



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **40758** | Service: **DTV** | Call **WSYT** | Channel: **14 (UHF)** |
 ID: | Sign:
 File **0000028420**
 Number:
 FRN: **0022892913** | Date **08/07**
 Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email |
|-------------------------------------|---|-------------------|-------------|
| BRISTLECONE BROADCASTING LLC | Brian Brady 2111 UNIVERSITY PARK DRIVE SUITE 650 OKEMOS, MI 48864 United States | +1 (517) 347-4141 | BRADY@NOCOM |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone |
|----------------|---------|-------|
| [Confidential] | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant |
|--|
| 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. | Yes |

| | |
|----------------------------------|--|
| Briefly describe transition plan | Purchase of the transmission line. Current transmission line. Current transmission line. In transmission line, which |
|----------------------------------|--|

Transmitters

| Section | Question |
|------------------------------|---|
| Transmitter Related Expenses | Do you have transmitter related expenses? |

**Primary
Transmitter**

Existing Transmitter Information

| Section | Question |
|---|--|
| Existing Transmitter Description | Type of change |
| | Use |
| | Description of Use |
| | Ownership |
| | Owner |
| | Site |
| | Is this transmitter currently shared with another station? |
| | Is this transmitter currently in operating condition? |
| Existing Transmitter Manufacturer and Type | Manufacturer |
| | Model |
| | Year |
| | Type |
| | IOT Power Type |
| | Power Capacity |

**Primary
Transmitter**

New Transmitter Costs

| Section | Question |
|------------------------|---|
| New Transmitter | Use |
| | Change Type |
| | Is this a request for upgraded equipment? |
| | Manufacturer |
| | Model |
| | Transmitter Type |
| | Solid State Cooling |
| | Solid State Power capacity |
| | Justification for New Transmitter |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question |
|---------------------------|--|
| Electrical Service | Service Entrance (3 phases 800A 208V) |
| | Switchgear (industrial 800 amp) |
| | Transformer (480V) |
| | Power |
| | Rigid Conduit and Wiring |
| | Size |
| | Length |
| | Other Electrical Service |
| | Description |
| HVAC Service | Does the replacement transmitter require HVAC Service? |

| | |
|--|---|
| | Type |
| | Size |
| | Other Size |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification or leasehold improvement? |
| | Size |
| Channel 14 Costs | Is an RF Consulting Engineer needed? |
| | Is a channel 14 Mask Filter needed? |
| | Is additional field engineering time needed? |
| | Number of Days |

Primary Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|--|--|
| RF Filter and Combiner, Switch and Transmitter Control System | The system will interface control along with other Dielectric's Scout unit |
| WSYT CH14 Temp Filter | Temporary Mask Filter Repack WSYT-CH14 Cover_Letter" |

**Interim
Transmitter**

New Transmitter Costs

| Section | Question |
|------------------------|-----------------------------------|
| New Transmitter | Use |
| | Description of Use |
| | Change Type |
| | Manufacturer |
| | Model |
| | Transmitter Type |
| | Solid State Cooling |
| | Solid State Power capacity |
| | Justification for New Transmitter |

**Interim
Transmitter**

Other Transmitter Costs

| Section | Question |
|---------------------------|---------------------------------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) |
| | Switchgear (industrial 800 amp) |
| | Transformer (480V) |
| | Power |
| | Rigid Conduit and Wiring |
| | Size |
| | Length |
| | Other Electrical Service |

| | Description |
|--|---|
| HVAC Service | Does the replacement transmitter require HVAC Service? |
| | Type |
| | Size |
| | Other Size |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification or leasehold improvement? |
| | Size |
| Channel 14 Costs | Is an RF Consulting Engineer needed? |
| | Is a channel 14 Mask Filer needed? |
| | Is additional field engineering time needed? |
| | Number of Days |
| Inside RF System | Is an additional interior RF system required to support this transmitter? |

