



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **12033** | Service: **DTV** | Call **WWAY** | Channel: **24 (UHF)** |
ID: | Sign:
File **0000028249**
Number:
FRN: **0014489892** | Date **08/29**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|-------------------|--------------------------|---------------------------|
| WWAY-TV, LLC Doing Business As: WWAY-TV, LLC | Bobby Berry 301 Poplar Street MACON, GA 31201 United States | +1 (478) 745-4141 | bberry@morrisnetwork.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 Luke <i>Project Manager</i> <i>Custom Specialty Services, LLC</i> | Ray Luke 17363 Carlton Cuebas Road Gulfport, MS 39503 United States | +1 (228) 297-2500 | ray.css@att.net |

**Broadcaster
Information
and
Transition
Plan**

| Question | | Response |
|--|--|--|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | | Yes |
| Briefly describe transition plan | | WWAY will work with WECT and WSFX-TV to repack the current shared combiner, antenna and transmission line. Each station will supply its own transmitter. WWAY and WECT own tower, RF Line, combiner, antenna and building 50/50. |

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 | Sigma |
| | Year | 2003 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Single |
| | Power Capacity | 32 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 | ULXTE-40 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 25.3 kW |
| | Justification for New Transmitter | Old transmitter not supported and will not re-tune to new channel. While the Form 399 FAQ's instruct to list this as an upgrade, it actually is not, but rather a simple replacement. See attachment. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|---------|----------|----------|
|---------|----------|----------|

| | | |
|--|---|---|
| Electrical Service | Service Entrance (3 phases 800A 208V) | Yes |
| | Switchgear (industrial 800 amp) | Yes |
| | Transformer (480V) | Yes |
| | Power | 150 kVA |
| | Rigid Conduit and Wiring | Yes |
| | Size | 3 inches |
| | Length | 150.0 feet |
| | Other Electrical Service | Yes |
| | Description | electrical power installation of transmitter, heat exchanger, pumps, transformer and breaker panels |
| 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 leasehold improvement? | Yes |
| | Size | 2000.0 square feet |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

**Primary
Transmitter**

Other Transmitter Cost Not Listed

| Name | | Description |
|----------------|--|--|
| ice-bridge | | ice bridge must have apx. 800sqf added to cover heat exchangers and HVAC equipment |
| STL Wave-Guide | | STL must be moved to new transmitter room and wave-guide replaced |
| site survey | | site survey for electrical drawing and floor plan |

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? | No |
| | 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 | Top Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 3 |
| | Number of Panels | 56 |
| | Design power capacity in use | 95.0 % |
| | Lower Limit | 400.00 MHz |

| | |
|--|------------------------------|
| Upper Limit | 600.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 1000.0 kW |
| Manufacturer | Andrew |
| Model | ABBP14H4- HTWC4-30? 54 |
| Year | 2003 |

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

| Facility ID | Call Sign |
|-------------|-----------|
| 72871 | WSFX-TV |
| 48666 | WECT |

**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? | Yes |
| | Type | New |
| | Number of channels supported | 3 |
| | Frequencies of channels supported | RF channel |
| | Frequency | N/A |

Enter a list of RF channel numbers.

| RF Channel Number |
|-------------------|
| 29 |
| 23 |
| 24 |

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 | Utilize Existing |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | |
| | Is Transmission Line in operating condition? | |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | |
| | Diameter | |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | |
| | Length | |

Primary Transmission Line Other Transmission Line Expenses Not Listed

| Name | Description |
|------|-------------|
|------|-------------|

| | |
|---------------------------|---|
| RF line components | RF line and components for connecting transmitter to combiner |
|---------------------------|---|

**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 | Move Equipment |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | |
| | One or more FM, AM or TV radio broadcaster(s) | N/A |
| | Others Types of Users | N/A |
| | Is tower documented for structural analysis? | |
| | Is tower compliant with Rev G? | |
| Existing Tower Structure Registration | Do you have a tower registration number? | |
| | ASR Number | |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | - - |
| | Longitude (NAD83) | - - |
| | Overall Structure Height | |
| | Support Structure Height | |
| | Ground Elevation Above Mean Sea Level (AMSL) | |
| | Structure Type | - |

| | | |
|--|------------------|--|
| | Tower Owner | |
| | Date Constructed | |

**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 |
|-------------------------------|---------------------------------|
| instalation of STL wave-guide | install wave-guide for STL link |

