

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID:	13995	Service: DTV	Call Sign:	WLOX	Channel: 32 (UHF)
File Number:	000002	24803			
FRN: 001	8223693	Date Submitted:	08/26 /2019		

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC Doing Business As: GRAY TELEVISION LICENSEE, LLC	Robert Folliard 4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504- 9828	robert. folliard@gray. tv	Limited Liability Company

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

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

Broadcaster	Question	Response
Information		
and		
Transition		
Plan		

Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Existing Ch 39 Transmitters, line and side mount antenna will serve as interim Station will install new top mounted antenna and line. Station will install new main and backup transmitters

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

Add Transmitter Information

Auxiliary	Add Transmitter Informa	tion	
Transmitter	Section	Question	Response
	Existing Transmitter Description	Type of change	Retune Existing
		Use	Auxiliary (Backup)
		Ownership	Owned
		Owner	N/A
		Is this transmitter currently shared with another station?	No
		Is this transmitter currently in operating condition?	Yes
	Existing Transmitter	Manufacturer	Harris
	Manufacturer and Type	Model	UAX
		Year	2012

Туре	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	1.1 kW

Auxiliary	Retuning Transmitter Cos	ts	
Transmitter	Section	Question	Response
	New IOT Tubes	Number of Tubes (including accessories) needed	N/A
	New Mask Filter	Power	3 kW
		Other Power	N/A
	New Exciter	Is a new exciter needed?	No

Auxiliary Other Transmitter Costs

Auxiliary			
Transmitter	Section	Question	Response
	Electrical Service	Service Entrance (3 phases 800A 208V)	No
		Switchgear (industrial 800 amp)	No
		Transformer (480V)	No
		Power	N/A
		Rigid Conduit and Wiring	No
		Size	N/A
		Length	N/A
		Other Electrical Service	No
		Description	N/A
	HVAC Service	Does the replacement transmitter require HVAC Service?	No
		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

Other Transmitter Cost Not Listed

AuxiliaryOther Transmitter CoTransmitterInformation not provided.

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		
	Manufacturer and Type	Model	Sigma	
		Year	2003	
		Туре	Inductive Output Tube	
		IOT Power Type	Single	
		Power Capacity	30.2 kW	

Existing Transmitter Information

Primary	New Transmitter Costs			
Transmitter	Section	Question	Response	
	New Transmitter	Use	Primary (Main)	
		Change Type	Purchase New	
		Is this a request for upgraded equipment?	Yes	
		Manufacturer		
		Model	ULXTE-50	
		Transmitter Type	Solid State	
		Solid State Cooling	Liquid Cooled	
		Solid State Power capacity	30.1 kW	
		Justification for New Transmitter	Existing transmitter cannot be retuned Manufacturers letter attached Headroom analysis attached	

Primary	Other Transmitter Costs			
Transmitter	Section	Question	Response	
	Electrical Service	Service Entrance (3 phases 800A 208V)	No	
		Switchgear (industrial 800 amp)	Yes	
	-	Transformer (480V)	Yes	
		Power	300 kVA	
		Rigid Conduit and Wiring	No	
		Size	N/A	
		Length	N/A	
		Other Electrical Service	No	

	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	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

Other Transmitter Cost Not Listed

Primary Other Transmitter Co Transmitter Information not provided.

Antennas Section		Question	Response
Antenna Rela	ated 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	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	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)	715.0 kW		

Manufacturer	
Model	ATW25H3- HSWC-39H
Year	2003

Primary	New Antenna Costs				
Antenna	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	Full Power		
		Mounting	Top Mount		
		Antenna position in stack	Not in Stack		
		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)	550.0 kW		
		Manufacturer			

Model	TFU-27ETT /VP-R C140
Year	2019
Justification for New Antenna	Existing Ch 39 antenna
	can not be
	retuned.
	Reduced
	ERP to allow
	for top
	mounting. E-
	Pol premium
	not
	reimbursable
	Top mount
	premium less
	expensive
	than interim
	antenna.

Other Antenna Costs Primary

Antenna

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?	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
AntennaOther Antenna Cost Not ListedInformation not provided.