**Interim
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

Antennas

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

Primary Antenna

Existing Antenna Information

| Section | Question |
|---|---|
| Existing Antenna Description | Type of change |
| | Antenna Use |
| | Description of Use |
| | Ownership |
| | Owner |
| | Site |
| | Is the existing antenna shared with another station or station? |
| | Is the existing antenna directional? |
| | Is antenna in operating condition? |
| | Is antenna located on or in close proximity to an antenna farm? |
| Existing Antenna Manufacturer and Type | Class |
| | Mounting |
| | Antenna position in stack |
| | Polarization |
| | Type |
| | Number of Stations Supported |
| | Number of Panels |
| | Design power capacity in use |
| | Lower Limit |
| | Upper Limit |
| | Other Antenna Type |
| | ERP: (Effective Radiated Power) |
| | Manufacturer |
| | Model |
| Year | |

Primary Antenna

New Antenna Costs

| Section | Question |
|--|--|
| New Antenna Description | Use |
| | Description of Use |
| | Change Type |
| | Is this a request for upgraded equipment? |
| | Ownership |
| | Owner |
| | Is antenna shared? |
| | Is antenna directional? |
| | Will antenna be located on or in close proximity to an antenna farm? |
| | New Antenna Manufacturer and Types |
| Mounting | |
| Antenna position in stack | |
| Polarization | |
| Type | |
| Number of Stations Supported | |
| Number of Panels/Bays | |
| Lower Limit | |
| Upper Limit | |
| Design power capacity in use | |
| Other Antenna Type | |
| ERP: (Effective Radiated Power) | |
| Manufacturer | |
| Model | |
| Year | |
| | |

Justification for New Antenna

Primary Antenna

Other Antenna Costs

| Section | Question |
|------------------------------------|---|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? |
| | Type |
| | Number of channels supported |
| | Frequencies of channels supported |
| | Frequency |
| | Do you need a combiner output splitter/switcher for dual feed lines? |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex |
| | Broadband or Single Channel? |
| | Feed Line Size |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for high power antenna? |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for side mount high or medium power antenna? |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? |

Enter a list of RF channel numbers.

| RF Channel Number |
|-------------------|
| 15 |
| 14 |

Primary Antenna

Other Antenna Cost Not Listed

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

| | |
|-----------------------------------|--------------------------------------|
| Transmission Line 7-75 EIA | T/L 7-75 EIA Length of existing line |
| Beacon Kit | Beacon Kit for support |
| Antenna Monitoring Kit | RF Scout Assembly for |

Interim Antenna

New Antenna Costs

| Section | Question |
|--|--|
| New Antenna Description | Use |
| | Description of Use |
| | Change Type |
| | Ownership |
| | Owner |
| | Is antenna shared? |
| | Is antenna directional? |
| | Will antenna be located on or in close proximity to an antenna farm? |
| New Antenna Manufacturer and Type | Class |
| | Mounting |
| | Antenna position in stack |
| | Polarization |
| | Type |
| | Number of Stations Supported |
| | Number of Panels/Bays |
| | Lower Limit |
| | Upper Limit |
| | Design power capacity in use |
| | Other Antenna Type |
| | ERP: (Effective Radiated Power) |
| | Manufacturer |
| | Model |
| Year | |

Justification for New Antenna

Interim Antenna

Other Antenna Costs

| Section | Question |
|------------------------------------|---|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? |
| | Type |
| | Number of channels supported |
| | Frequencies of channels supported |
| | Frequency |
| | Do you need a combiner output splitter/switcher for dual feed lines? |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex |
| | Broadband or Single Channel? |
| | Feed Line Size |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for an antenna? |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for side mount high or medium power antenna? |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? |

Interim Antenna

Other Antenna Cost Not Listed

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

Transmission Line 6-50

T/L various fixed leng
/L with the Inside RF :

| Transmission Line | Section | Question |
|-------------------|------------------------------------|----------|
| | Transmission Line Related Expenses | |