**Outside
Professional Services Costs**

| Section | Question | Response |
|---|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 1050 |
| | Explanation | station is one of a group of co-owned stations all of which are subject to repack, there is no director of engineering and station has only IT engineer on staff. Co-ordination is needed for the entire group's Transition in different phases of repack |
| 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 | Yes |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Address transition timing and coordination issues w/ other stations and wireless providers | Yes |
| RF Field Engineering Services | Comprehensive coverage verification via field study | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | Yes |

| | |
|----------------|----------------------------------|
| Number of Days | 7 |
| Justification | field testing on combined system |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|-----------------------|--|
| Additional legal fees | Additional legal fees for 399 forms and progress 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 | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | Yes |
| | 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 Information not provided. |
|-----------------------|---|

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 ULXTE-40 | \$1,161,201.40 | \$1,003,251.40 | | \$941,556.22 | |
| site survey | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| STL Wave-Guide | <i>\$17,000.00</i> | \$17,000.00 | STL must be moved to new transmitter room and wave-guide replaced including state taxes | \$15,885.35 | N/A |
| ice-bridge | <i>\$9,437.40</i> | \$9,437.40 | ice-bridge needed to protect new heat exchanger and HVAC equipment from falling ice | \$8,820.00 | N/A |
| Other -- Building Addition Size: 2000.0 | <i>\$14,792.00</i> | \$14,792.00 | THIS IS REMODEL OF EXISTING ROOM AT TRANSMITTER SITE APX. 2000sf TO BE SHARED WITH WECT | \$7,396.00 | N/A |
| 10 Ton system | \$38,900.00 | \$38,900.00 | HVAC SYSTEM WITH STATE TAX ADDED | \$38,222.17 | N/A |

| | | | | | |
|---|--------------------|----------------|---|----------------|-----|
| Other Electrical Service: electrical power installation of transmitter, heat exchanger, pumps, transformer and breaker panels | \$48,122.00 | \$48,122.00 | Electrical Service: electrical power installation of transmitter, heat exchanger, pumps, transformer and breaker panels | \$24,061.00 | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$7,800.00 | \$0.00 | N/A | N/A | N/A |
| Transformer 3 phase /480v - 150 KVA | \$25,550.00 | \$0.00 | N/A | N/A | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$0.00 | N/A | N/A | N/A |
| Service entrance 3 phase/800 amp/208 volt | \$14,400.00 | \$0.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW | \$947,000.00 | \$875,000.00 | N/A | \$847,171.70 | N/A |
| Sub-total | \$1,161,201.40 | \$1,003,251.40 | N/A | \$941,556.22 | N/A |
| Total for all systems | \$1,682,417.10 | \$1,543,161.10 | N/A | \$1,144,898.14 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| site survey | Information not provided. |
| STL Wave-Guide | <p>Component Description: Wave-guide to move STL to new transmitter location</p> <p>Amount: \$15,885.35</p> |
| ice-bridge | <p>Component Description: WWAY IS A COMBINED SITE AND WECT WILL PAY OTHER HALF OF INVOICE</p> <p>Amount: \$8,820.00</p> |
| Other -- Building Addition Size: 2000.0 | <p>Component Description: BUILDING MODS SPLIT WITH WECT with letter from THTV added</p> <p>Amount: \$7,396.00</p> |
| 10 Ton system | <p>Component Description: Additional HVAC needed because of high heat load from mask filter.</p> <p>Amount: \$20,947.00</p> <p>Component Description: 10 ton HVAC system installed</p> <p>Amount: \$17,275.17</p> |
| Other Electrical Service: electrical power installation of transmitter, heat exchanger, pumps, transformer and breaker panels | <p>Component Description: Revised 50% progress billing</p> <p>Amount: \$24,061.00</p> |

| | | |
|---|--|--|
| 3" Rigid Conduit and Wiring (Cost per foot) | Information not provided. | |
| Transformer 3 phase/480v - 150 KVA | Information not provided. | |
| Switchgear - industrial 800 amp | Information not provided. | |
| Service entrance 3 phase /800 amp/208 volt | Information not provided. | |
| UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW | <p>Component Description: 1/3 payment due to ship transmitter this is 2nd transmitter payment</p> <p>Amount: \$257,837.85</p> <p>Component Description: Transmitter install, Proof,Freight and Taxes</p> <p>Amount: \$81,578.73</p> <p>Component Description: final transmitter payment less install and freight</p> <p>Amount: \$242,838.36</p> <p>Component Description: Dmod for new transmitter</p> <p>Amount: \$2,317.00</p> <p>Component Description: 1/3 down payment on transmitter</p> <p>Amount: \$262,599.76</p> <p>Component Description: Quote from Gates and station PO</p> <p>Amount: N/A</p> | |