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

ransmissio	n 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	
		Туре	Rigid
		Diameter	6 1/8 inches
		Other Diameter	N/A
		Segment Length	Broadband
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	1220 feet per run

Primary Existing Transmission Line

Primary	New Transmission Line			
Transmissio	New Transmission Line Costs	Question	Response	
		Use	Primary (Main)	
		Description of Use	N/A	
		Change Type	Purchase New	
		Is this a request for upgraded equipment?	No	
		Туре	Rigid	
		Diameter	6 1/8 inches	
		Other Diameter	N/A	
		Segment Length	20 inches	
		Other Segment Length	N/A	
		Number of parallel runs	1	
		Length	1300 feet per run	
		Justification for New Transmission Line	Existing line will be used as interim, while new line is installed to the new antenna. Existing line is mismatched on Ch-32 Sweep data attached	

Primary Other Transmission Line Expenses Not Listed Transmission

Installation Materials	Tarps to cover line in site Pressurization parts
Nitrogen	TX Line pressurization

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

Existing Tower

Primary	Existing Tower			
Tower	Section	Question	Response	
	Existing Tower	Type of change	Modify Existing	
	Description	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?	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?	No	
	Existing Tower Structure Registration	Do you have a tower registration number?	Yes	
		ASR Number	1039874	
	Coordinates (NAD83 (Latitude (NAD83)	30° 43' 23.0" N-	
	North American Datum of 1983))	Longitude (NAD83)	089° 05' 28.0" W-	
		Overall Structure Height	1319.21 feet	
		Support Structure Height	1203.40 feet	
		Ground Elevation Above Mean Sea Level (AMSL)	229.98 feet	

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	WLOX, LLC
Date Constructed	04/17/2017

Tower Modification Costs

Primary Tower

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:	Minor Reinforcements needed

Primary Tower Section

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

Primary	Other Tower Expenses Not Listed		
Tower	Name	Description	
	Tower Load Study	Structural Analysis	

Outside	Section	Question	Response
Professional	I Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
		Number of Hours	300
		Explanation	Pattern analysis Antenna Spec Transmitter Spec Building drawings Installation Supervision Accounting Internal Legal
	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	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	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	No
	Prepare or Review FCC Form 399 for Reimbursement	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	1
	Justification	System sweep

Other Professional Services Expenses Not Listed Professional Services roostsided.

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)?	No
		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		
	Security	Site Security to prevent copper theft		

Transmitters

Cost Information

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter ULXTE-50	\$1,022,000.00	\$1,038,956.94		\$20,384.25	
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	\$20,384.25	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$967,656.94	Quote and change order attached	\$0.00	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Auxiliary Transmitter UAX	\$109,355.00	\$11,141.60		\$2,785.40	
UHF and VHF - minor banding issues	\$105,200.00	\$11,141.60	Quote attached	\$2,785.40	N/A
3 kW mask filter	\$4,155.00	\$0.00	included in tx quote	N/A	N/A
Sub-total	\$1,131,355.00	\$1,050,098.54	N/A	\$23,169.65	N/A
Total for all systems	\$2,306,844.33	\$2,140,479.53	N/A	\$592,411.29	N/A

Actual Information	
Description	File Name

Transformer 3 phase/480v - 300 KVA	Component Description:	Work completed
		at McHenry from 1
	A	/29/18-4/28/18
	Amount:	\$20,384.25
UHF - Liquid Cooled Solid		
State Transmitter 21 - 31 kW	Component Description:	ULXTE-50-E
	Amount:	\$97,791.30
	Component Description:	ULXTE-50-E per
		quote
	Amount:	\$145,148.54
	Component Description:	ULXTE-50-E per
	component Description.	quote
	Amount:	\$322,552.31
Switchgear - industrial 800 amp	Information not provided.	
UHF and VHF - minor		
panding issues	Component Description:	Channel Change
		UAX-1000AT
	Amount:	\$1,114.16
	Component Description:	Channel Change
		and Proof
	Amount:	\$1,671.24
3 kW mask filter	Information not provided.	

