



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **77676** | Service: **DCA** | Call **WAPW-CD** | Channel: **23 (UHF)**
ID:
File **0000026137**
Number:
FRN: **0001770163** | Date **12/22**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-------------------|-----------------|----------------|
| HOLSTON VALLEY BROADCASTING CORPORATION Doing Business As: HOLSTON VALLEY BROADCASTING CORPORATION | Nathan D. Widener 222 COMMERCE ST KINGSPORT, TN 37660 United States | +1 (423) 723-6134 | davidw@wtfm.com | Corporation |

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 |
|--|---------|-------|-------|
| The Preparer is same as the reimbursement contact. | | | |

Broadcaster Information and Transition Plan

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

| | |
|--|---|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
| Briefly describe transition plan | We think we can just purchase a new stringent mask filter for our conversion from channel 21 to channel 23, and the transmitter, antenna, and transmission line should work on our new channel. |

Transmitters

| Section | Question | Response |
|-------------------------------------|---|----------|
| Transmitter Related Expenses | Do you have transmitter related expenses? | No |

Antennas

| Section | Question | Response |
|---------------------------------|---------------------------------------|----------|
| Antenna Related Expenses | Do you have antenna related expenses? | No |

Transmission Line

| Section | Question | Response |
|---|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

Tower Equipment And Rigging Costs

| Section | Question | Response |
|---|---|----------|
| Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | No |

Outside Professional Services Costs

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

| | | |
|---|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 10 |
| | Explanation | Prepare and certify form 387 quarterly reports and special progress reports |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | No |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |
| | Terrain-Shielded Facility | N/A |
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |

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

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|-----------------------------------|--|
| Other Engineering Services | Engineering services not included in any other OPS section |

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? | No |
| 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 | 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? | No |
| | 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? | No |

**Other
Expenses**

Other Expenses Not Listed

| Name | Description |
|-------------------------|--|
| Technalogix Mask Filter | new stringent mask filter for channel 23 replacing our channel 21 |

Cost Information **Transmitters**
Information not provided.

Cost Information **Antennas**
Information not provided.

Cost Information **Transmission Line**
Information not provided.

Cost Information **Tower Equipment and Rigging Costs**
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). | | | | | |
| | | Predetermined | Estimated | Estimated | Actual | Actual Cost |
| | Description | Cost Estimate | Cost | Cost Justification | Cost | Justification |
| | Outside Professional Services | \$22,570.00 | \$16,900.00 | | \$6,415.00 | |
| | Project management of the transition | \$1,580.00 | \$1,540.00 | N/A | \$900.00 | N/A |
| | Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$1,500.00 | N/A | \$450.00 | N/A |