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 ABBP14H4-HTWC4-30754 | \$96,190.00 | \$137,559.00 | | \$60,616.22 | |
| New combiner, cost per channel (without antenna) | \$84,200.00 | \$126,159.00 | This cost is above catalog because the channel combiner, mask filter and load are shared by 3 stations, but owned by 2, and by contract cost for 3 is split 2 ways. Tax and shipping still to be added See attached ERI letter of explanation. | \$60,616.22 | You will see that the repack combiner, building, and tower expense estimates for stations WWAY and WECT are split two ways. These two stations are partners in Brunswick Tower LLC which owns the tower, building, antennas, line, |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |

| | | | | | |
|---|----------------|----------------|-----|----------------|-----|
| Pattern scatter analysis for side mount high /med power antennas (if not included in antenna base cost) | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |
| Sub-total | \$96,190.00 | \$137,559.00 | N/A | \$60,616.22 | N/A |
| Total for all systems | \$1,682,417.10 | \$1,543,161.10 | N/A | \$1,144,898.14 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| New combiner, cost per channel (without antenna) | <p>Component Description: 3-Channel Combiner, Please see ERI letter of explanation of cost, attached hereto. Total cost for 3 stations is divided 2 ways by contractual obligation. WWAY is responsible \$117,437.50 this invoice is for WWAY 50% deposit tax and shipping added at end</p> <p>Amount: \$58,718.75</p> <p>Component Description: Tower Lease agreement</p> <p>Amount: N/A</p> |

| | | |
|--|-------------------------------|---|
| | Component Description: | ERI proposal for 3 station combiner cost paid by WWAY and WECT 50/50 split each station |
| | Amount: | N/A |
| | Component Description: | WSFX lease Agreement with WWAY and WECT |
| | Amount: | N/A |
| | Component Description: | ERI Justification letter for Invoice # WWAY-001 |
| | Amount: | N/A |
| | Component Description: | 50% down payment for combiner hardware |
| | Amount: | \$1,897.47 |
| | Component Description: | ERI Technical Proposal for WWAY, WECT and WSFX |
| | Amount: | N/A |
| Sweep test of existing antenna | Information not provided. | |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | 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 | \$38,030.70 | \$38,030.70 | | \$19,015.35 | |
| RF line components | <i>\$38,030.70</i> | \$38,030.70 | RF LINE COMPONENTS NEEDED TO CONNECT TRANSMITTERS TO COMBINER. INVOICE WILL BE SPLIT WITH WECT | \$19,015.35 | N/A |
| Sub-total | \$38,030.70 | \$38,030.70 | N/A | \$19,015.35 | N/A |
| Total for all systems | \$1,682,417.10 | \$1,543,161.10 | N/A | \$1,144,898.14 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------|--|
| RF line components | <div><div>Component Description:</div><div>INVOICE TO CONNECT TRANSMITTERS TO COMBINER . this is 50% of WWAY'S down payment due with order</div><div>Amount:</div><div>\$19,015.35</div></div> |

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 | \$19,500.00 | \$19,500.00 | | \$0.00 | |
| instalation of STL wave-guide | <i>\$19,500.00</i> | \$19,500.00 | TOWER CREW TO INSTALL EW63 WAVE-GUIDE FOR STL LINK | N/A | N/A |
| Sub-total | \$19,500.00 | \$19,500.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,682,417.10 | \$1,543,161.10 | N/A | \$1,144,898.14 | 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 | \$323,570.00 | \$310,250.00 | | \$120,302.85 | |
| Additional Field Engineering Service, 7 Days | <i>\$9,000.00</i> | \$9,000.00 | Additional Field Engineering Service, 7 Days for tuning of combiner | N/A | N/A |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | N/A | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | N/A | \$1,226.25 | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | N/A | N/A | N/A |
| 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 | \$675.00 | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$165,900.00 | \$157,500.00 | N/A | \$114,156.61 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|-------------------|----------------|---|----------------|-----|
| Additional legal fees | \$8,500.00 | \$8,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$5,000.00 | The cost is greater because of the time consuming nature of completing the form, determining how to answer staff questions and what information is needed, and correcting apparent staff review and technical errors. | \$4,244.99 | N/A |
| Sub-total | \$323,570.00 | \$310,250.00 | N/A | \$120,302.85 | N/A |
| Total for all systems | \$1,682,417.10 | \$1,543,161.10 | N/A | \$1,144,898.14 | N/A |

