

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 53734 Service: DTV Call WCNY-TV Channel: 20 (UHF)

ID:

Sign:

06/04

File **0000028114**

Number:

FRN: **0003409299** Date

Submitted: /2019

Applicant Information

Applicant Name, Type, and Contact Information

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

Reimbursement Contact Name and Information Reimbursement Contact 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	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 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	TDU2 6K00LV
	Year	2002
	Туре	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	6 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?	Yes
	Manufacturer	
	Model	THU9evo-5
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	8.2 kW
	Justification for New Transmitter	Manufacturer cannot retune existing transmitter

Primary Transmitter

Other Transmitter Costs

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 Transmitter

Other Transmitter Cost Not Listed

Name	Description
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line
Standby Exciter and Switch	Standby Exciter with Automatic Change Over Switch

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	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

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?	Yes
New Antenna	Class	Full Power
Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Тор
	Polarization	Elliptical
	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	TFU-28GTH /VP-R O6 DC

Year	2018
Justification for New Antenna	Existing slot antenna is dual channel. It will not 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
	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?	
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Information not provided.

Interim Antenna

New Antenna Costs

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

Interim Antenna

Other Antenna Costs

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 Antenna

Other Antenna Cost Not Listed

Information not provided.

Transmission Seffien		Question	Response
	ission Line I Expenses	Do you have transmission line related expenses?	Yes

Primary Transmissio

Existing Transmission Line

Line 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
	Is the existing transmission line shared with another station or stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	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

Primary Transmissio

Interim

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

New Transmission Line

Section
New Transmission Line

	n Line Section	Question	Response
	New Transmission Line Costs	Use	Interim
		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

Interim

Other Transmission Line Expenses Not Listed

Transmission	Description Description	
	Sweep	Sweep line and antenna before applying power

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?	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 1983))	Latitude (NAD83)	42° 56' 41.8" N-
	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 fee

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

Primary Tower

Tower Modification Costs

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 Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	37
	Explanation	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 37 hrs (\$5,550 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.
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	Yes

	Authority	
	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	Prepare and file Form FCC Construction Permit Application	Yes
Services	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 Professional

Other Professional Services Expenses Not Listed

I Services Costs	Description		
Other Engineering Services	Other Engineering Services		

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	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
Miscellaneous Items	Miscellaneous Items

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 THU9evo-5	\$728,450.00	\$602,123.25		\$90,361.69	
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$371,623.25	N/A	\$90,361.69	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
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Sub-total	\$728,450.00	\$602,123.25	N/A	\$90,361.69	N/A
Total for all systems	\$3,064,347.50	\$2,799,797.75	N/A	\$337,793.73	N/A

Components

Actual Information Description	File Name	
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	Component Description: Amount:	R&S 9500097263 TX 25 pct dp v190604jgv1 \$90,361.69
Standby Exciter and Switch	Information not provided.	
Additional Interior RF System	Information not provided.	
Switchgear - industrial 800 amp	Information not provided.	
Transformer 3 phase/480v - 150 KVA	Information not provided.	
3" Rigid Conduit and Wiring (Cost per foot)	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
Interim Antenna TBD	\$134,110.00	\$127,500.00		\$0.00	
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
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
UHF - Lower Power Side Mount, One	\$89,400.00	\$85,000.00	N/A	N/A	N/A

station antenna - medium power (50- 200 kW), horizontally polarized					
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Primary Antenna TFU-28GTH /VP-R O6 DC	\$305,800.00	\$240,233.00		\$216,209.70	
UHF - High Power Top Mount (200-1000 kW), One station antenna, elliptically or circularly polarized	\$289,500.00	\$223,535.00	See Dielectric quote 700281CMZ- 2 attached to inv MAN01098	\$201,181.50	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$5,760.00	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"	\$9,268.20	N/A
Sub-total	\$439,910.00	\$367,733.00	N/A	\$216,209.70	N/A
Total for all systems	\$3,064,347.50	\$2,799,797.75	N/A	\$337,793.73	N/A

Description	File Name	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	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.	
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.	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	Component Description:	Die MAN01153 Antenna 45 pct pmt 2
	Amount:	v190524jgv2 \$100,590.75
	Component Description:	Die MAN01098 Antenna v190524jgv3
	Amount:	\$100,590.75
Sweep test of existing		
antenna	Component Description:	Die MAN01098 Sweep v190524jgv3
	Amount:	\$2,880.00

Component Description: Die MAN01153 Sweep 45 pct pmt 2 v190524jgv2 Amount: \$2,880.00 Elbow complex, single channel, at antenna input, **Component Description:** Die MAN01098 per 4 1/16. feedline (if Elbow needed) v190524jgv3 Amount: \$4,634.10 **Component Description:** Die MAN01153 **Elbow Complex** 45 pct pmt 2 v190524jgv2 \$4,634.10 **Amount:**

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
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	\$3,064,347.50	\$2,799,797.75	N/A	\$337,793.73	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 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	\$3,064,347.50	\$2,799,797.75	N/A	\$337,793.73	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).