Primary Transmission Line

Add Transmission Line

| Section | Question |
|--|--|
| Existing Transmission Line Description | Type of change |
| | Use |
| | Description of Use |
| | Ownership |
| | Owner |
| | Site |
| | Is this transmission currently shared with any other stations? |
| | Is Transmission Line in operating condition? |
| Existing Transmission Line Manufacturer and Type | Manufacturer |
| | Type |
| | Diameter |
| | Other Diameter |
| | Segment Length |
| | Other Segment Length |
| | Number of parallel runs |
| | Length |

Primary Transmission Line

Other Transmission Line Expenses Not Listed

| Name | Description |
|------------|--------------------|
| Dehydrator | Pressurization EQ. |

| | |
|---------------------------------|-------------------------------------|
| Monitoring System for TL | Continuous monitoring at full power |
|---------------------------------|-------------------------------------|

**Interim
Transmission
Line**

New Transmission Line

| Section | Question |
|--|---|
| New Transmission Line Costs | Use |
| | Description of Use |
| | Change Type |
| | Type |
| | Diameter |
| | Segment Length |
| | Other Segment Length |
| | Number of parallel runs |
| | Length |
| | Justification for New Transmission Line |

**Interim
Transmission
Line**

Other Transmission Line Expenses Not Listed

| Name | Description |
|-------------------|-----------------------|
| Dehydrator | Pressurization Equipr |

**Tower Equipment
And Rigging Costs**

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

Primary Tower**Existing Tower**

| Section | Question |
|--|---|
| Existing Tower Description | Type of change |
| | Tower Use |
| | Description of Use |
| | Ownership |
| | Is this tower consider Complex? |
| | Is this tower currently shared with any other stations? |
| | One or more FM, AM or TV radio broadcaster(s) |
| | Others Types of Users |
| | 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 |

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

| Facility ID | Call Sign | Service |
|-------------|-----------|---------|
| 58725 | WNYS-TV | DTV |

Primary Tower

Tower Modification Costs

| Section | Question |
|----------------------|--|
| Engineering Study | Please what type of engineering study is required, if any: |
| Tower Reinforcements | Please select whether tower reinforcements are needed: |

Primary Tower

Tower Rigging Costs

| Section | Question |
|------------------------------|-----------------------------------|
| Tower Rigging Costs | Complex Tower |
| Helicopter Services Required | Are helicopter services required? |

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

| Section | Question |
|--|--|
| <p>Outside Project Management Services</p> | Do you require outside project management services? |
| | Number of Hours |
| | Explanation |
| <p>Outside RF consulting Engineering Services</p> | Perform engineering study for new channel assignment and antenna development |
| | Prepare engineering section of Form FCC Construction Per Application |
| | For Auxiliary Facility |
| | For Main Facility |
| | Prepare engineering section of Form FCC License to Cover Application |
| | For Auxiliary Facility |
| | For Main Facility |
| | Prepare request for Special Temporary Authority |
| | Quantity |
| | Do you have Distributed Transmission System engineering services? |
| | Critical Facility |
| | Terrain-Shielded Facility |
| <p>Attorney and Other Outside Consulting Services</p> | Prepare and file Form FCC Construction Permit Application |
| | For Auxiliary Facility |
| | For Main Facility |
| | Prepare and file Form FCC License to Cover Application |
| | For Auxiliary Facility |
| | For Main Facility |
| | Prepare request for Special Temporary Authority |
| | Quantity |
| | NEPA Section 106 environmental review |

| | |
|--------------------------------------|---|
| | Environmental Assessment |
| | ASR Modification |
| | FAA Consultation (including preparation of FAA Form 7460) |
| | Negotiation of Lease and other Matter for Shared Locations |
| | Prepare or Review FCC Form 399 for Reimbursement |
| | Address transition timing and coordination issues w/ other s and wireless providers |
| RF Field Engineering Services | Comprehensive coverage verification via field study |
| | RF exposure measurements |
| | Additional Field Engineering Service |
| | Number of Days |
| | Justification |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Information not provided.