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| Additional Field Engineering Service, 7 Days | Information not provided. |
| RF Exposure Measurements | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |

| | | | | | |
|---|--|--|--|--|--|
| <p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p> | <table> <tr> <td data-bbox="697 100 1114 517"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1114 100 1428 517"> <p>Provided legal information and advise regarding grant of STA for transition phase change.</p> <p>\$112.50</p> </td></tr> <tr> <td data-bbox="697 517 1114 1122"> <p>Component Description:</p> <p>Amount:</p> </td><td data-bbox="1114 517 1428 1122"> <p>Legal fees in connection with preparation and filing of STA request for change in transition phase. Prior month's charges and courtesy discount omitted from reimbursement request.</p> <p>\$1,113.75</p> </td></tr> </table> | <p>Component Description:</p> <p>Amount:</p> | <p>Provided legal information and advise regarding grant of STA for transition phase change.</p> <p>\$112.50</p> | <p>Component Description:</p> <p>Amount:</p> | <p>Legal fees in connection with preparation and filing of STA request for change in transition phase. Prior month's charges and courtesy discount omitted from reimbursement request.</p> <p>\$1,113.75</p> |
| <p>Component Description:</p> <p>Amount:</p> | <p>Provided legal information and advise regarding grant of STA for transition phase change.</p> <p>\$112.50</p> | | | | |
| <p>Component Description:</p> <p>Amount:</p> | <p>Legal fees in connection with preparation and filing of STA request for change in transition phase. Prior month's charges and courtesy discount omitted from reimbursement request.</p> <p>\$1,113.75</p> | | | | |
| <p>Attorney Fees - Negotiation of lease and other matters for shared locations</p> | <p>Information not provided.</p> | | | | |
| <p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p> | <p>Information not provided.</p> | | | | |

| | | | | | | | | | |
|---|---|--------------------------------------|--|-----------------------|-----------------|--------------------------------------|---|-----------------------|-----------------|
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="697 100 1114 846"> <p>Component Description:</p> </td><td data-bbox="1114 100 1428 846"> <p>Legal advice and assistance in preparing and filing FCC Form 2100; fees billed in prior months and service charges omitted from this reimbursement request and reimbursement for other elements requested separately.</p> </td></tr> <tr> <td data-bbox="697 846 1114 1205"> <p>Amount:</p> </td><td data-bbox="1114 846 1428 1205"> <p>\$562.50</p> </td></tr> </table> <table> <tr> <td data-bbox="697 869 1114 1144"> <p>Component Description:</p> </td><td data-bbox="1114 869 1428 1144"> <p>Provided legal advice as to required preparation of Form 2100 and required timing of same.</p> </td></tr> <tr> <td data-bbox="697 1144 1114 1205"> <p>Amount:</p> </td><td data-bbox="1114 1144 1428 1205"> <p>\$112.50</p> </td></tr> </table> | <p>Component Description:</p> | <p>Legal advice and assistance in preparing and filing FCC Form 2100; fees billed in prior months and service charges omitted from this reimbursement request and reimbursement for other elements requested separately.</p> | <p>Amount:</p> | <p>\$562.50</p> | <p>Component Description:</p> | <p>Provided legal advice as to required preparation of Form 2100 and required timing of same.</p> | <p>Amount:</p> | <p>\$112.50</p> |
| <p>Component Description:</p> | <p>Legal advice and assistance in preparing and filing FCC Form 2100; fees billed in prior months and service charges omitted from this reimbursement request and reimbursement for other elements requested separately.</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$562.50</p> | | | | | | | | |
| <p>Component Description:</p> | <p>Provided legal advice as to required preparation of Form 2100 and required timing of same.</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$112.50</p> | | | | | | | | |
| <p>Prepare request for Special Temporary Authorization</p> | <p>Information not provided.</p> | | | | | | | | |
| <p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p> | <p>Information not provided.</p> | | | | | | | | |
| <p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p> | <p>Information not provided.</p> | | | | | | | | |
| <p>Address transition timing and coordination issues w/ other stations and wireless</p> | <p>Information not provided.</p> | | | | | | | | |
| <p>Project management of the transition</p> | | | | | | | | | |