	Predetermined	Estimated	Estimated Cost		Actual Cos
Description	Cost Estimate	Cost	Justification	Actual Cost	Justification
Outside Professional Services	\$173,966.00	\$188,300.00		\$9,375.00	
Other Engineering Services	\$21,000.00	\$21,000.00	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 37 hrs (\$5,550 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.	\$425.00	N/A
Additional Field Engineering Service, 14 Days	\$28,000.00	\$28,000.00	N/A	\$0.00	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Attorney Fees -	\$3,680.00	\$3,500.00	N/A	N/A	N/A

Prepare and File request for Special Temporary Authorization					
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 FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,000.00	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$3,250.00	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
Project management of the transition	\$5,846.00	\$26,550.00	N/A	\$1,200.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Sub-total	\$173,966.00	\$188,300.00	N/A	\$9,375.00	N/A
Total for all systems	\$3,064,347.50	\$2,799,797.75	N/A	\$337,793.73	N/A

Components

Actual Information Description	File Name	
Other Engineering Services		
	Component Description:	KGA 951-09 OES v190604jgv2
	Amount:	\$300.00
	Component Description:	KGA 951-13 OES
	Amount:	v190604jgv2 \$125.00
Additional Field Engineering Service, 14 Days	Information not provided.	

Comprehensive coverage verification via field study, if needed	Information not provided.	
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.	
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Prepare request for Special Temporary Authorization	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare engineering		
section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	KGA 951-01 CP App v190521jgv2 \$2,000.00
	Component Description:	Prepare engineering section of Form FCC Construction Permit
	Amount:	\$2,000.00
Perform engineering study for new channel		
assignment and antenna development	Component Description: Amount:	KGA 951-01 Eng study v190521jgv2 \$3,250.00

	Component Description: Amount:	Perform engineering study for new channel assignment and antenna development \$3,250.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Project management of the transition	Component Description: Amount:	KGA 951-04 Form 387 2017 Q3 v190521jgv2 \$300.00
	Component Description: Amount:	KGA 951-06 v190522pmv1 \$225.00
	Component Description: Amount:	KGA 951-05 v190522pmv1 \$225.00
	Component Description: Amount:	Preparation of FCC Schedule 387 Progress Report \$300.00
	Component Description: Amount:	KGA 951-12 v190522pmv1 \$150.00
	Component Description: Amount:	KGA 951-08 v190522pmv1 \$150.00

Component Description: KGA 951-07 v190522pmv1 \$150.00 Amount: Prepare and or review reimbursement form **Component Description:** Prepare FCC Form 399 for Reimbursement Amount: \$2,500.00 **Component Description:** KGA 951-02 Form 399 v190521jgv2 Amount: \$2,500.00

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	\$97,741.50	\$97,191.50		\$21,847.34	
Miscellaneous Items	\$19,191.50	\$19,191.50	Items 3-8 on attached Dielectric Quote 700281CMZ- 2	\$17,272.34	N/A
MVPD Notification of Channel Change	\$2,000.00	\$2,000.00	N/A	\$1,585.00	N/A
Develop and air announcement of upcoming channel change	\$0.00	\$0.00	N/A	N/A	N/A
Equipment Storage	\$15,000.00	\$15,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$25,000.00	\$25,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,990.00	N/A
Sub-total	\$97,741.50	\$97,191.50	N/A	\$21,847.34	N/A

systems

Components

Actual Information Description	File Name	
Miscellaneous Items	Component Description: Amount:	Die MAN01098 Test Transition 8- 75 v190524jgv3 \$2,315.25
	Component Description:	Die MAN01153 Test Transition 8- 75 45 pct pmt 2
	Amount:	v190524jgv2 \$2,315.25
	Component Description:	Die MAN01153 Elbow 6-75 ASSY Digit 9 x 18 45 pct
	Amount:	pmt 2 v190524jgv2 \$2,268.00
	Component Description:	Die MAN01153 Reducer 8-75 x 6- 75 45 pct pmt 2
	Amount:	v190524jgv2 \$1,088.10
	Component Description:	Die MAN01098 Rigid Transmission Line v190524jgv3
	Amount:	\$1,827.00
	Component Description:	Die MAN01098 Silicone Lubricant v190524jgv3
	Amount:	\$17.32

Component Description: Die MAN01153

Rigid Transmission Line 45 pct pmt 2

v190524jgv2 \$1,120.50

Component Description: Die MAN01098

Rigid Transmission

Line v190524jgv3

Amount: \$1,120.50

Amount:

Component Description: Die MAN01153

Rigid Transmission Line 45 pct pmt 2 v190524jgv2

Amount: \$1,827.00

Component Description: Die MAN01098

Reducer 8-75 x 6-75 v190524jgv3

Amount: \$1,088.10

Component Description: Die MAN01098

Elbow 6-75 ASSY

Digit 9 x 18 v190524jgv3

Amount: \$2,268.00

Component Description: Die MAN01153

Silicone Lubricant 45 pct pmt 2

v190524jgv2

Amount: \$17.32

MVPD Notification of Channel Change

Component Description: KGA 951-11

v190522pmv1

Amount: \$1,585.00

Develop and air announcement of upcoming

Information not provided.

Equipment Storage	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.	
DTV Medical Facility Notification	Component Description:	KGA 951-10
	Amount:	v190522pmv \$2,990.00

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$3,064,347.50	\$2,799,797.75	\$337,793.73

Reimbursem	envestiatus	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

Section Question Response

Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 1. The Authorized
 Person signing
 below certifies that he
 /she is authorized to
 submit this TV
 Broadcaster
 Relocation Fund
 Reimbursement
 Form on behalf of
 the above-named
 entity.
- 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 abovenamed applicant for the Authorization(s) specified above. Jeffrey C Gehman Engineering Associate

06/04/2019

Section Question Response

Submission of Actual Cost Documentation Statements

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 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).

- 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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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.
- 8. The above-named entity acknowledges that overpayments or payments in error

must be promptly refunded to the Commission.

9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Jeffrey C Gehman Engineering Associate

06/04/2019

Attachments