



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **68547** | Service: **DTV** | Call **WWRS-TV** | Channel: **34 (UHF)** |  
ID:  
File **0000026665**  
Number:  
FRN: **0004346060** | Date **05/07**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY BROADCASTING OF TEXAS, INC. Doing Business As: Trinity Broadcasting Networks	13600 Heritage Parkway Fort Worth, TX 76177 United States	+1 (855) 826- 2255	CMMAY@MAYLAWOFFICES. COM	Not-for- Profit

## 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
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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	Reduce TPO to 50% and remove 1/2 of the xmitter system. Install new SS xmitter system. Add AUX antenna & line to the tower & feed it with a reduced signal from the current xmitter. Remove & replace antenna. Test.

## 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	DCX 2
	Year	2005
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 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	HPTV- PRLX-U24
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	40 kW
	Justification for New Transmitter	See attachment

**Primary  
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	labor, disconnects

<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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
install	xmitter install

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	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	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	600.0 kW

Manufacturer	
Model	ATL25H3- HSO-43
Year	2004

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## 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?	No
	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) .....	504.0 kW
	Manufacturer	
	Model	SWCDS200MS /34
	Year	2017

	Justification for New Antenna	Present antenna can not be re-tuned
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## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

## Primary Antenna

### Other Antenna Cost Not Listed

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Type</b>	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) .....	240.0 kW
	Manufacturer	
	Model	RD12A- 1424
	Year	2017

	Justification for New Antenna	Remian on the air while antenna and line are changed.
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**Interim  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No

**Interim  
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
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	500 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	500 feet per run
	Justification for New Transmission Line	Flange reflection at new frequency

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Interim**      **New Transmission Line**  
**Transmission Line**      **Section**

	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	400 feet per run
	Justification for New Transmission Line	remain on the air while antenna and line are changed

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



**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	
	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?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1219139
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	43° 26' 11.4" N-
	Longitude (NAD83)	088° 31' 33.9" W-
	Overall Structure Height	491.14 feet
	Support Structure Height	445.53 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1158.12 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Trinity Christian Center of Santa Ana, Inc.
	Date Constructed	09/12/2001

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

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

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	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
<b>RF Field Engineering Services</b>	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**

If wireless is not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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?	No
	Does this relocation require MVPD Notification of a Channel Change?	No

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	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 HPTV- PRLX-U24	\$1,520,500.00	\$1,154,167.00		\$952,281.00	
install	<i>\$35,000.00</i>	\$35,000.00	quoted xmitter install	\$35,000.00	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,106,667.00	N/A	\$917,281.00	N/A
Other Electrical Service: labor, disconnects	<i>\$12,500.00</i>	\$12,500.00	quoted	N/A	N/A
Sub-total	\$1,520,500.00	\$1,154,167.00	N/A	\$952,281.00	N/A
Total for all systems	\$2,804,055.00	\$2,109,973.00	N/A	\$1,294,926.83	N/A

Components

Actual Information	
Description	File Name
install	<div>Component Description: xmitter Install</div> <div>Amount: \$35,000.00</div>

UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<b>Component Description:</b>	30% due 60 days
	<b>Amount:</b>	\$275,184.30
	<b>Component Description:</b>	30% due prior to shipment
	<b>Amount:</b>	\$275,184.30
	<b>Component Description:</b>	final payment
	<b>Amount:</b>	\$45,864.05
	<b>Component Description:</b>	35% deposit
	<b>Amount:</b>	\$321,048.35
Other Electrical Service: labor, disconnects	Information not provided.	



## Cost Information

### Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Interim Antenna RD12A-1424</b>	<b>\$212,650.00</b>	<b>\$62,000.00</b>		<b>\$23,745.00</b>	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$50,000.00	N/A	\$23,745.00	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$12,000.00	N/A	\$0.00	please delete these 2 entries
<b>Primary Antenna SWCDS200MS /34</b>	<b>\$489,450.00</b>	<b>\$431,200.00</b>		<b>\$223,870.00</b>	
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$10,000.00	N/A	\$5,670.00	N/A
UHF - High Power, Side Mount, basic slot antenna, 504 kW input, horizontally polarized	<i>\$203,000.00</i>	\$203,000.00	N/A	\$202,900.00	N/A

UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$202,900.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$0.00	N/A
Elbow complex, single channel, at antenna input, per 4 1 /16. feedline (if needed)	\$9,570.00	\$9,300.00	N/A	\$9,300.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	\$6,000.00	N/A
<b>Sub-total</b>	\$702,100.00	\$493,200.00	N/A	\$247,615.00	N/A
<b>Total for all systems</b>	\$2,804,055.00	\$2,109,973.00	N/A	\$1,294,926.83	N/A

## Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	<p><b>Component Description:</b> balance aux antenna</p> <p><b>Amount:</b> \$23,745.00</p>
Side mount brackets for high power antennas (if not included in antenna base cost)	<p><b>Component Description:</b> balance bracket</p> <p><b>Amount:</b> \$2,835.00</p> <p><b>Component Description:</b> 50% bracket</p> <p><b>Amount:</b> \$2,835.00</p>