| | | | | | |
|--|-------------------|-------------|--|------------|-----|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$2,800.00 | N/A | \$2,800.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$1,500.00 | N/A | N/A | N/A |
| Other Engineering Services | \$6,000.00 | \$6,000.00 | Engineering services not included in any other OPS section | \$1,178.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,560.00 | N/A | \$1,087.00 | N/A |
| Sub-total | \$22,570.00 | \$16,900.00 | N/A | \$6,415.00 | N/A |
| Total for all systems | \$27,015.00 | \$21,295.00 | N/A | \$6,415.00 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-------------------------------|---|----------------|----------|-------------------------------|---------------------------|----------------|----------|-------------------------------|---------------------------|----------------|----------|-------------------------------|---------------------------|----------------|----------|-------------------------------|-------------------------------|----------------|----------|-------------------------------|-----------------------------|----------------|----------|
| Project management of the transition | <table> <tr> <td data-bbox="699 174 1007 208">Component Description:</td><td data-bbox="1139 174 1358 286">KGA inv #964-50 Form 387 2019 Q1 UL20190429jgv1</td></tr> <tr> <td data-bbox="699 297 807 331">Amount:</td><td data-bbox="1139 297 1235 331">\$150.00</td></tr> <tr> <td data-bbox="699 439 1007 472">Component Description:</td><td data-bbox="1139 439 1286 506">KGA 964-84 v191028jgv1</td></tr> <tr> <td data-bbox="699 517 807 551">Amount:</td><td data-bbox="1139 517 1235 551">\$150.00</td></tr> <tr> <td data-bbox="699 658 1007 692">Component Description:</td><td data-bbox="1139 658 1286 725">KGA 964-88 v191028jgv1</td></tr> <tr> <td data-bbox="699 736 807 770">Amount:</td><td data-bbox="1139 736 1235 770">\$150.00</td></tr> <tr> <td data-bbox="699 878 1007 911">Component Description:</td><td data-bbox="1139 878 1331 945">Progress Report 4Q2018</td></tr> <tr> <td data-bbox="699 956 807 990">Amount:</td><td data-bbox="1139 956 1235 990">\$150.00</td></tr> <tr> <td data-bbox="699 1097 1007 1131">Component Description:</td><td data-bbox="1139 1097 1342 1164">FCC form 387 for 2Q18 WAPW</td></tr> <tr> <td data-bbox="699 1176 807 1209">Amount:</td><td data-bbox="1139 1176 1235 1209">\$150.00</td></tr> <tr> <td data-bbox="699 1317 1007 1350">Component Description:</td><td data-bbox="1139 1317 1362 1384">Prog Rpt Form 387 3Q2018</td></tr> <tr> <td data-bbox="699 1395 807 1429">Amount:</td><td data-bbox="1139 1395 1235 1429">\$150.00</td></tr> </table> | Component Description: | KGA inv #964-50 Form 387 2019 Q1 UL20190429jgv1 | Amount: | \$150.00 | Component Description: | KGA 964-84 v191028jgv1 | Amount: | \$150.00 | Component Description: | KGA 964-88 v191028jgv1 | Amount: | \$150.00 | Component Description: | Progress Report 4Q2018 | Amount: | \$150.00 | Component Description: | FCC form 387 for 2Q18 WAPW | Amount: | \$150.00 | Component Description: | Prog Rpt Form 387 3Q2018 | Amount: | \$150.00 |
| Component Description: | KGA inv #964-50 Form 387 2019 Q1 UL20190429jgv1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$150.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | KGA 964-84 v191028jgv1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$150.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | KGA 964-88 v191028jgv1 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$150.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Progress Report 4Q2018 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$150.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | FCC form 387 for 2Q18 WAPW | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$150.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Prog Rpt Form 387 3Q2018 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$150.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <table> <tr> <td data-bbox="699 1563 1007 1597">Component Description:</td><td data-bbox="1139 1563 1362 1675">Engineering for CP application for WAPW</td></tr> <tr> <td data-bbox="699 1686 807 1720">Amount:</td><td data-bbox="1139 1686 1235 1720">\$450.00</td></tr> </table> | Component Description: | Engineering for CP application for WAPW | Amount: | \$450.00 | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Engineering for CP application for WAPW | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$450.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | | | | | | | | | | | | | | | | | | | | | | | | |

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|--|---|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Component Description: FCC Form 2100 Main Amount: \$2,800.00 |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Other Engineering Services | Component Description: OPS OES Actual Cost Invoice WAPW Amount: \$53.00 Component Description: RF design for possible 399 amendment for WAPW Amount: \$1,125.00 |
| Prepare and or review reimbursement form | Component Description: KGA inv #964-41 AC invs RG Feb 2019 UL20190429jgv1 Amount: \$75.00 Component Description: KGA 964-95 v191222jgv1 Amount: \$75.00 Component Description: KGA 964-80 v191021jgv1 Amount: \$50.00 Component Description: KGA 964-67 v190708jgv1 Amount: \$120.00 |

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|-------------------------------|---------------------------|
| Component Description: | KGA 964-91 v191112jgv1 |
| Amount: | \$200.00 |

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|-------------------------------|---------------------------|
| Component Description: | KGA 964-58 v190513pmv1 |
| Amount: | \$312.00 |

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|-------------------------------|---------------------------|
| Component Description: | KGA 964-71 v190816jgv1 |
| Amount: | \$75.00 |

| | |
|-------------------------------|---------------------------|
| Component Description: | KGA 964-76 v190914jgv1 |
| Amount: | \$75.00 |

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|-------------------------------|---------------------------|
| Component Description: | KGA 964-63 v190610pmv1 |
| Amount: | \$105.00 |

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 | \$4,445.00 | \$4,395.00 | | \$0.00 | |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| Technalogix Mask Filter | <i>\$3,000.00</i> | \$3,000.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |
| Sub-total | \$4,445.00 | \$4,395.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$27,015.00 | \$21,295.00 | N/A | \$6,415.00 | N/A |

Components

Information not provided.

| | | | |
|-----------------------------|------------------------------|--|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$27,015.00 | \$21,295.00 |
| | | | \$6,415.00 |

| | | |
|-----------------------------|--|-----------------|
| 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 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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>12/22/2019</p> |

Attachments