Other Expenses

| Section | Question |
|-------------------------------------|--|
| AM Pattern Disturbance | Is an Impact Study needed? |
| | Is Remediation needed? |
| Facility Expenses | Name |
| | Other Distributed Transmission System Expenses Not listed |
| | Name |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? |
| Permit and Filing Costs | Local Zoning |
| | Non-zoning permits |
| | BLM or NFS Coordination |
| | FCC Construction Permit Minor Change |
| | FCC License to Cover Application |
| | FCC Special Temporary Authority Application |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? |
| | Does this relocation require Equipment Storage? |
| | Does this relocation require the Development and Airing of a Public Announcement regarding an upcoming channel change? |
| | Does this relocation require MVPD Notification of a Channel Change? |

Other Expenses

Other Expenses Not Listed

| Name | Description |
|--|---|
| Internal Project Management of Transition | 120 h for repack prep engineering planning, budgeting, etc. |

Cost Information

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification |
|--|-----------------------------|-----------------------|--|
| Interim Transmitter THU9-EVO | \$1,133,950.00 | \$572,508.14 | |
| UHF inside RF system including switching | \$147,500.00 | \$70,000.00 | The Interim TX cost is split with WNYS. See attached quote: WSYT Revised Interim THU9evo-20 Sales-Quote_131652_20180928-005347UTC |
| Other -- Building Addition Size: 200.0 | <i>\$10,000.00</i> | \$10,000.00 | Estimate for possible costs of building modifications. |
| Transformer 3 phase/480v - 150 KVA | \$25,550.00 | \$29,633.14 | The Interim TX cost is split with WNYS. See attached "WSYT - WNYS CH19 & CH44 THU9evo-20 Interim updated Sales_Quote_180801_20190322-175139UTC", and the: "Syracuse Repack WSYT-WNYS-Estimate_Electrical_Service-Interim TX-Jun7-2019-Cover Letter". |
| UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW | \$947,000.00 | \$461,000.00 | The Interim TX cost is split with WNYS. See attached quote for Interim TX: WSYT Revised Interim THU9evo-20 Sales-Quote_131652_20180928-005347UTC |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$3,900.00 | \$1,875.00 | The Interim TX cost is split with WNYS |
| Primary Transmitter THU9EVO-30 | \$2,008,829.40 | \$1,984,413.92 | |

| | | | |
|---|--------------------|----------------|--|
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | \$1,473,000.00 | \$1,400,000.00 | See attached SS-TX TPO notification:Syracuse Repack WSYT-SS-TX-Upgrade-SEPT2017-rev01,with: authorization-new CP-540K-Jan 22-2018,TPO-ERP CALC-WSYT-TOP_Ant-H-pol-rev01,C-70579-4, THU9evo_bro_en_3607-5860-12_v0100,WSYT CH14 THU9evo-24 AMPs/30 AMPs quotes. |
| WSYT CH14 Temp Filter | \$73,091.62 | \$73,091.62 | Represents the cost estimate with taxes included per the estimate in the cover letter: "Syracuse Repack WSYT-CH14_loaner Filter-Primary_TX-NOV22-2019-Cover_Letter" |
| RF Filter and Combiner, Switch and Transmitter Control System | \$55,477.78 | \$55,477.78 | The documentation is attached to form 399: "WSYT_WNYS Burk Control System Second Revision Sales-Quote_236630_20190805-184606UTC" and "WSYT_WNYS Burk Additional HW and Services Sales-Quote_265011_20191030-162009UTC" |
| RF Consulting Engineer | \$5,260.00 | \$5,000.00 | N/A |
| Other -- Building Addition Size: 800.0 | \$10,000.00 | \$10,000.00 | Estimate for possible costs of building modifications. |
| 15 Ton system | \$88,400.00 | \$84,000.00 | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$2,600.00 | \$2,500.00 | N/A |

