(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

| Facility 10976 | Service: DTV | V Call | WVFX | Channel: |
| :---: | :---: | :---: | :---: | :---: |
| ID: |  | Sign: |  |  |
| 13 (High VHF) | File 0 | 0000028732 |  |  |
|  | Number: |  |  |  |
| FRN: 0018223693 | Date | 12/02 |  |  |
|  | Submitted: | /2019 |  |  |


| Applicant Information | Applicant Name, Type, and Contact Information |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  | Applicant | Address | Phone | Email | Applicant Type |
|  | GRAY TELEVISION | Robert | +1 (202) | Robert. | Limited Liability |
|  | LICENSEE, LLC | Folliard | 750-1585 | Folliard@gray. | Company |
|  |  | PO Box |  | tv |  |
|  |  | 30319 |  |  |  |
|  |  | Atlanta, |  |  |  |
|  |  | GA 30319 |  |  |  |
|  |  | United |  |  |  |
|  |  | States |  |  |  |

## Reimbursement Roimbursement Contact Name and Information

Applicant Address Phone Email
[Confidential]

Preparer Contact Information

## Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
| :--- | :--- | :--- | :--- |
| Samuel Hariton | Samuel Hariton | $+1(339) 222-8107$ | sam.hariton@widelity.com |
| Widelity | 4031 University Dr |  |  |
|  | Suite 100 |  |  |
|  | Fairfax, VA 22030 |  |  |
|  | United States |  |  |

Broadcaster Information and Transition Plan

Question

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.

Briefly describe transition plan

## Response

No
.

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s
-

WVFX will be replacing the existing main transmitter, antenna, and transmission line. The station will also be installing a full interim system.

| Transmitters | Section | Question | Response |
| :--- | :--- | :--- | :--- |
| Transmitter Related <br> Expenses | Do you have transmitter related expenses? | Yes |  |

Primary
Transmitter
Existing Transmitter Information

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Transmitter Description | Type of change | Purchase <br> 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 |  |
|  | Model | TXU-300D |
|  | Year | 2007 |
|  | Type | Solid State |
|  | Solid State Cooling | Air Cooled |
|  | Solid State Power Capacity | 3 kW |


| Primary Transmitter | New Transmitter Costs |  |  |
| :---: | :---: | :---: | :---: |
|  | Section | Question | Response |
|  | New Transmitter | Use | Primary <br> (Main) |
|  |  | Change Type | Purchase <br> New |
|  |  | Is this a request for upgraded equipment? | No |
|  |  | Manufacturer |  |
|  |  | Model | VAXTE- <br> 6R44 |
|  |  | Transmitter Type | Solid State |
|  |  | Solid State Cooling | Air Cooled |
|  |  | Solid State Power capacity | 4.8 kW |
|  |  | Justification for New Transmitter | Existing <br> Transmitter is Out of Band For ch13 and Mosfets are no longer made. |


| Primary <br> Transmitter Other Transmitter Costs |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
|  | 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 | Yes |
| :--- | :--- | :--- |
| Description | The new <br> transmitter will <br> require <br> reconfiguration <br> of the <br> electrical |  |
|  |  | service on <br> site. The <br> electrical work <br> cost has been |
|  |  | estimated <br> based on <br> verbal |
| Is |  | guidance from <br> local electrical <br> contractors. |
| Is additional field engineering time needed? |  |  |

Primary Transmitter

## Other Transmitter Cost Not Listed

| Name | Description |
| :--- | :--- |
| Tagline Clearance | Tree/Brush Removal for tag line |

## Antennas

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

Primary Antenna

Existing Antenna Information

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Antenna Description | Type of change | Purchase <br> 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 <br> 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 | 1 |
|  | Number of Panels | 8 |
|  | Design power capacity in use | 100.0 \% |
|  | Lower Limit | 174.00 MHz |
|  | Upper Limit | 216.00 MHz |
|  | Other Antenna Type | N/A |
|  | ERP: (Effective Radiated Power) | 30.0 kW |


| Manufacturer |  |
| :--- | :--- |
| Model | SWDDP3-1- <br> $3-1 / 10$ |
| Year | 2008 |

Primary Antenna

New Antenna Costs

| Section | Question | Response |
| :---: | :---: | :---: |
| New Antenna Description | Use | Primary (Main) |
|  | Description of Use | N/A |
|  | Change Type | Purchase New |
|  | Is this a request for upgraded equipment? | No |
|  | 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 | 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) | 30.0 kW |
|  | Manufacturer |  |
|  | Model | $\begin{aligned} & \text { THV-5A 13-R } \\ & \text { P220 SM } \end{aligned}$ |
|  | Year | 2017 |

