Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: **191262** | Service: **DCA** | Call Sign: **WMJF-CD** | Channel: **23 (UHF)** | File Number: **0000028675**

FRN: **0022314215** | Date Submitted: **08/27/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **HME EQUITY FUND II, LLC**<br>Doing Business As: HME EQUITY FUND II, LLC | Seth Ellis<br>509 West Colonial Drive<br>Suite 100<br>ORLANDO, FL 32804<br>United States | +1 (407) 906-2484 | sellis@assurancemezz.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 |
|---|---|---|---|
| **Davina Sashkin**<br>*Fletcher, Heald & Hildreth, PLC* | Davina Sashkin<br>Fletcher, Heald & Hildreth, PLC<br>1300 N. 17th Street, Suite 1100<br>Arlington, VA 22209<br>United States | +1 (703) 812-0400 | sashkin@fhhlaw.com |

## Broadcaster Information and Transition Plan

| Question | Response |
|---|---|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
| Briefly describe transition plan | Build according to FCC transition plan. |

## 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 | TMU9-570 |
| | Year | 2015 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 5 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 | UNKNOWN |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 5 kW |
| | Justification for New Transmitter | Applicant is unable to confirm with the manufacturer that the current transmitter can be retuned |

## Primary Transmitter

### Other Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **Electrical Service** | Service Entrance (3 phases 800A 208V) | Yes |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | 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? | Yes |
| | Type | Cooling Only |
| | Size | 10 tons |
| | 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

Information not provided.

## Antennas

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

## Primary Antenna

### Existing Antenna Information

| Section | Question | Response |
|---|---|---|
| **Existing Antenna Description** | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| **Existing Antenna Manufacturer and Type** | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | 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) | 5.0 kW |
| | | |

| | |
|---|---|
| Manufacturer | |
| Model | PSILP8BH-39 |
| Year | 2014 |

## 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? | Yes |
| | 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 | Horizontal |
| | Type | Other |
| | 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 | Class A Single Station Antenna - Basic |
| | ERP: (Effective Radiated Power) | 15.0 kW |

| | | |
|---|---|---|
| | Manufacturer | |
| | Model | JA/MS-4/23 SCP |
| | Year | 2018 |
| | Justification for New Antenna | Higher power antenna is necessary for modification application parameters (filed in 1st priority window). |

**Primary Antenna**

### Other Antenna Costs

| Section | Question | Response |
|---|---|---|
| **Combiner for Shared Antenna** | 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 |
| **Elbow Complex** | Do you require the separate purchase of the Elbow Complex? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| **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 |

## Primary Antenna

### Other Antenna Cost Not Listed

Information not provided.

## Transmission Line

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

## Primary Transmission Line

### Existing Transmission Line

| Section | Question | Response |
|---|---|---|
| **Existing Transmission Line Description** | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| **Existing Transmission Line Manufacturer and Type** | Manufacturer | |
| | Type | Flexible Foam |
| | Diameter | 7/8 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 250 feet per run |

**Primary Transmission Line**

## New Transmission Line

| Section | Question | Response |
|---|---|---|
| **New Transmission Line Costs** | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Type | Flexible Foam |
| | Diameter | 7/8 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 250 feet per run |
| | Justification for New Transmission Line | Sweep test results will determine need. |

**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? | Located on Building |
| | Is this tower currently shared with any other stations? | No |
| | One or more FM, AM or TV radio broadcaster(s) | N/A |
| | Others Types of Users | N/A |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | Yes |
| **Existing Tower Structure Registration** | Do you have a tower registration number? | Yes |
| | ASR Number | 1037283 |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 39° 24' 10.4" N- |
| | Longitude (NAD83) | 076° 36' 10.9" W- |
| | Overall Structure Height | 279.85 feet |
| | Support Structure Height | 189.96 feet |

| | |
|---|---|
| Ground Elevation Above Mean Sea Level (AMSL) | 477.03 feet |
| Structure Type | BTWR - Building with Tower |
| Tower Owner | Towson City Center, LLC |
| Date Constructed | 06/25/2013 |

**Primary Tower**

### Tower Modification Costs

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

**Primary Tower**

### Tower Rigging Costs

| Section | Question | Response |
|---|---|---|
| **Tower Rigging Costs** | Complex Tower | Located on Building |
| **Helicopter Services Required** | Are helicopter services required? | No |

**Primary Tower**

### Other Tower Expenses Not Listed

Information not provided.

