



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **68395** | Service: **DCA** | Call **WBYP-CD** | Channel: **19 (UHF)** |  
ID:  
File **0000028546**  
Number:  
FRN: **0032881088** | Date **06/03**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>FIFTH STREET ENTERPRISES, LLC</b> Doing Business As: FIFTH STREET ENTERPRISES, LLC	RON BRUNO 975 Greentree Rd. Pittsburgh, PA 15220 United States	+1 (412) 921-7577	dawn@thevideohouse.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.	Yes
Briefly describe transition plan	The plan is to replace the existing channel 39 system with a retuned transmitter, a new channel 30 antenna, new 3" flex air line, and new filter.

**Transmitters**

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

**Primary  
Transmitter****Existing Transmitter Information**

Section	Question	Response
Existing Transmitter Description	Type of change	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Rohde & Schwarz
	Model	NV8605

Year	2012
Type	Solid State
Solid State Cooling	Liquid Cooled
Solid State Power capacity	3.5 kW

## Primary Transmitter

### Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	Other
	Other Power	4 kW
New Exciter	Is a new exciter needed?	No

## 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	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A

	Size	N/A
	Other Size	N/A
<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**

Name	Description
Transmitter Retuning Cost	Retune existing transmitter

**Antennas**

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

## Primary Antenna

### Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	Omni- directional
	ERP: (Effective Radiated Power) .....	15.0 kW

	Manufacturer	
	Model	KAT 750-10068
	Year	2014

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

Facility ID	Call Sign
272	WPTG-CD
68411	WIIC-LD

Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	1
	Lower Limit	560.00 MHz
	Upper Limit	626.00 MHz
	Design power capacity in use	47.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	12.5 kW
	Manufacturer	



Model	TLP-12B BB C/P
Year	2017
Justification for New Antenna	The existing antenna and combiner are used by station on channel 31, that is first adjacent to our newly assigned channel 30. The existing antenna and combiner will not work with first adjacent channels.

## 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?	Yes
<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 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?	Yes
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	400 feet per run

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

Facility ID	Call Sign
272	WPTG-CD
68411	WIIC-LD

**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?	No
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	400 feet per run
	Justification for New Transmission Line	A new transmission line will be necessary to support the new antenna, as the existing transmission line will continue to remain in use by the existing other stations on the existing antenna.

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	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?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1022324
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	40° 26' 46.2" N-
	Longitude (NAD83)	079° 57' 50.2" W-
	Overall Structure Height	594.15 feet
	Support Structure Height	516.07 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1164.68 feet

	Structure Type	LTOWER - Lattice Tower
	Tower Owner	WQED MULTIMEDIA
	Date Constructed	08/01/1972

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
41314	WINP-TV	DTV
54002	WQED-FM	FM
41315	WQED	DTV
66636	WOSC-CD	DTV
65681	WTAE-TV	DTV
7622	WNNB-CD	DTV
68405	WEPA-CD	DTV
272	WPTG-CD	DTV

**Other Types of Users**

Users
WQMA386
KA2208
W244CU 139106
W271CW 158245
WQGN429
WIIC-LD 68411
WPDN-LD 68062
WPPQ574



**Primary  
Tower****Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for tower with candelabra
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

**Primary  
Tower****Tower Rigging Costs**

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

**Primary  
Tower****Other Tower Expenses Not Listed**

Name	Description
Structural Analysis	Once the mapping is complete, a Structural analysis will need to be completed.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	2000
	Explanation	WBYD does not have sufficient resource capacity and expertise in house to handle all of the Project Management related tasks necessary to facility on-time completion of the station's build by the Construction Deadline
<b>Outside RF consulting Engineering Services</b>	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
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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	Yes
	Environmental Assessment	Yes
	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
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	8

	Justification	RF Project management of tower and transmitter installs
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**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services not provided.

## 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	Yes
	Non-zoning permits	Yes
	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)?	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**

**Other Expenses Not Listed**

Name	Description
Vehicle Rentals	Required for equipment delivery.

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 NV8605	\$119,486.00	\$14,286.00		\$0.00	
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	N/A	N/A	N/A
Other 4 kW mask filter	<i>\$5,690.00</i>	\$5,690.00	N/A	N/A	N/A
Transmitter Retuning Cost	<i>\$8,596.00</i>	\$8,596.00	N/A	N/A	N/A
Sub-total	\$119,486.00	\$14,286.00	N/A	\$0.00	N/A
Total for all systems	\$1,349,621.00	\$1,188,278.92	N/A	\$40,109.05	N/A

Components

Information not provided.

