	3409299	Date	05/17			
		Submitted:	/2019			

# Applicant Name, Type, and Contact Information

# Information

1	Applicant	Address	Phone	Email	Applicant Type
	PUBLIC BROADCASTING	Mindy	+1	mindy.	Not-for-
	COUNCIL OF CENTRAL NEW	Caporin	(315)	caporin@wcny.	Profit
	YORK	PO BOX	453-	org	
	Doing Business As: PUBLIC	2400	2424		
	BROADCASTING COUNCIL OF	SYRACUSE,			
	CENTRAL NEW YORK	NY 13220			
		United States			

#### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information					
Contact Information	Applicant	Address	Phone	Email		
	The Preparer is same as the reimbursement contact.					

Broadcaster	Question	Response
Information		
and		
Transition		
Plan		

Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	WCNY is sharing bottom stack antenna with WSTM on candelabra. The top stack antenna is an unused channel 54. The entire stack will be replaced with a single channel top mount for WCNY. Also replace transmitter, which cannot be retuned.

Transmitters	Section	Question	Response
	Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

Primary	Existing Transmitter Information					
Transmitter	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				
	Manufacturer and Type	Model	TDU2 6K00LV			
		Year	2002			
		Туре	Solid State			
		Solid State Cooling	Liquid Cooled			
		Solid State Power Capacity	6 kW			

#### **Existing Transmitter Information**

Primary	New Transmitter Costs					
Transmitter	r Section	Question	Response			
	New Transmitter	Use	Primary (Main)			
		Change Type	Purchase New			
		Is this a request for upgraded equipment?	No			
		Manufacturer				
		Model	TBD			
		Transmitter Type	Solid State			
		Solid State Cooling	Liquid Cooled			
		Solid State Power capacity	6.5 kW			
		Justification for New Transmitter	Manufacturer cannot retune existing transmitter			

# Primary Other Transmitter Costs

Transmitter	Section	Question	Response
	Electrical Service	Service Entrance (3 phases 800A 208V)	No
		Switchgear (industrial 800 amp)	Yes
		Transformer (480V)	Yes
		Power	150 kVA
		Rigid Conduit and Wiring	Yes
		Size	3 inches
		Length	100.0 feet
		Other Electrical Service	No
		Description	N/A

HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	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	Other Transmitter Cost Not Listed			
Transmitter	Name	Description		
	Standby Exciter and Switch	Standby Exciter with Automatic Change Over Switch		
	Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line		

Antennas Section		Question	Response
Antenna Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary	Existing Antenna Information			
Antenna	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?	Yes	
		Is the existing antenna directional?	No	
		Is antenna in operating condition?	Yes	
	Existing Antenna	Is antenna located on or in close proximity to an antenna farm?	Yes	
		Class	Full Power	
	Manufacturer and Type	Mounting	Top Mount	
		Antenna position in stack	Bottom	
		Polarization	Horizontal	
		Туре	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)	97.0 kW	

Manufacturer	
Model	TFU- 26GBH-R 06 DC
Year	2002

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

Facility ID	Call Sign
21252	WSTM-TV

Antenna	Section	Question	Response
	New Antenna Description	Use	Primary (Main
		Description of Use	N/A
		Change Type	Purchase Nev
		Is this a request for upgraded equipment?	No
		Ownership	Owned
		Owner	N/A
		Is antenna shared?	No
		Is antenna directional?	No
		Will antenna be located on or in close proximity to an antenna farm?	Yes
	New Antenna	Class	Full Power
	Manufacturer and Types	Mounting	Top Mount
		Antenna position in stack	Not in Stack
		Polarization	Horizontal
		Туре	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)	86.5 kW
		Manufacturer	
		Model	TBD
		Year	2018

Justification for New Antenna	Existing slot antenna is dual channel. It will not accommodate
	accommodate
	the assigned
	channel 20.