Antennas

Cost Information

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TFU-27ETT /VP-R C140	\$296,230.00	\$259,992.56		\$224,250.98	
Sweep test of existing antenna	\$6,730.00	\$6,782.06	actual cost	\$9,022.06	Actual costs exceeded estimates
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$253,210.50	Quote Total: 458,684.60 Antenna: 282,385.5 Line: 169,899.1 V- pol premium: 29,175 (not reimbursable and not included in estimated cost above. V-pol billed to station.	\$215,228.92	N/A
Sub-total	\$296,230.00	\$259,992.56	N/A	\$224,250.98	N/A
Total for all systems	\$2,306,844.33	\$2,140,479.53	N/A	\$592,411.29	N/A

Actual Information	
Description	File Name

Sweep test of existing		
antenna	Component Description:	Engineering
		services
	Amount:	\$234.34
	Component Description:	50% Due
	Amount:	\$3,200.00
	Component Description:	Sweep Test
	Amount:	\$640.00
	Component Description:	Engineering
		services to
		measure antenna and line plus
		motel, meals, and
		mileage
	Amount:	\$3,347.72
	Component Description:	Sweep Test
	Amount:	\$1,600.00
UHF - High Power Top Mount (200-1000 kW), One		
station antenna , elliptically	Component Description:	Antenna
or circularly polarized	Amount:	\$25,321.05
	Component Description:	Antenna
	Amount:	\$63,302.62
	Component Description:	50% Due prior to
		shipment
	Amount:	\$126,605.25

Transmission Line

Cost Information

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$263,240.33	\$170,539.43		\$155,691.53	
Rigid Transmission Line - copper, 6 1/8"	\$262,600.00	\$169,899.10	Quote attached	\$155,463.89	N/A
Nitrogen	\$227.64	\$227.64	Documentation attached WLOX Airgas South	\$227.64	N/A
Installation Materials	\$412.69	\$412.69	Documentation attached (WLOX install materials)	N/A	N/A
Sub-total	\$263,240.33	\$170,539.43	N/A	\$155,691.53	N/A
Total for all systems	\$2,306,844.33	\$2,140,479.53	N/A	\$592,411.29	N/A

Actual Information	
Description	File Name

Rigid Transmission Line - copper, 6 1/8"	Component Description: Amount:	Trans Line \$42,474.78
	Component Description: Amount:	Trans Line \$16,989.91
	Component Description: Amount:	Elbow, reducer, and fixed flg \$11,049.65
	Component Description: Amount:	50% Before Shipment \$84,949.55
Nitrogen	Component Description: Amount:	Nitrogen \$227.64
Installation Materials	Information not provided.	

Tower Equipment and Rigging Costs

Cost Information

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower GTOWER	\$405,800.00	\$366,500.00		\$146,450.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	\$86,150.00	Actual costs exceeded estimates
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	\$43,800.00	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$5,500.00	N/A	\$5,500.00	Previously submitted component to be denied
Tower Load Study	\$11,000.00	\$11,000.00	N/A	\$11,000.00	N/A
Sub-total	\$405,800.00	\$366,500.00	N/A	\$146,450.00	N/A
Total for all systems	\$2,306,844.33	\$2,140,479.53	N/A	\$592,411.29	N/A

Actual Information	
Description	File Name

Tall Tower (greater than 500')		
	Component Description:	Drill and pour
		pilings for ice bridge
	Amount:	\$18,750.00
	Amount.	\$16,750.00
	Component Description:	Final Invoice and
		balance of
		contract
	Amount:	\$149,000.00
	Component Description:	Clearance of
	•	100ft of the tag
		line path that
		leads to the
		transmitter tower
	Amount:	\$2,400.00
	Component Description:	Down Payment
	Amount:	\$65,000.00
Minor tower reinforcement		
/modifications	Component Description:	50% upon
		completion
	Amount:	\$21,900.00
	Component Description:	Tower Modification
	Amount:	\$21,900.00
	Component Description:	50% Down
	Component Description:	50% Down Payment

Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary	Component Description:	Tower Service - Mapping of WLOX Facility ID
documentation necessary for tower load study	Amount:	# 13995 \$5,500.00
	Component Description:	Tower Mapping for WLOX's portion of the
	Amount:	invoice \$5,500.00
Tower Load Study		
	Component Description:	Structural analysi and report for WLOX-TV 1202' Stainless Steel G& Guyed Tower
	Amount:	\$11,000.00