## Outside Professional Services Costs

| Section | Question | Response |
|---|---|---|
| **Outside Project Management Services** | Do you require outside project management services? | Yes |
| | Number of Hours | 600 |
| | Explanation | Applicant has no internal resources capable of overseeing, identifying, purchasing, installing and commissioning this repack project. It will rely solely on outside services to manage all work required. |
| **Outside RF consulting Engineering Services** | Perform engineering study for new channel assignment and antenna development | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |

| | | |
|---|---|---|
| | Terrain-Shielded Facility | N/A |
| **Attorney and Other Outside Consulting Services** | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | No |
| | Negotiation of Lease and other Matter for Shared Locations | Yes |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| **RF Field Engineering Services** | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

## Outside Professional Services Costs

### Other Professional Services Expenses Not Listed

| Name | Description |
| --- | --- |
| **Other Transition- Related Professional Service Costs** | Project Management of the transition. Preparation and review of reimbursement form. |
| **Quarterly Transition Reports** | Quarterly Transition Reports |

## 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 | Yes |
| | Non-zoning permits | Yes |
| | 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 |
| --- | --- |
| **Other Miscellaneous Expenses** | Other Miscellaneous Expenses |

## 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 UNKNOWN** | **$295,000.00** | **$280,600.00** | | **$0.00** | |
| 10 Ton system | $38,900.00 | $37,000.00 | 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 |
| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | $236,500.00 | $225,000.00 | N/A | N/A | N/A |
| Service entrance 3 phase/800 amp/208 volt | $14,400.00 | $13,700.00 | N/A | N/A | N/A |
| **Sub-total** | $295,000.00 | $280,600.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $937,240.00 | $665,700.00 | N/A | $39,803.91 | 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 |
|---|---|---|---|---|---|
| **Primary Antenna JA /MS-4/23 SCP** | **$33,030.00** | **$43,900.00** | | **$0.00** | |
| Sweep test of existing antenna | $6,730.00 | $4,500.00 | N/A | N/A | N/A |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | $26,300.00 | $39,400.00 | see JamPro quote | N/A | N/A |
| **Sub-total** | $33,030.00 | $43,900.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $937,240.00 | $665,700.00 | N/A | $39,803.91 | N/A |

### 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** | **$2,750.00** | **$4,000.00** | | **$0.00** | |
| Flexible Foam Transmission Line - dielectric, 7/8" | $2,750.00 | $4,000.00 | N/A | N/A | N/A |
| **Sub-total** | $2,750.00 | $4,000.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $937,240.00 | $665,700.00 | N/A | $39,803.91 | 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 BTWR** | **$433,600.00** | **$162,000.00** | | **$0.00** | |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | $421,000.00 | $150,000.00 | Crane required to install antenna, transmitter and HVAC. Phone quote min $50,000 per day for crane rental and crew, and assuming 2 non-contiguous days (only able to shut down street /building on Sundays). Additional $50,000 sought to cover tower crew. | N/A | N/A |
| Structural engineering tower load study for well documented tower | $12,600.00 | $12,000.00 | N/A | N/A | N/A |
| **Sub-total** | $433,600.00 | $162,000.00 | N/A | $0.00 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| **Total for all systems** | $937,240.00 | $665,700.00 | N/A | $39,803.91 | 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 Co Justificati |
|---|---|---|---|---|---|
| **Outside Professional Services** | **$132,310.00** | **$141,200.00** | | **$39,803.91** | |
| Project management of the transition | $94,800.00 | $90,000.00 | Project management expenses. | $20,543.66 | N/A |
| Quarterly Transition Reports | ***$8,450.00*** | $8,450.00 | see attached quote for preparation and filing of reports by counsel and technical consultant | $1,502.50 | N/A |
| Other Transition-Related Professional Service Costs | ***$2,500.00*** | $2,500.00 | Prepare and/or review reimbursement form | N/A | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | $4,210.00 | $15,000.00 | Attorneys fees for negotiation of Unable to Construct Channel Resolution Agreement with WETA and MPT, preparation and filing and related CP modification and updated 399. | $5,338.00 | 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 - Prepare and File FCC Form 2100 (main), Construction Permit Application | $5,260.00 | $5,000.00 | N/A | $1,298.13 | 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 | $2,625.00 | The actua hours on the engineerir studies came in a little highe than originally estimate |
| Prepare and or review reimbursement form | $2,630.00 | $6,500.00 | Originally when the estimate was put in was put in based off of what the cost catalog had as that was the best estimate at the time. As they went thru to complete the form there were a lot of revisions for transmitter&antenna costs that got revised | $6,496.62 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| **Sub-total** | $132,310.00 | $141,200.00 | N/A | $39,803.91 | N/A |
| **Total for all systems** | $937,240.00 | $665,700.00 | N/A | $39,803.91 | N/A |