Primary Antenna	Other Antenna Costs			
	Section	Question	Response	
	Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No	
		Туре		
		Number of channels supported	N/A	
		Frequencies of channels supported	N/A	
Elbow Complex		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?	Yes	
		Broadband or Single Channel?	Single Channel	
		Feed Line Size	4 1/16 inches inches	
	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?	No	
	Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes	

#### **Other Antenna Costs**

# Primary Other Antenna Cost Not Listed

Antenna Information not provided.

Interim	New Antenna Costs			
Antenna	Section	Question	Response	
	New Antenna Description	Use	Interim	
		Description of Use	N/A	
		Change Type	Purchase New	
		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?	Yes	
	New Antenna	Class	Full Power	
	Manufacturer and Type	Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Horizontal	
		Туре	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)	97.0 kW	
		Manufacturer		
		Model	TBD	
		Year	2018	
			1	

Justification for New Antenna

#### Other Antenna Costs

#### Interim Antenna

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	S
	Feed Line Size	4 1/16 inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	Yes
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

# Interim Other Antenna Cost Not Listed

Antenna Information not provided.

Transmissior	n Seffien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Existing Transmission Line Primary Existing Transmission

sior	Section	Question	Response
	Existing Transmission Line Description	Type of change	Utilize Existing
		Use	Primary (Main)
		Description of Use	N/A
		Ownership	Owned
		Owner	N/A
		Site	N/A
Existing Transmission Line Manufacturer and Type		Is the existing transmission line shared with another station or stations?	Yes
		Is Transmission Line in operating condition?	Yes
	_	Manufacturer	Dielectric
		Туре	Rigid
		Diameter	8 3/16 inches
		Other Diameter	N/A
		Segment Length	19 3/4 inches
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	910 feet per run

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

Facility ID	Call Sign
21252	WSTM-TV

# Other Transmission Line Expenses Not Listed Transmission Line

Name	Description
Sweep	Sweep line to confirm acceptable performance on assigned channel

# Interim New Transmission Line

Transmission	n Line Section	Question	Response
	New Transmission Line	Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Rigid
		Diameter	4 1/16 inches
		Segment Length	19 ½ '
		Other Segment Length	
		Number of parallel runs	1
		Length	790 feet per run
	Justification for New Transmission Line	To support an interim antenna for the duration of the assigned phase	

# Other Transmission Line Expenses Not Listed Transmission Description Sweep Sweep line and antenna before applying

power

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

Primary	Existing Tower

Primary Tower	5			
	Section	Question	Response	
	Existing Tower Description	Type of change	Modify Existing	
		Tower Use	Primary (Main)	
		Description of Use	N/A	
		Ownership	Leased	
		Is this tower consider Complex?	Candelabra	
		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	Yes	
		Is tower documented for structural analysis?	Unknown	
		Is tower compliant with Rev G?	No	
	Existing Tower Structure	Do you have a tower registration number?	Yes	
	Registration	ASR Number	1233154	
	Coordinates (NAD83 ( North American Datum of	Latitude (NAD83)	42° 56' 41.8" N-	
	1983))	Longitude (NAD83)	076° 07' 06.2" W-	
		Overall Structure Height	932.08 feet	
		Support Structure Height	804.78 feet	
		Ground Elevation Above Mean Sea Level (AMSL)	1416.98 feet	

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	WSTQ Licensee, LLC
Date Constructed	09/05/2003

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
21252	WSTM-TV	DTV

#### Other Types of Users

Users

WCNY-FM STL

WSTM STL

WYYY RPU

#### Brimany Tower Modification Costs

Ρ	rimary	
Т	ower	

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

Primary Tower	Tower Rigging Costs			
	Section	Question	Response	
	Tower Rigging Costs	Complex Tower	Candelabra	
	Helicopter Services Required	Are helicopter services required?	No	

# Primary Other Tower Expenses Not Listed

**Tower** Information not provided.

Outside	Section	Question	Response
Professional	Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
		Number of Hours	177
		Explanation	Station does not have available personnel or personnel trained in project management for complex multiple vendor projects
	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	Yes
		Quantity	1
		Do you have Distributed Transmission System engineering services?	N/A
		Critical Facility	N/A
		Terrain-Shielded Facility	N/A
	Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	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	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	14
	Justification	Station does not have available personnel or personnel trained in planning, purchasing and vendor oversight for

complex multiple vendor RF projects

# Outside Other Professional Services Expenses Not Listed

Professional Services Costsided.