Lacking documentation for retune viability

## Other Antenna Costs

 Antenna| Section | Question | Response |
| :--- | :--- | :--- |
| Combiner for Shared | Do you need a Combiner for a Shared <br> Antenna? | No |
|  | Type | N/A |
|  | Number of channels supported | Frequencies of channels supported |


| TransmissionSeffiien | Question | Response |
| :---: | :--- | :--- |
| Transmission Line <br> Related Expenses | Do you have transmission line related <br> expenses? | Yes |


| Primary Existing Transmission Line |  |  |
| :---: | :---: | :---: |
| Transmission Setition $^{\text {a }}$ | Question | Response |
| Existing Transmission Line Description | Type of change | Purchase <br> New |
|  | Use | Primary (Main) |
|  | Description of Use | N/A |
|  | Ownership | Owned |
|  | Owner | N/A |
|  | Site | N/A |
|  | Is the existing transmission line shared with another station or stations? | No |
|  | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer |  |
|  | Type | Rigid |
|  | Diameter | $\begin{aligned} & 3 \text { 1/8 } \\ & \text { inches } \end{aligned}$ |
|  | Other Diameter | N/A |
|  | Segment Length | $\begin{aligned} & 191 / 2 \\ & \text { inches } \end{aligned}$ |
|  | Other Segment Length | N/A |
|  | Number of parallel runs | 1 |
|  | Length | 640 feet per run |


| Primary <br> New Transmission Line <br> Transmission_Leifiton <br> New Transmission Line <br> Costs | Use |  |
| :--- | :--- | :--- | :--- |

Primary
Other Transmission Line Expenses Not Listed
Transmissionnlometion not provided.

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

Primary Tower

## Existing Tower

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Tower Description | Type of change | Modify <br> Existing |
|  | Tower Use | Primary <br> (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 | 1034466 |
| Coordinates (NAD83 ( North American Datum of 1983)) | Latitude (NAD83) | $\begin{aligned} & 39^{\circ} 18^{\prime} \\ & 02.0^{\prime \prime} \mathrm{N}- \end{aligned}$ |
|  | Longitude (NAD83) | $\begin{aligned} & 080^{\circ} 20^{\prime} \\ & 36.0^{\prime \prime} \mathrm{W}- \end{aligned}$ |
|  | Overall Structure Height | 632.21 feet |
|  | Support Structure Height | 600.06 feet |
|  | Ground Elevation Above Mean Sea Level (AMSL) | 1359.89 feet |


| Structure Type | TOWER - <br> Free <br> Standing or <br> Guyed <br> Structure |
| :--- | :--- |
| Tower Owner | Gray <br> Television <br> Group, Inc. |
| Date Constructed | $10 / 26 / 1992$ |

## Tower Modification Costs

| Section | Question | Response |
| :--- | :--- | :--- |
| Engineering Study | Please what type of engineering study is <br> required, if any: | Study needed <br> for documented <br> tower |
| Tower Reinforcements | Please select whether tower reinforcements <br> are needed: | Major <br> Reinforcements <br> needed |

Primary Tower

Other Tower Expenses Not Listed

| Name | Description |
| :--- | :--- |
| Tower Mapping | Tower Mapping |



| Prepare request for Special Temporary | No |  |
| :--- | :--- | :--- |
| Quthority | Quantity | N/A |
| NEPA Section 106 environmental review | No |  |
| Environmental Assessment | No |  |
| ASR Modification | Yes |  |
| FAA Consultation (including preparation of | FAA Form 7460) | No |
|  | Negotiation of Lease and other Matter for <br> Shared Locations | No |
| Prepare or Review FCC Form 399 for | Yes |  |
| Reimbursement | Address transition timing and coordination | Yes |
| issues w/ other stations and wireless |  |  |
| providers | Nos |  |
| RF Field Engineering | Comprehensive coverage verification via <br> field study | No |
| RF exposure measurements | No |  |
| Additional Field Engineering Service | No |  |
| Number of Days | N/A |  |
| Justification | N/A |  |

Outside Other Professional Services Expenses Not Listed

## Description

Legal Service
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 | Yes |
|  | 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? | No |
|  | 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

| Name | Description |
| :--- | :--- |
| Security | Site security during transition |