## Components

| Actual Information Description | File Name | |
|---|---|---|
| Project management of the transition | **Component Description:** | Project Management services, invoice has been revised to include the needed items. Deducting the Smith and Fischer part from this reimbursement for now. |
| | **Amount:** | $15,750.00 |
| | **Component Description:** | Project Management Services. Invoice has been revised to include an invoice # and project manager name. Narrative is also attached. |
| | **Amount:** | $3,293.66 |

| | |
|---|---|
| **Component Description:** | Project management services. A narrative letter is attached explaining the breakout of the invoice. Expense receipts are attached to the invoice. Also this company does not use specific invoice numbers so I just did a description |
| **Amount:** | $3,293.66 |
| **Component Description:** | Repack project management services - research and coordination with engineering, attorney's and vendors. |
| **Amount:** | $1,500.00 |
| **Component Description:** | Transition Project Management services, receipts for expenses attached to invoice. This company does not use invoice #'s so just did a description. |
| **Amount:** | $18,150.00 |

| | | |
|---|---|---|
| Quarterly Transition Reports | **Component Description:** | Attorney Fees for preparing quarterly transition reports. |
| | **Amount:** | $1,027.50 |
| | **Component Description:** | Quarterly Transition report work. |
| | **Amount:** | $1,027.50 |
| | **Component Description:** | Attorney fees for preparing quarterly transition reports for WMJF-CD for the Baltimore station. The fees are all the ones denoted with the letter A next to them. |
| | **Amount:** | $475.00 |
| Other Transition- Related Professional Service Costs | **Component Description:** | Entered in this section in error |
| | **Amount:** | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | **Component Description:** | Various Attorney fees for other matters for WMJF-CD for the Baltimore station. The fees are all the ones denoted with the letter B next to them. |
| | **Amount:** | $5,338.00 |

| | | |
|---|---|---|
| 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 | **Component Description:**<br><br><br><br><br><br><br><br><br><br>**Amount:** | Attorney fees for preparing and filing FCC Form 2100 (main), construction permit application for WMJF-CD for the Baltimore station. The fees are all the ones denoted with the letter D next to them.<br>$1,298.13 |
| 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:**<br><br><br><br><br>**Amount:** | Engineering work to complete the construction permit application section of form 2100<br>$2,000.00 |
| Perform engineering study for new channel assignment and antenna development | **Component Description:**<br><br><br><br><br><br><br><br>**Amount:** | Engineering work on new channel assignment and antenna development. No longer over amount allocated other vendor on hold for clarification<br>$500.00 |

| | |
|---|---|
| **Component Description:** | Engineering study on new channel assignment and antenna development No longer over amount allocated other vendor on hold for clarification |
| **Amount:** | $2,125.00 |
| **Component Description:** | Removing for the time being need clarification from vendor and don't want to hold up other expenses |
| **Amount:** | N/A |
| **Component Description:** | Removing for the time being need clarification from vendor and don't want to hold up other expenses |
| **Amount:** | N/A |
| **Component Description:** | Removing for the time being need clarification from vendor and don't want to hold up other expenses |
| **Amount:** | N/A |
| **Component Description:** | Removing for the time being need clarification from vendor and don't want to hold up other expenses |
| **Amount:** | N/A |

| | | |
|---|---|---|
| Prepare and or review reimbursement form | **Component Description:** | Form 399 Fees are all the ones w/the letter E. This cost is more than the form has but there was not enough info to put an amount other than the one in the cost catalog. The detailed invoice has all the break out on what all the time was spent on. |
| | **Amount:** | $6,496.62 |

## 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** | **$40,550.00** | **$34,000.00** | | **$0.00** | |
| Other Miscellaneous Expenses | ***$5,000.00*** | $5,000.00 | N/A | N/A | N/A |
| MVPD Notification of Channel Change | ***$5,000.00*** | $5,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | ***$2,500.00*** | $2,500.00 | N/A | N/A | N/A |
| Equipment Storage | ***$2,500.00*** | $2,500.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | ***$5,000.00*** | $5,000.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | ***$5,000.00*** | $5,000.00 | N/A | N/A | N/A |
| Non-zoning permits | ***$2,000.00*** | $2,000.00 | N/A | N/A | N/A |
| Local Zoning | ***$2,000.00*** | $2,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | $11,550.00 | $5,000.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| **Sub-total** | $40,550.00 | $34,000.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $937,240.00 | $665,700.00 | N/A | $39,803.91 | N/A |

## Components

Information not provided.

## Cost Information

### Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|---|---|---|---|
| **Total for all systems** | $937,240.00 | $665,700.00 | $39,803.91 |

## 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** | 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.<br>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

| | | |
|---|---|---|
| | 8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **Ann Olsen**<br>*Consultant*<br><br>08/27/2019 |

## Certification

| 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). | |
| | 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.<br>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.<br>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station’s facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

| | | |
|---|---|---|
| | 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.<br>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **Ann Olsen**<br>*Consultant*<br><br>08/27/2019 |

## Attachments