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|-------------------------------|--|
| Component Description: | project management invoice Oct .2018 |
| Amount: | \$1,237.50 |

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|-------------------------------|--|
| Component Description: | APR 2018 PROJECT MANAGEMENT INVOICE |
| Amount: | \$1,462.50 |

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|-------------------------------|----------------------------------|
| Component Description: | PROJECT MANAGEMENT INVOICE |
| Amount: | \$1,933.50 |

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|-------------------------------|--|
| Component Description: | REVISED CSS PROJECT MANAGEMENT INVOICE JUNE 2017 |
| Amount: | \$5,101.05 |

| | |
|-------------------------------|----------------------------------|
| Component Description: | PROJECT MANAGEMENT INVOICE |
| Amount: | \$1,537.50 |

| | |
|-------------------------------|---------------------------|
| Component Description: | CSS March 2019 invoice |
| Amount: | \$16,210.21 |

| | |
|-------------------------------|---------------------------|
| Component Description: | CSS April 2019 invoice |
| Amount: | \$1,725.00 |

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|-------------------------------|---|
| Component Description: | Project Management invoice May 2019 |
| Amount: | \$2,662.50 |

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|-------------------------------|--|
| Component Description: | NOV. 2017 invoice for project management hours |
| Amount: | \$8,325.00 |

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|-------------------------------|---|
| Component Description: | JULY 2017 PROJECT MANAGEMENT INVOICE |
| Amount: | \$2,133.00 |

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|-------------------------------|--|
| Component Description: | MAR 2018 PROJECT MANAGEMENT INVOICE |
| Amount: | \$3,637.50 |

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|-------------------------------|--|
| Component Description: | Project Management invoice Nov. 2018 |
| Amount: | \$1,312.50 |

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|-------------------------------|----------------------------------|
| Component Description: | PROJECT MANAGEMENT INVOICE |
| Amount: | \$862.50 |

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|-------------------------------|--|
| Component Description: | FEB 2018 INVOICE FOR PROJECT MANAGEMENT HOURS |
| Amount: | \$7,425.00 |

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|-------------------------------|----------------------------------|
| Component Description: | PROJECT MANAGEMENT INVOICE |
| Amount: | \$1,800.00 |

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|-------------------------------|--|
| Component Description: | WWAY CSS June 2019 Project Management invoice 19-0604 |
| Amount: | \$31,845.04 |

| | |
|-------------------------------|--|
| Component Description: | OCT. 2017 invoice for project management hours |
| Amount: | \$2,475.00 |

| | |
|-------------------------------|--|
| Component Description: | DEC. 2017 for project management hours |
| Amount: | \$1,687.50 |

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|-------------------------------|--|
| Component Description: | Project Management invoice Dec. 2018 |
| Amount: | \$2,025.00 |

| | |
|-------------------------------|--|
| Component Description: | Jan. 2018 invoice for project management hours |
| Amount: | \$1,575.00 |

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| Component Description: | CSS PROJECT MANAGEMENT INVOICE APRIL 2017 REV. |
| Amount: | \$2,662.50 |

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|-------------------------------|----------------------------------|
| Component Description: | Feb. 2019 CSS Invoice 19-0204 |
| Amount: | \$2,400.00 |

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|-------------------------------|--|
| Component Description: | AUG 2017 PROJECT MANAGEMENT INVOICE |
| Amount: | \$799.50 |

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|-------------------------------|---|
| Component Description: | CSS PROJECT MANAGEMENT INVOICE MAY 2017 |
| Amount: | \$3,235.50 |

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|-------------------------------|---|
| Component Description: | SEPT 2017 PROJECT MANAGEMENT INVOICE |
| Amount: | \$405.00 |

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|-------------------------------|----------------------------------|
| Component Description: | Jan. 2019 CSS invoice 19-0104 |
| Amount: | \$6,856.31 |

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|-------------------------------|--|
| Component Description: | MAY 2018 PROJECT MANAGEMENT INVOICE |
| Amount: | \$562.50 |

