



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **361** | Service: **DTV** | Call **WACY-TV** | Channel: **36 (UHF)** |
ID: | Sign:
File **0000027241**
Number:
FRN: **0002710192** | Date **10/29**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SCRIPPS BROADCASTING HOLDINGS LLC	David Giles 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (513) 977- 3000	DAVE. GILES@SCRIPPS. 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
Ray Thurber <i>Vice President Engineering</i> SCRIPPS BROADCASTING HOLDINGS LLC	Ray Thurber 312 Walnut St. Cincinnati, OH 45202 United States	+1 (248) 827- 9202	ray. thurber@scripps. 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	WACY must replace its transmitter in order to move to its new channel. It will need to install interim facilities in order to be able to replace the main facility. See attached narrative for a more detailed explanation.

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	Diamond
	Year	2006
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	3.6 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?	No
	Manufacturer	
	Model	UAXTE-6R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3.6 kW
	Justification for New Transmitter	Current transmitter is no longer supported by the manufacturer except for maintenance. Available parts are in very limited supply and in some cases are no longer available. Manufacturer says it cannot be re-tuned.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No

	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Necessary switchgear, conduit, wiring and fuse disconnects as quoted by electrical contractor.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

Antennas

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

**Primary
Antenna****Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	32
	Design power capacity in use	65.5 %
	Lower Limit	542.00 MHz

Upper Limit	746.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	50.0 kW
Manufacturer	Dielectric
Model	TUA-C4-8 /32U-1-S
Year	2004

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

Facility ID	Call Sign
2708	WGBA-TV

Primary Antenna

Adjustment to Existing Antenna

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

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	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)	50.0 kW
	Manufacturer	

Model	TLP-24M
Year	2019
Justification for New Antenna	WACY will re-use its existing antenna on its new channel. That antenna is currently shared with WGBA. In order to move to its new channel, WACY will need an interim antenna for operation while it reworks its RF plant for the new transmitter.

Interim Antenna

Other Antenna Costs

Section	Question	Response
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 an 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
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**Interim
Antenna**

Other Antenna Cost Not Listed

Name	Description
Wisconsin Sales Tax	Wisconsin Sales Tax on Antenna Expenses

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	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
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	900 feet per run

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

Facility ID	Call Sign
2708	WGBA-TV

Primary **Other Transmission Line Expenses Not Listed**
Transmission Line Information not provided.

Interim **New Transmission Line**
Transmission Line Section

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	600 feet per run
	Justification for New Transmission Line	WACY will need an interim antenna for operation while it replaces its main transmitter. Transmission line will be needed for that interim antenna.

Interim
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Wisconsin Sales Tax	Wisconsin Sales Tax on Transmission Line Expenses

**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	Owned
	Is this tower consider Complex?	No
	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	No
	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	1034782
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	44° 21' 30.0" N-
	Longitude (NAD83)	087° 58' 48.4" W-
	Overall Structure Height	1055.11 feet
	Support Structure Height	1051.82 feet
	Ground Elevation Above Mean Sea Level (AMSL)	990.15 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Scripps Broadcasting Holdings LLC
Date Constructed	10/01/1983

**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
2708	WGBA-TV	DTV

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:	Minor Reinforcements needed

Primary Tower

Tower Rigging Costs

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

Primary
Tower

Other Tower Expenses Not Listed

Name	Description
Wisconsin Sales Tax	Wisconsin Sales Tax on Tower Expenses

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	120
	Explanation	Project manager needed to manage all work at transmitter site required to transition to new channel (both the main and interim facilities). With the size of the current engineering staff, WACY cannot spare personnel to ensure these tasks are completed.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No

	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	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	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services

Other Professional Services Expenses Not Listed

Services Costs

Name

Description

Site Survey	GatesAir performed a site survey to access changes to facility as necessary to transition to new channel including, power and HVAC requirements, available transmitter room space and existing antenna and transmission line RF characteristics at new channel.
Wisconsin Sales Tax	Wisconsin Sales Tax on Professional Serivces

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	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Employee Time	Time needed by Scripps corporate and WACY employees to work on the transition to a new channel.
In-Building Deconstruction	Work necessary to disassemble and remove existing transmitter, beam supplies, step starts, heat exchangers and mask filter.
Wisconsin Sales Tax	Wisconsin Sales Tax on Other 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 UAXTE-6R44	\$185,293.00	\$183,510.00		\$0.00	
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	\$155,600.00	\$155,067.00	N/A	N/A	N/A
Transformer 3 phase/480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Other Electrical Service: Necessary switchgear, conduit, wiring and fuse disconnects as quoted by electrical contractor.	\$4,143.00	\$4,143.00	N/A	N/A	N/A
Sub-total	\$185,293.00	\$183,510.00	N/A	\$0.00	N/A
Total for all systems	\$947,891.30	\$940,263.30	N/A	\$62,646.11	N/A