Other	Section	Question	Response
Expenses	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)?	Yes
		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 Not Listed**

Other	Other Expenses Not Listed	
Expenses	Name	Description
	Miscellaneous Items	Miscellaneous Items

#### Transmitters

#### Cost Information

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 TBD	\$507,450.00	\$490,500.00		\$0.00	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$260,000.00	N/A	\$0.00	N/A
Standby Exciter and Switch	\$25,000.00	\$25,000.00	N/A	\$0.00	N/A
Additional Interior RF System	\$140,000.00	\$140,000.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Sub-total	\$507,450.00	\$490,500.00	N/A	\$0.00	N/A
Total for all systems	\$2,810,603.68	\$2,705,510.68	N/A	\$130,106.03	N/A

#### Components

Information not provided.

#### Antennas

#### Cost Information

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
Interim Antenna TBD	\$134,110.00	\$127,500.00		\$0.00	
UHF - Lower Power Side Mount, One station antenna - medium power (50- 200 kW), horizontally polarized	\$89,400.00	\$85,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$9,100.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A

Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Primary Antenna TBD	\$263,300.00	\$269,933.00		\$121,469.85	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$253,235.00	Changed Antenna purchase to UHF - High Power Top Mount Two Station with Elliptical Polarization	\$113,955.75	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$10,298.00	Elbow Complex Kit for 2 Channel, broadband at antenna input for 6 1 /8"	\$4,634.10	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$2,880.00	N/A
Sub-total	\$397,410.00	\$397,433.00	N/A	\$121,469.85	N/A
Total for all systems	\$2,810,603.68	\$2,705,510.68	N/A	\$130,106.03	N/A

#### Components

**Actual Information** 

Description	File Name	
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	Information not provided.	
Sweep test of existing antenna	Information not provided.	
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	Information not provided.	
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Information not provided.	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	Component Description: Amount:	Antenna UHF High Power Top Mount \$100,590.75
	Component Description: Amount:	VPOL Components \$13,365.00
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if	Component Description:	Elbow complex k for WSTM-WCN
needed)	Amount:	\$4,634.10
Sweep test of existing antenna	Component Description: Amount:	Repack Sweep \$2,880.00

#### **Transmission Line**

#### Cost Information

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
Interim Transmission Line	\$118,580.00	\$113,050.00		\$0.00	
Rigid Transmission Line - copper, 4 1 /16"	\$112,180.00	\$106,650.00	N/A	N/A	N/A
Sweep	\$6,400.00	\$6,400.00	N/A	N/A	N/A
Primary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep	\$6,400.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$124,980.00	\$119,450.00	N/A	\$0.00	N/A
Total for all systems	\$2,810,603.68	\$2,705,510.68	N/A	\$130,106.03	N/A

#### Components

Information not provided.

#### **Tower Equipment and Rigging Costs**

#### Cost Information

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	\$1,499,300.00	\$1,425,000.00		\$0.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Serious tower reinforcement /modifications	\$1,052,000.00	\$1,000,000.00	Assumes station will be solely responsible for candelabra tower upgrades,	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$400,000.00	Bottom Stack antenna on a Candelabra will be replaced using existing transmission line. Interim antenna will be installed with rigid line to achieve licensed	N/A	N/A

			power, and removed at the end of the phase.		
Sub-total	\$1,499,300.00	\$1,425,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,810,603.68	\$2,705,510.68	N/A	\$130,106.03	N/A

### Components

Information not provided.