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|-------------------------------|---|
| Component Description: | PROJECT MANAGEMENT INVOICE SEPT 2018 |
| Amount: | \$262.50 |

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|--|---|--|
| Perform engineering study for new channel assignment and antenna development | Information not provided. | |
| Additional legal fees | Information not provided. | |
| Prepare and or review reimbursement form | <p>Component Description:</p> <p>Legal services in connection with providing further information related to FCC Form 1876 and figuring out apparently inconsistent information; fees billed in prior months and service charges omitted from this reimbursement request.</p> <p>Amount:</p> <p>\$540.00</p> | |
| | <p>Component Description:</p> <p>Legal fees for assistance in obtaining reimbursement of expenses</p> <p>Amount:</p> <p>\$112.50</p> | |
| | <p>Component Description:</p> <p>Legal advice and counsel in connection with seeking reimbursement of expenses</p> <p>Amount:</p> <p>\$112.50</p> | |

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| Component Description: | Legal fees for assistance in requesting reimbursement of expenses. |
| Amount: | \$112.50 |

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| Component Description: | Legal fees for assisting with request for reimbursement of expenses. |
| Amount: | \$112.50 |

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| Component Description: | Legal Fees for assisting in providing necessary information and completing form to obtain reimbursement of expenses. |
| Amount: | \$1,237.50 |

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| Component Description: | Legal fees in connection with requesting reimbursement of expenses and determining source of apparent staff errors |
| Amount: | \$225.00 |

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| Component Description: | Legal fees for advice and counsel on submitting information to seek reimbursement of expenses |
| Amount: | \$112.50 |

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|-------------------------------|---|
| Component Description: | Legal advice and counsel in connection with seeking reimbursement of expenses of repack |
| Amount: | \$112.50 |

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| Component Description: | Legal fees for preparation and filing of Schedule 399 and obtaining necessary information; fees billed in prior months and service charges omitted from this reimbursement request. |
| Amount: | \$652.50 |

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| Component Description: | Legal fees and costs for preparing and submitting FCC Form 1876 to obtain reimbursement of expenses. |
| Amount: | \$464.99 |

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| Component Description: | Legal Fees for assistance with requesting reimbursement. |
| Amount: | \$337.50 |

Component Description:

Provided legal
advice as to
information needed
and timing required
for cost
reimbursement
forms.

Amount:

\$112.50

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 | \$43,925.00 | \$34,570.00 | | \$3,407.50 | |
| Develop and air announcement of upcoming channel change | <i>\$300.00</i> | \$300.00 | N/A | \$225.00 | N/A |
| MVPD Notification of Channel Change | <i>\$935.00</i> | \$935.00 | N/A | \$935.00 | N/A |
| Equipment Delivery and Handling Charges | <i>\$19,500.00</i> | \$19,500.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$2,250.00 | N/A | \$2,247.50 | N/A |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |

| | | | | | |
|--|----------------|----------------|-----|----------------|-----|
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| Sub-total | \$43,925.00 | \$34,570.00 | N/A | \$3,407.50 | N/A |
| Total for all systems | \$1,682,417.10 | \$1,543,161.10 | N/A | \$1,144,898.14 | N/A |

Components

| Actual Information | |
|--|--|
| Description | File Name |
| Develop and air announcement of upcoming channel change | <p>Component Description: Legal advice and counsel regarding required notices of repack channel change and associated requirements</p> <p>Amount: \$225.00</p> |
| MVPD Notification of Channel Change | <p>Component Description: WWAY MVPD Notification invoice</p> <p>Amount: \$935.00</p> |
| Equipment Delivery and Handling Charges | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |

| | |
|--|---|
| DTV Medical Facility Notification | <div> <div> Component Description: Amount: </div> <div> WWAY Medical Notification invoice \$2,135.00 </div> </div> <div> <div> Component Description: Amount: </div> <div> Legal advice and counsel as to notification of channel change to medical facilities \$112.50 </div> </div> |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|----------------|
| Total for all systems | \$1,682,417.10 | \$1,543,161.10 | \$1,144,898.14 |

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.

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.

**Bobby
Berry**
*Chief
Operating
Officer*

08/29/2019

| 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 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>Bobby Berry <i>Chief Operating Officer</i></p> <p>08/29/2019</p> |

Attachments