## Cost Information

### Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna TLP-12B BB C/P</b>	<b>\$33,030.00</b>	<b>\$30,843.00</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$24,443.00	Cost for H-pole and mounting equipment. See attached Dielectric quote.	N/A	N/A
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$30,843.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,349,621.00</b>	<b>\$1,188,278.92</b>	<b>N/A</b>	<b>\$40,109.05</b>	<b>N/A</b>

### Components

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
Primary Transmission Line	\$23,600.00	\$23,504.92		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$23,600.00	\$23,504.92	See attached Rohde & Schwarz quote.	N/A	N/A
Sub-total	\$23,600.00	\$23,504.92	N/A	\$0.00	N/A
Total for all systems	\$1,349,621.00	\$1,188,278.92	N/A	\$40,109.05	N/A

Components

Information not provided.

Cost  
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower LTOWER	\$618,000.00	\$588,000.00		\$0.00	
Structural Analysis	<i>\$19,000.00</i>	\$19,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Structural engineering tower load study for a documented tower with candelabra	\$20,000.00	\$19,000.00	N/A	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Sub-total	\$618,000.00	\$588,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,349,621.00	\$1,188,278.92	N/A	\$40,109.05	N/A

Components

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>\$478,010.00</b>	<b>\$454,750.00</b>		<b>\$33,177.05</b>	
Project management of the transition	\$316,000.00	\$300,000.00	N/A	\$29,027.05	N/A
Additional Field Engineering Service, 8 Days	<i>\$16,000.00</i>	\$16,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	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
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,400.00	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
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$0.00	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
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$478,010.00	\$454,750.00	N/A	\$33,177.05	N/A
<b>Total for all systems</b>	\$1,349,621.00	\$1,188,278.92	N/A	\$40,109.05	N/A

## Components

Actual Information	File Name	
Description		
Project management of the transition	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$2,457.65
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,724.85
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$2,723.45
	<b>Component Description:</b>	Project Management - May 2019
	<b>Amount:</b>	\$1,200.00
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,450.85
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$2,204.70
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,855.90
	<b>Component Description:</b>	Technical , Consultation and Planning Services
	<b>Amount:</b>	\$75.00

<b>Component Description:</b>	Technical , Consultation and Planning Services
<b>Amount:</b>	\$75.00

<b>Component Description:</b>	Technical , Consultation and Planning Services. Attended a Conference at Rohde and Schwartz on 3/6 /2017 concerning the 399 re-pack documentation.
<b>Amount:</b>	\$75.00

<b>Component Description:</b>	Technical , Consultation and Planning Services. Review and answering technical questions through a telephone conference call for the follow up report for the Re-pack
<b>Amount:</b>	\$75.00

<b>Component Description:</b>	Re-pack consulting and updating
<b>Amount:</b>	\$75.00

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,582.05

	<b>Component Description:</b>	Project Management - April 2019
	<b>Amount:</b>	\$1,597.50
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,912.50
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,109.85
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,397.30
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,414.15
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$4,287.60
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$1,733.70
Additional Field Engineering Service, 8 Days	Information not provided.	
RF Exposure Measurements	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	

Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Perform engineering study for new channel assignment and antenna development	<div> <div> <b>Component Description:</b> </div> <div>Interference study of repack Ch 30</div> </div> <div> <div> <b>Amount:</b> </div> <div>\$2,400.00</div> </div>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<div> <div> <b>Component Description:</b> </div> <div>Preparation of engineering portion of initial FCC Application for Construction Permit for repack facility; e-filing</div> </div> <div> <div> <b>Amount:</b> </div> <div>\$1,750.00</div> </div>
Prepare engineering section of FCC Form 2100 (main), License to Cover 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.
NEPA Section 106 environmental review, if needed	Information not provided.



## Cost Information

### Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$77,495.00</b>	<b>\$76,895.00</b>		<b>\$6,932.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$6,932.00	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Local Zoning	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A

Develop and air announcement of upcoming channel change	<b>\$15,000.00</b>	\$15,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<b>\$2,000.00</b>	\$2,000.00	N/A	N/A	N/A
Vehicle Rentals	<b>\$5,000.00</b>	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$77,495.00	\$76,895.00	N/A	\$6,932.00	N/A
<b>Total for all systems</b>	\$1,349,621.00	\$1,188,278.92	N/A	\$40,109.05	N/A

## Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	<b>Component Description:</b> DTV Notification <b>Amount:</b> \$6,932.00
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Local Zoning	Information not provided.
Non-zoning permits	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.
Vehicle Rentals	Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,349,621.00	\$1,188,278.92	\$40,109.05

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"> <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.

<p>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.</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><b>Ron Bruno</b> <i>Manager</i>  06/03/2019</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<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.

<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><b>Ron Bruno</b> <i>Manager</i></p> <p>06/03/2019</p>

## Attachments