Side mount brackets for high power antennas (if not included in antenna base cost)	<div> <b>Component Description:</b> 50% deposit brackets </div> <div> <b>Amount:</b> \$2,835.00 </div>
	<div> <b>Component Description:</b> balance on brackets </div> <div> <b>Amount:</b> \$2,835.00 </div>
UHF - High Power, Side Mount, basic slot antenna, 504 kW input, horizontally polarized	<div> <b>Component Description:</b> balance on main antenna </div> <div> <b>Amount:</b> \$101,450.00 </div>
	<div> <b>Component Description:</b> 50% deposit main antenna </div> <div> <b>Amount:</b> \$101,450.00 </div>
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	<div> <b>Component Description:</b> 50% deposit main antenna </div> <div> <b>Amount:</b> \$101,450.00 </div>
	<div> <b>Component Description:</b> balance main antenna </div> <div> <b>Amount:</b> \$101,450.00 </div>
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	<div> <b>Component Description:</b> balance elbow complex </div> <div> <b>Amount:</b> \$4,650.00 </div>
	<div> <b>Component Description:</b> elbow complex </div> <div> <b>Amount:</b> \$4,650.00 </div>

Sweep test of existing antenna	<div><div><b>Component Description:</b></div><div><b>Amount:</b></div></div> <div><div>system sweep</div><div>\$6,000.00</div></div>
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Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$23,600.00	\$22,000.00		\$18,611.65	
Flexible Air Transmission Line - dielectric, 3"	\$23,600.00	\$22,000.00	N/A	\$18,611.65	N/A
Primary Transmission Line	\$71,000.00	\$71,000.00		\$70,119.18	
Rigid Transmission Line - copper, 4 1/16"	\$71,000.00	\$71,000.00	N/A	\$70,119.18	N/A
Sub-total	\$94,600.00	\$93,000.00	N/A	\$88,730.83	N/A
Total for all systems	\$2,804,055.00	\$2,109,973.00	N/A	\$1,294,926.83	N/A

Components

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 3"	<div>Component Description:balance flex line plus shipping</div> <div>Amount:\$18,611.65</div>

Rigid Transmission Line - copper, 4 1/16"		
	<b>Component Description:</b>	balance on line
		plus shipping
	<b>Amount:</b>	\$42,093.03
	<b>Component Description:</b>	50% deposit line
	<b>Amount:</b>	\$28,026.15

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 TOWER	\$433,600.00	\$328,300.00		\$3,250.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$3,300.00	N/A	\$3,250.00	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$325,000.00	N/A	N/A	N/A
Sub-total	\$433,600.00	\$328,300.00	N/A	\$3,250.00	N/A
Total for all systems	\$2,804,055.00	\$2,109,973.00	N/A	\$1,294,926.83	N/A

Components

Actual Information	
Description	File Name
Structural engineering tower load study for well documented tower	<div>Component Description: tower structural analysis</div> <div>Amount: \$3,250.00</div>

Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	Information not provided.
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**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
<b>Outside Professional Services</b>	<b>\$41,705.00</b>	<b>\$38,250.00</b>		<b>\$3,050.00</b>	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A

Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$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
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,300.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$41,705.00	\$38,250.00	N/A	\$3,050.00	N/A
<b>Total for all systems</b>	\$2,804,055.00	\$2,109,973.00	N/A	\$1,294,926.83	N/A

## Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Information not provided.

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.								
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Information not provided.								
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td><b>Component Description:</b></td><td>Engineering for FCC 2100 CP</td></tr> <tr> <td><b>Amount:</b></td><td>\$1,750.00</td></tr> </table>	<b>Component Description:</b>	Engineering for FCC 2100 CP	<b>Amount:</b>	\$1,750.00				
<b>Component Description:</b>	Engineering for FCC 2100 CP								
<b>Amount:</b>	\$1,750.00								
Perform engineering study for new channel assignment and antenna development	<table> <tr> <td><b>Component Description:</b></td><td>Interference study for CP</td></tr> <tr> <td><b>Amount:</b></td><td>\$650.00</td></tr> <tr> <td><b>Component Description:</b></td><td>Further interference study for CP</td></tr> <tr> <td><b>Amount:</b></td><td>\$650.00</td></tr> </table>	<b>Component Description:</b>	Interference study for CP	<b>Amount:</b>	\$650.00	<b>Component Description:</b>	Further interference study for CP	<b>Amount:</b>	\$650.00
<b>Component Description:</b>	Interference study for CP								
<b>Amount:</b>	\$650.00								
<b>Component Description:</b>	Further interference study for CP								
<b>Amount:</b>	\$650.00								
Prepare and or review reimbursement form	Information not provided.								

Cost  
Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$11,550.00	\$3,056.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$3,056.00	N/A	N/A	N/A
Sub-total	\$11,550.00	\$3,056.00	N/A	\$0.00	N/A
Total for all systems	\$2,804,055.00	\$2,109,973.00	N/A	\$1,294,926.83	N/A

Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$2,804,055.00	\$2,109,973.00
			\$1,294,926.83

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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



<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Steve Hastings</b> <i>Network RF Manager</i></p> <p>05/07/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>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).</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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><b>Steve Hastings</b>  <i>Network RF Manager</i></p> <p>05/07/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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"> <li>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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Steve Hastings**  
*Network RF Manager*

05/07/2020

**Attachments**