| | | | |
|---|----------------|----------------|---|
| Transformer 3 phase/480v - 500 KVA | \$48,400.00 | \$114,344.52 | This new revised estimate includes the cost for the new 480V/400V, 3 Phase Transformer along with all the electrical cost for material and labor. See the attached: "Syracuse Repack WSYT-Estimate_Electrical_Service-Primary_TX-AUG26-2019-Cover_Letter" |
| Additional field engineering time, 10-30 days | \$63,100.00 | \$60,000.00 | N/A |
| Channel 14 Mask Filter | \$189,500.00 | \$180,000.00 | N/A |
| Sub-total | \$3,142,779.40 | \$2,556,922.06 | N/A |
| Total for all systems | \$5,549,275.66 | \$4,686,392.07 | N/A |

Components

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

| | |
|---|---|
| <p>UHF inside RF system including switching</p> | <p>Component Description: I 7 f S</p> <p>Amount: \$</p> <p>Component Description: I 7 f \$</p> <p>Component Description: N r F 2 3 C \$</p> |
| <p>Other -- Building Addition Size: 200.0</p> | <p>Component Description: S C M \$</p> <p>Amount: \$</p> |

Transformer 3 phase/480v - 150 KVA

Component Description: T
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Amount: \$

Component Description: T
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Amount: \$

Component Description: M
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Amount: \$

Component Description: M
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Amount: \$

| | |
|---|---|
| <p>UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW</p> | <p>Component Description: I T C V</p> <p>Amount: \$</p> <p>Component Description: I T f S</p> <p>Amount: \$</p> <p>Component Description: M r F Z S C V</p> <p>Amount: \$</p> <p>Component Description: I T f S</p> <p>Amount: \$</p> <p>Component Description: T t l E</p> <p>Amount: \$</p> |
| <p>2" Rigid Conduit and Wiring (Cost per foot)</p> | <p>Information not provided.</p> |
| <p>UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW</p> | |

Component Description: F
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Amount: \$

Component Description: F
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Amount: \$

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Component Description: F
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Amount: \$

Component Description: F
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Amount: \$

| | |
|---|---|
| WSYT CH14 Temp Filter | <p>Component Description: F C t M</p> <p>Amount: \$</p> |
| RF Filter and Combiner, Switch and Transmitter Control System | <p>Component Description: F e i</p> <p>Amount: \$</p> <p>Component Description: F C</p> <p>Amount: \$</p> |
| RF Consulting Engineer | <p>Component Description: \$</p> <p>Amount: \$</p> |
| Other -- Building Addition Size: 800.0 | <p>Component Description: E I V</p> <p>Amount: \$</p> |

| | |
|---|---|
| 15 Ton system | <p>Component Description: F i f V</p> <p>Amount: \$</p> <p>Component Description: F i h v</p> <p>Amount: \$</p> <p>Component Description: F i h s</p> <p>Amount: \$</p> <p>Component Description: F i h v</p> <p>Amount: \$</p> |
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |

| | |
|---|---|
| Transformer 3 phase/480v - 500 KVA | <p>Component Description: E F ii (</p> <p>Amount: \$</p> <p>Component Description: E F ii</p> <p>Amount: \$</p> <p>Component Description: I # F M</p> <p>Amount: \$</p> <p>Component Description: I # F</p> <p>Amount: \$</p> |
| Additional field engineering time, 10-30 days | Information not provided. |
| Channel 14 Mask Filter | <p>Component Description: I r</p> <p>Amount: \$</p> <p>Component Description: I # F M</p> <p>Amount: \$</p> |