Components

Actual Information Description	File Name
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UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	<div> Component Description: UAXTE-6R44 per Quote Q-74152 </div> <div> Amount: \$39,044.67 </div>
	<div> Component Description: UAXTE-6R44 per Quote Q-74152 </div> <div> Amount: \$17,361.70 </div>
Transformer 3 phase/480v - 150 KVA	Information not provided.
Other Electrical Service: Necessary switchgear, conduit, wiring and fuse disconnects as quoted by electrical contractor.	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 TLP-24M	\$96,130.00	\$96,290.00		\$0.00	
Wisconsin Sales Tax	<i>\$0.00</i>	\$0.00	\$4,890.00 moved to UHF LOWER POWER SIDE MOUNT ONE STATION ANTENNA	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	\$89,400.00	\$89,890.00	Correcting \$4,890.00 for creation of erroneous state tax budget category	N/A	N/A
Primary Antenna TUA-C4-8/32U-1-S	\$6,730.00	\$6,400.00		\$0.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$102,860.00	\$102,690.00	N/A	\$0.00	N/A
Total for all systems	\$947,891.30	\$940,263.30	N/A	\$62,646.11	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
Interim Transmission Line	\$19,800.00	\$19,530.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$19,800.00	\$19,530.00	Correcting \$930.00 for creation of erroneous state tax budget category	N/A	N/A
Wisconsin Sales Tax	<i>\$0.00</i>	\$0.00	\$930.00 moved to INTERIM TRANSMISSION LINE DIELECTRIC 1 5 /8	N/A	N/A
Primary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$19,800.00	\$19,530.00	N/A	\$0.00	N/A
Total for all systems	\$947,891.30	\$940,263.30	N/A	\$62,646.11	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 GTOWER	\$381,100.00	\$380,100.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$218,100.00	Correcting \$18,100.00 for creation of erroneous state tax budget category	N/A	N/A
Wisconsin Sales Tax	<i>\$0.00</i>	\$0.00	\$18,100.00 moved to TALL TOWER	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 well documented tower	\$12,600.00	\$12,000.00	N/A	N/A	N/A
Sub-total	\$381,100.00	\$380,100.00	N/A	\$0.00	N/A
Total for all systems	\$947,891.30	\$940,263.30	N/A	\$62,646.11	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
Outside Professional Services	\$86,658.20	\$82,818.20		\$225.00	
Wisconsin Sales Tax	<i>\$0.00</i>	\$0.00	Correcting \$3,213.00 for creation of erroneous state tax budget category	N/A	N/A
Site Survey	<i>\$18,568.20</i>	\$18,568.20	N/A	N/A	N/A
Project management of the transition	\$18,960.00	\$18,000.00	N/A	\$225.00	N/A
Prepare and or review reimbursement form	\$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	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Sub-total	\$86,658.20	\$82,818.20	N/A	\$225.00	N/A
Total for all systems	\$947,891.30	\$940,263.30	N/A	\$62,646.11	N/A

Components

Actual Information Description	File Name
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Wisconsin Sales Tax	Information not provided.
Site Survey	Information not provided.
Project management of the transition	<div> <div> Component Description: Amount: </div> <div> FCC Repack \$150.00 </div> </div> <div> <div> Component Description: Amount: </div> <div> 387 \$75.00 </div> </div>
Prepare and or review reimbursement form	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
RF Exposure Measurements	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
Other Expenses	\$172,180.10	\$171,615.10		\$3,733.08	
Equipment Delivery and Handling Charges	<i>\$4,000.00</i>	\$4,000.00	N/A	\$1,052.18	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,680.90	N/A
Wisconsin Sales Tax	<i>\$0.00</i>	\$0.00	Correcting \$3,250.00 for creation of erroneous state tax budget category	N/A	N/A
Non-zoning permits	<i>\$12,500.00</i>	\$12,500.00	N/A	N/A	N/A
Local Zoning	<i>\$12,500.00</i>	\$12,500.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Employee Time	<i>\$73,600.10</i>	\$73,600.10	N/A	N/A	N/A
In-Building Deconstruction	<i>\$25,000.00</i>	\$25,000.00	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
MVPD Notification of Channel Change	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$5,000.00	\$5,000.00	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
Sub-total	\$172,180.10	\$171,615.10	N/A	\$3,733.08	N/A
Total for all systems	\$947,891.30	\$940,263.30	N/A	\$62,646.11	N/A

Components

Actual Information	
Description	File Name
Equipment Delivery and Handling Charges	<p>Component Description: 20' Single Manlift S/P</p> <p>Amount: \$1,052.18</p>
DTV Medical Facility Notification	<p>Component Description: DTV Notification Service</p> <p>Amount: \$2,680.90</p>
Wisconsin Sales Tax	Information not provided.

Non-zoning permits	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
Employee Time	Information not provided.
In-Building Deconstruction	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
MVPD Notification of Channel Change	<div> <div> Component Description: </div> <div> MVPD Notification Services </div> </div> <div> Amount: </div> <div> \$2,281.66 </div>
Develop and air announcement of upcoming channel change	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$947,891.30	\$940,263.30
			\$62,646.11

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

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

	<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>Sravan Reddy , Reddy . <i>Senior Director, General Accounting</i></p> <p>10/29/2019</p>

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 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).	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Sravan Reddy , Reddy . <i>Senior Director, General Accounting</i></p> <p>10/29/2019</p>

Attachments