#### **Outside Professional Services**

#### Cost Information

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	\$175,086.00	\$167,300.00		\$0.00	
Project management of the transition	\$27,966.00	\$26,550.00	N/A	\$0.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$0.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$0.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$0.00	N/A
Prepare engineering section of FCC Form 2100	\$1,580.00	\$1,500.00	N/A	N/A	N/A

(main), License to Cover Application					
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N//
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
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Additional Field Engineering	\$28,000.00	\$28,000.00	N/A	N/A	N/A
Service, 14 Days					

Total for all	\$2,810,603.68	\$2,705,510.68	N/A	\$130,106.03	N/A
systems					

#### Components

Actual Information Description	File Name	
Project management of the transition	Component Description: Amount:	Preparation of FCC Schedule 387 Progress Report \$300.00
Prepare and or review reimbursement form	Component Description:	Prepare FCC Form 399 for Reimbursement
Address transition timing and coordination issues w/	Amount:	\$2,500.00
other stations and wireless Perform engineering study for new channel assignment and antenna development	Component Description:	Perform engineering study for new channel assignment and antenna development
Prepare engineering	Amount:	\$3,250.00
section of FCC Form 2100 (main), Construction Permit Application	Component Description:	Prepare engineering section of Form FCC Construction Permit \$2,000,00
Prepare engineering section of FCC Form 2100 (main), License to Cover	Amount: Information not provided.	\$2,000.00
Application		

Prepare request for Special Temporary Authorization	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Additional Field Engineering Service, 14 Days	Information not provided.

#### **Other Expenses**

#### Cost Information

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	\$106,377.68	\$105,827.68		\$8,636.18	
Miscellaneous Items	\$19,191.50	\$19,191.50	Items 3-8 on attached Dielectric Quote 700281CMZ- 2	N/A	N/A
	\$8,636.18	\$8,636.18	***System Notice: Estimate adjusted and locked because line has been superseded.	\$8,636.18	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Equipment Storage	\$15,000.00	\$15,000.00	N/A	N/A	N/A
Develop and air	\$0.00	\$0.00	N/A	N/A	N/A

announcement of upcoming channel change					
MVPD Notification of Channel Change	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$106,377.68	\$105,827.68	N/A	\$8,636.18	N/A
Total for all systems	\$2,810,603.68	\$2,705,510.68	N/A	\$130,106.03	N/A

#### Components

Actual Information Description	File Name	
Miscellaneous Items	Information not provided.	
	Component Description: Amount:	Reducer 8-75 x 6- 75 \$1,088.10
	Component Description: Amount:	Rigid Transmission Line \$1,827.00
	Component Description: Amount:	Rigid Transmission Line \$1,120.50
	Component Description: Amount:	Silicone Lubricant \$17.33
	Component Description: Amount:	Elbow 6-75 ASSY Digit 9 x 18 \$2,268.00

	Component Description: Amount:	Test Transition 8 75 \$2,315.25
DTV Medical Facility Notification	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	
Equipment Storage	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	\$2,810,603.68	\$2,705,510.68	\$130,106.03	

Reimbursem	entestiatus	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.	
		<ol> <li>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> </ol>	
		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.	
		<ul> <li>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</li> </ul>	

signal of a broadcaster that changes channels (MVPD).

- 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.
- 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 Jeffrey C an authorized representative of the above-Gehman named applicant for the Authorization(s) Engineering specified above. Associate

05/17/2019

Certification	tification Question		Response
	Submission of Actual Cost Documentation Statements	<ul> <li>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR</li> <li>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</li> <li>FALSE AND/OR FRAUDULENT</li> <li>STATEMENTS COULD SUBJECT THIS</li> <li>ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</li> <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> <li>4. The above-named entity acknowledges the submission of the information herein</li> </ul>	

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

<ul> <li>must be promptly refunded to the Commission.</li> <li>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.</li> </ul>	
I declare, under penalty of perjury, that I am an authorized representative of the above- named applicant for the Authorization(s) specified above.	Jeffrey C Gehman Engineering Associate 05/17/2019

#### Attachments