Cost Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimate Justification |
|--|-----------------------------|--------------------|---|
| Interim Antenna TFU-18DSC-R T140 | \$112,314.00 | \$91,092.75 | |
| Transmission Line 6-50 | <i>\$4,529.00</i> | \$4,529.00 | N/ |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | \$5,260.00 | \$5,000.00 | N/ |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/ |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$8,212.50 | The In Antenna split with Dielectric attached D14 I interim_ Order. S attac transitio Syrac Repack Transiti sket SEPT: revl |

| | | | |
|--|---------------------------|---------------------|---|
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | \$12,300.00 | \$6,606.25 | The In Antenna split with Dielectric attached D14 I interim_ Order. S attac transitio Syrac Repack Transiti sket SEPT: revl |
| UHF - High Power, Side Mount, basic slot antenna, 540 kW input, directional,, elliptically or circularly polarized | <i>\$60,345.00</i> | \$60,345.00 | ***Sy: Notice: E adjuste locked b line has supers ***The i Antenna split with Dielectric attached D14 I interim_ Order. attac transitio Syrac Repack Transiti sket SEPT: revl |
| Primary Antenna TFU-20DSC-R T140 DC | \$440,762.00 | \$282,342.00 | |

| | | | |
|--|--------------------------|-------------|---|
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$14,782.50 | ***Sys Notice: E adjuste locked b line has supers ***Diel quote at WSYT WNYS Primary Orc |
| Antnna Monitoring Kit | <i>\$6,400.00</i> | \$6,400.00 | N/ |
| Beacon Kit | <i>\$4,500.00</i> | \$4,500.00 | N/ |
| Transmission Line 7-75 EIA | <i>\$4,172.00</i> | \$4,172.00 | N/ |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | \$5,260.00 | \$5,000.00 | N/ |
| Elbow complex, broadband, at antenna input, per 7 3/16. feedline (if needed) | \$16,850.00 | \$16,000.00 | N/ |
| New combiner, cost per channel (without antenna) | \$84,200.00 | \$80,000.00 | N/ |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/ |

| | | | |
|--|----------------|----------------|--|
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00 | \$145,087.50 | The cost Master Mount A is split WNYS attac 1696 Confirma WSYT-1 Primary sum of I Item#4 Item# Master Antenna compo descripti split equ: WN' |
| Sub-total | \$553,076.00 | \$373,434.75 | N/ |
| Total for all systems | \$5,549,275.66 | \$4,686,392.07 | N/ |

Components

| Actual Information Description | File Name |
|--------------------------------|--|
| Transmission Line 6-50 | <p>Component Description: / \$ I I I I</p> <p>Amount: \$</p> <p>Component Description: M r F M c</p> <p>Amount: \$</p> |

| | |
|---|---|
| <p>Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)</p> | <p>Component Description: T I N</p> <p>Amount: N</p> |
| <p>Sweep test of existing antenna</p> | <p>Component Description: A S I I r \$</p> <p>Amount: \$</p> <p>Component Description: N r F M i C \$</p> <p>Amount: \$</p> |
| <p>Side mount brackets for high power antennas (if not included in antenna base cost)</p> | <p>Component Description: A S I I t \$</p> <p>Amount: \$</p> <p>Component Description: N r F M i ε \$</p> <p>Amount: \$</p> |

| | |
|---|--|
| <p>Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)</p> | <p>Component Description: / \$ I I S V \$</p> <p>Amount: \$</p> <p>Component Description: M r F M M S \$</p> <p>Amount: \$</p> |
| <p>UHF - High Power, Side Mount, basic slot antenna, 540 kW input, directional,, elliptically or circularly polarized</p> | <p>Component Description: / \$ I I F E \$</p> <p>Amount: \$</p> <p>Component Description: M r F M r M \$</p> <p>Amount: \$</p> |

| | |
|---|---|
| <p>Side mount brackets for high power antennas (if not included in antenna base cost)</p> | <p>Component Description: N r F / f Amount: \$</p> <p>Component Description: / S I I S Amount: \$</p> |
| <p>Antnna Monitoring Kit</p> | <p>Component Description: N r F / F S i Amount: \$</p> <p>Component Description: / S I M / C Amount: \$</p> |