## 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 <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Transmitter VAXTE-6R44 | \$184,008.94 | \$184,008.94 |  | \$114,687.63 |  |
| Tagline Clearance | \$8,560.00 | \$8,560.00 | See <br> attached <br> Dogwood <br> Tree <br> Service <br> Tagline <br> Clearance <br> Invoice <br> \#5620 | \$8,560.00 | N/A |
| Other -- HVAC <br> Service Type: <br> H Size:5 <br> (Other) | \$6,975.00 | $\$ 6,975.00$ | See <br> Jackson <br>  <br> Air quote | N/A | N/A |
| Other <br> Electrical <br> Service: The <br> new <br> transmitter will <br> require <br> reconfiguration <br> of the <br> electrical <br> service on <br> site. The <br> electrical work <br> cost has been <br> estimated <br> based on <br> verbal <br> guidance from <br> local electrical <br> contractors. | \$10,600.00 | \$10,600.00 | N/A | N/A | N/A |


| High VHF - Air <br> Cooled Solid <br> State | $\$ 157,873.94$ | $\$ 157,873.94$ | GatesAir <br> Quote GA- <br> 00022571 | $\$ 106,127.63$ | $\mathrm{~N} / \mathrm{A}$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Transmitter <br> 4.8 kW | $\$ 184,008.94$ | $\$ 184,008.94$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 114,687.63$ | $\mathrm{~N} / \mathrm{A}$ |
| Sub-total | $\$ 1,364,624.94$ | $\$ 1,300,608.94$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 203,978.63$ | $\mathrm{~N} / \mathrm{A}$ |
| Total for all <br> systems |  |  |  |  |  |

## Components

| Actual Information <br> Description | File Name |  |
| :--- | :--- | :--- |
| Tagline Clearance | Component Description: | Professional <br> Services <br> $\$ 8,560.00$ |
| Other -- HVAC Service <br> Type: H Size:5 (Other) | Information not provided. |  |
| Other Electrical Service: The <br> new transmitter will require <br> reconfiguration of the <br> electrical service on site. <br> The electrical work cost has <br> been estimated based on <br> verbal guidance from local <br> electrical contractors. | Information not provided. |  |
| High VHF - Air Cooled Solid <br> State Transmitter 4.8 kW | Component Description: |  |

## 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 <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Antenna THV- <br> 5A 13-R P220 <br> SM | \$197,295.00 | \$186,839.00 |  | \$0.00 |  |
| Sweep <br> Existing <br> Transmission <br> Line | \$3,009.00 | \$3,009.00 | See <br> attached invoice for sweep test of existing antenna and transmission line | \$0.00 | N/A |
| High VHF - <br> High Power Side Mount One Station horizontally polarized | \$156,806.00 | \$156,806.00 | DTVPros quote JEHQ126401 | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Elbow complex, single channel, at antenna input, per 31 /8. feedline (if needed) | \$7,600.00 | \$7,024.00 | N/A | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$13,600.00 | N/A | N/A | N/A |


| Sub-total | $\$ 197,295.00$ | $\$ 186,839.00$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 0.00$ | $\mathrm{~N} / \mathrm{A}$ |
| :--- | :---: | :---: | :---: | :---: | :---: | :---: |
| Total for all <br> systems | $\$ 1,364,624.94$ | $\$ 1,300,608.94$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 203,978.63$ | $\mathrm{~N} / \mathrm{A}$ |

## Components

| Actual Information <br> Description | File Name |  |
| :--- | :--- | :--- |
| Sweep Existing <br> Transmission Line | Component Description: | transmission line <br> and antenna <br> inspection |
| \$3,009.00 |  |  |
| High VHF - High Power Side <br> Mount One Station <br> horizontally polarized | Information not provided. |  |
| Sweep test of existing <br> antenna | Information not provided. |  |
| Elbow complex, single <br> channel, at antenna input, <br> per 3 1/8. feedline (if <br> needed) | Information not provided. |  |
| Side mount brackets for <br> high power antennas (if not <br> included in antenna base <br> cost) | Information not provided. |  |

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Transmission <br> Line | \$67,600.00 | \$64,000.00 |  | \$0.00 |  |
| Rigid <br> Transmission <br> Line - <br> copper, 3 1/8" | \$67,600.00 | \$64,000.00 | Catalog Cost | N/A | N/A |
| Sub-total | \$67,600.00 | \$64,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,364,624.94 | \$1,300,608.94 | N/A | \$203,978.63 | N/A |

## Components

Information not provided.