Outside Professional Services

Cost Information

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$157,820.00	\$250,050.00		\$35,870.13	
Additional Field Engineering Service, 1 Days	\$6,500.00	\$6,500.00	system sweep	\$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 - 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	\$119.63	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Project management of the transition	\$47,400.00	\$144,675.00	Widelity Strategic Support Quote	\$32,625.50	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,125.00	Invoice 240805 Invoice 240178 Invoice 240645	\$3,125.00	Costs were more than estimates
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Sub-total	\$157,820.00	\$250,050.00	N/A	\$35,870.13	N/A
Total for all systems	\$2,306,844.33	\$2,140,479.53	N/A	\$592,411.29	N/A

Actual Information Description	File Name	
Additional Field Engineering Service, 1 Days	Information not provided.	
Comprehensive coverage verification via field study, if needed	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	Component Description: Amount:	Call with FCC staff regarding phase waiver request for WLOX. Repack. \$119.63
Perform engineering study for new channel assignment and antenna development	Information not provided.	

Project management of the transition	Component Description: Amount:	Project Management \$3,262.45
	Component Description: Amount:	Project Management \$3,675.35
	Component Description: Amount:	Project Management \$2,722.55
	Component Description: Amount:	Project Management \$4,714.70
	Component Description: Amount:	Project Management \$115.50
	Component Description: Amount:	Project Management \$2,246.70
	Component Description: Amount:	Project Management \$2,011.95
	Component Description: Amount:	Project Management \$3,401.20
	Component Description: Amount:	Project Management \$2,303.35

	Component Description: Amount:	Project management \$2,942.75
	Component Description: Amount:	Project Management \$2,864.60
	Component Description: Amount:	Project Management \$2,364.40
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description:	Engineering study work for new channel assignment and antenna development. Preparation of the engineering section of FCC Form 2100. \$1,750.00
	Component Description: Amount:	Engineering study work for new channel assignment and antenna development \$1,250.00
	Component Description:	Engineering study work for new channel assignment and antenna development
	Amount:	\$125.00

Prepare engineering section	Information not provided.
of FCC Form 2100 (main),	
License to Cover Application	

Other Expenses

Cost Information

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justificatior
Other Expenses	\$52,399.00	\$43,299.00		\$6,979.00	
DTV Medical Facility Notification	\$11,550.00	\$2,450.00	Group quote attached	\$2,450.00	N/A
Equipment Delivery and Handling Charges	\$2,970.00	\$2,970.00	On site forklift rental estimate Representative quote attached	N/A	N/A
Equipment Storage	\$30,500.00	\$30,500.00	Estimate for Dielectric on site antenna storage Dielectric letter attached	N/A	N/A
Develop and air announcement of upcoming channel change	\$2,850.00	\$2,850.00	estimate for on air rescan announcement production Quote attached	N/A	N/A
MVPD Notification of Channel Change	\$0.00	\$0.00	N/A	N/A	N/A
Security	\$4,529.00	\$4,529.00	Site specific detail attached (Swetment Security Service)	\$4,529.00	N/A
Sub-total	\$52,399.00	\$43,299.00	N/A	\$6,979.00	N/A
Total for all systems	\$2,306,844.33	\$2,140,479.53	N/A	\$592,411.29	N/A

Description	File Name	
DTV Medical Facility		
Notification	Component Description:	Medical Notification
	Amount:	\$2,450.00
Equipment Delivery and Handling Charges	Information not provided.	
Equipment Storage	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
MVPD Notification of Channel Change	Information not provided.	
Security		
	Component Description:	Security Guard
	Amount:	\$4,529.00

Cost Gr Information	Grand Total				
		Predetermined Cost Estimate	Estimated Cost	Actual Cost	
	Total for all systems	\$2,306,844.33	\$2,140,479.53	\$592,411.29	

Reimbursem	enrestatus	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.	
		 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. 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).
- 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.	Robert Folliard , III Assistant Secretary 08/26/2019

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).	
		 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).
- 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.	
an au name	are, under penalty of perjury, that I am thorized representative of the above- d applicant for the Authorization(s) ied above.	Robert Folliard , III Assistant Secretary 08/26/2019

Attachments

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