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Tower <br> TOWER | \$661,850.00 | \$629,750.00 |  | \$10,475.00 |  |
| Tall Tower (greater than 500') | \$210,500.00 | \$200,000.00 | N/A | N/A | N/A |
| Major tower reinforcement /modifications | \$421,000.00 | \$400,000.00 | N/A | \$0.00 | N/A |
| Tower Mapping | \$17,750.00 | \$17,750.00 | Per Hodge <br> Structural <br> Engineers <br> Tower <br> Mapping <br> POs 7174 <br> \& 7174-1 | N/A | N/A |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$12,000.00 | N/A | \$10,475.00 | N/A |
| Sub-total | \$661,850.00 | \$629,750.00 | N/A | \$10,475.00 | N/A |
| Total for all systems | \$1,364,624.94 | \$1,300,608.94 | N/A | \$203,978.63 | N/A |

## Components

| Actual Information <br> Description | File Name |
| :--- | :--- |
| Tall Tower (greater than <br> 500 | Information not provided. |


| Major tower reinforcement <br> /modifications | Information not provided. |  |
| :--- | :--- | :--- |
| Tower Mapping | Component Description: | WVFX-410-Tower <br> Mapping Existing <br> Primary Tower |
|  | Amount: | \$3,500.00 |
|  | Component Description: | Engineering |
| Structural engineering tower <br> load study for well <br> documented tower | Evaluation |  |
|  | Amount: | \$3,625.00 |
|  | Component Description: | Tower Mapping |
|  |  | $\$ 6,850.00$ |
|  |  |  |
|  |  |  |

## Outside Professional Services

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

|  |  | Estimated <br> Cost |  |  |  |
| :--- | :---: | :--- | :--- | :--- | :--- |
| Description | Prestermined Estimate <br> Cost | Estimated <br> Cost | Justification | Actual Cost | Actual Cost <br> Justification |
| Outside | $\$ 169,581.00$ | $\$ 161,046.00$ |  | $\$ 68,520.00$ |  |
| Professional <br> Services |  |  |  |  |  |

$\left.\begin{array}{llllll}\hline \begin{array}{l}\text { Attorney Fees } \\ \text { - Other Matters }\end{array} & \$ 296.00 & \$ 296.00 & \begin{array}{c}\text { Per WVFX } \\ \text { Justification } \\ \text { New }\end{array} & \text { N/A } & \\ \text { Category } \\ \text { Attorney } \\ \text { Other } \\ \text { Matters }\end{array}\right]$


## Components

## Actual Information <br> Description

Attorney Fees - Other
Matters

## File Name

| Component Description: | For Professional <br> Services |
| :--- | :--- |
| Amount: | $\$ 296.00$ |

ASR modification (prepare FCC Form 854)

Attorney Fees -Prepare and File FCC Form 2100
(main), License to Cover Application

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application

Prepare engineering section of FCC Form 2100 (main), License to Cover Application

Prepare engineering section of FCC Form 2100
(main), Construction Permit Application

Information not provided.

Information not provided.

| Component Description: | Professional |
| :--- | :--- |
|  | Services |
| Amount: | $\$ 196.50$ |

Information not provided.

Component Description: Prepare
engineering
section of FCC
Form 2100
Construction
Permit Application
Amount:
\$1,425.00

Perform engineering study for new channel assignment and antenna development

Address transition timing and coordination issues w/ other stations and wireless

Prepare and or review
reimbursement form

Project management of the transition

| Component Description: | Consulting <br> Engineer - Provide <br> target |
| :--- | :--- |
|  | specifications for <br> manufacturers to <br> develop a side- <br> mount main <br> antenna for repack <br> Ch-13 at non- <br> maximized |
|  | parameters. <br> $\$ 475.00$ |
| Amount: | Perform |
|  |  |
| Component Description: | engineering study <br> for new channel |
|  | assignment <br> $\$ 1,150.00$ |
| Amount: |  |

Information not provided.

Information not provided.

| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 2,908.15$ |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 2,190.25$ |


| Component Description: | Project |
| :--- | :--- |
|  | Management |
| Amount: | $\$ 2,022.10$ |

Component Description: Project Mgt

Amount:

| Component Description: | Project |
| :---: | :---: |
|  | Management |
| Amount: | \$2,348.80 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,726.05 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,142.95 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,114.50 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,138.20 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,428.15 |
| Component Description: | Project |
|  | Management |
| Amount: | \$2,031.85 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,970.00 |
| Component Description: | Project management |
| Amount: | \$1,966.05 |


| Component Description: | Project |
| :---: | :---: |
|  | Management |
| Amount: | \$1,745.10 |
| Component Description: | Project Mgt |
| Amount: | \$801.45 |
| Component Description: Amount: | Cost Reconciliation \$2,226.45 |
| Component Description: Amount: | Project Mgt \$802.25 |
| Component Description: | Project |
|  | Management $\$ 2,158.20$ |
| Component Description: Amount: | $\begin{aligned} & \text { Project Mgt } \\ & \$ 28.20 \end{aligned}$ |
| Component Description: | Project |
|  | Management \$2,019.35 |
| Component Description: | Transition Related |
|  | Project |
|  | Management Costs |
| Amount: | \$3,000.00 |
| Component Description: | Project |
|  | Management |
| Amount: | \$1,931.10 |


Component Description: Project
management
Amount: \$2,667.65

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Other Expenses | \$84,290.00 | \$74,965.00 |  | \$6,500.00 |  |
| Disposal <br> Costs (for equipment and other waste, net of any salvage value) | \$15,000.00 | \$15,000.00 | See attached Disposal Quote | \$6,500.00 | N/A |
| Security | \$15,000.00 | \$15,000.00 | N/A | N/A | N/A |
| MVPD <br> Notification of Channel Change | \$1,000.00 | \$1,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$10,600.00 | \$10,600.00 | N/A | N/A | N/A |
| Equipment Storage | \$19,500.00 | \$19,500.00 | N/A | N/A | N/A |
| Non-zoning permits | \$10,000.00 | \$10,000.00 | N/A | N/A | N/A |
| FCC Filing <br> Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | N/A |
| DTV Medical <br> Facility <br> Notification | \$11,550.00 | \$2,350.00 | N/A | N/A | N/A |


| FCC Filing <br> Fees - Form <br> 2100 minor <br> change CP <br> application | $\$ 1,110.00$ | $\$ 1,000.00$ | $\mathrm{~N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| FCC Filing <br> Fees - Form <br> 2100 license <br> to cover <br> application | $\$ 335.00$ | $\$ 325.00$ | $\mathrm{~N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| Sub-total | $\$ 84,290.00$ | $\$ 74,965.00$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 6,500.00$ | $\mathrm{~N} / \mathrm{A}$ |
| Total for all <br> systems | $\$ 1,364,624.94$ | $\$ 1,300,608.94$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 203,978.63$ | $\mathrm{~N} / \mathrm{A}$ |

## Components

| Actual Information <br> Description | File Name |  |
| :--- | :--- | :--- |
| Disposal Costs (for <br> equipment and other waste, <br> net of any salvage value) | Component Description: | Removal of <br> unwanted heavy <br> equipment and <br> debris <br> \$6,500.00 |
| Security | Amount: |  |
| MVPD Notification of <br> Channel Change | Information not provided. |  |
| Develop and air <br> announcement of upcoming <br> channel change | Information not provided. |  |
| Equipment Storage | Information not provided. |  |
| Non-zoning permits | Information not provided. |  |
| FCC Filing Fees - Special | Information not provided. |  |
| Temporary Authorization <br> request |  |  |
| DTV Medical Facility | Information not provided. |  |
| Notification |  |  |

FCC Filing Fees - Form 2100 minor change CP application

FCC Filing Fees - Form 2100 license to cover application

Information not provided.

Information not provided.
Total for all systems \$1,364,624.94 \$1,300,608.94 \$203,978.63

## Reimbursemefriestatus

The facility has ceased operating on its preauction channel.

Construction of final facilities or all necessary modifications are complete.

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.

## Response

No

No

No

## Certification

Section
Question
Response

Submission of Estimated Expenses Statements

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

1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.
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 <br> entity certifies that it <br> is in full compliance <br> with all statutes, <br> rules, regulations <br> and governmental <br> requirements for <br> which compliance is <br> a pre-requisite for <br> obtaining the <br> payments herein <br> requested. | Robert |
| :--- | :--- |
| I declare, under penalty of perjury, that I am <br> an authorized representative of the above- <br> named applicant for the Authorization(s) <br> specified above. | Folliard , III |
| Assistant |  |
| Secretary |  |


| Certification | Section | Question | Response |
| :---: | :---: | :---: | :---: |
|  | Submission of Actual <br> Cost Documentation <br> Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733). |  |

1. The Authorized

Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.
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.

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

## Attachments