| | |
|---|---|
| <p>Beacon Kit</p> | <p>Component Description: A S I F F F \$</p> <p>Amount: \$</p> <p>Component Description: M r F A c I F \$</p> <p>Amount: \$</p> |
| <p>Transmission Line 7-75 EIA</p> | <p>Component Description: M r F A h t \$</p> <p>Amount: \$</p> <p>Component Description: A S I T e S \$</p> <p>Amount: \$</p> |
| <p>Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)</p> | <p>Component Description: T v M</p> <p>Amount: M</p> |

| | |
|---|--|
| <p>Elbow complex, broadband, at antenna input, per 7 3/16. feedline (if needed)</p> | <p>Component Description: A S I I ii \$</p> <p>Amount: \$</p> <p>Component Description: N r F A C \$</p> <p>Amount: \$</p> |
| <p>New combiner, cost per channel (without antenna)</p> | <p>Information not provided.</p> |
| <p>Sweep test of existing antenna</p> | <p>Component Description: A S I F F \$</p> <p>Amount: \$</p> <p>Component Description: N r F A Z \$</p> <p>Amount: \$</p> |

UHF - High Power Top Mount (200-1000 kW),
One station antenna , elliptically or circularly
polarized

Component Description:

A
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Amount:

Component Description:

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Amount:

Cost Information

Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Justification |
|--|-----------------------------|-----------------------|---|
| Interim Transmission Line | \$222,180.00 | \$109,365.00 | |
| Rigid Transmission Line - copper, 6 1/8" | \$220,180.00 | \$107,365.00 | The cost Interim TL with W |
| Dehydrator | <i>\$2,000.00</i> | \$2,000.00 | See the a quote f dehyd 08302 Order_Qt M14025 (002). The split with |
| Primary Transmission Line | \$27,652.00 | \$27,652.00 | |
| Monitoring System for TL | <i>\$23,652.00</i> | \$23,652.00 | See the a quote#19 "Q19295: estimate i 8% te |
| Dehydrator | <i>\$4,000.00</i> | \$4,000.00 | See the a quote f dehyd 08302 Order_Qt M14026 The cost with W |
| Sub-total | \$249,832.00 | \$137,017.00 | N/ |
| Total for all systems | \$5,549,275.66 | \$4,686,392.07 | N/ |

Components

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

| | |
|--|--|
| Rigid Transmission Line - copper, 6 1/8" | <p>Component Description: A S I I S i: \$</p> <p>Amount: \$</p> <p>Component Description: N r F M M e \$</p> <p>Amount: \$</p> |
| Dehydrator | <p>Component Description: T € V N</p> <p>Amount: N</p> |
| Monitoring System for TL | Information not provided. |
| Dehydrator | Information not provided. |

Cost Information

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification |
|---|-----------------------------|-----------------------|--|
| Primary Tower TOWER | \$1,323,124.00 | \$1,337,944.00 | |
| Tower Helicopter Lift | <i>\$48,024.00</i> | \$48,024.00 | See the attached Cover letter for the c for using the Helicopter lift vs gin pole Comparison-Change Order Req-C Clearing_Cover_ Lett |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$26,173.00 | See the attached cover letter: "Syr Estimate_Structural Engineering Lc |
| Tall Tower (greater than 500') | \$210,500.00 | \$205,000.00 | See the attached acceptance or Stainless_Modification_WSYT_WNYS_ and Stainless_Service_WSYT_WNYS_ |
| Serious tower reinforcement /modifications | \$1,052,000.00 | \$1,058,747.00 | See the attached acceptance or Stainless_Modification_WSYT_WNYS_ and Stainless_Service_WSYT_WNYS_ |
| Sub-total | \$1,323,124.00 | \$1,337,944.00 | N/A |
| Total for all systems | \$5,549,275.66 | \$4,686,392.07 | N/A |

Components

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

| | |
|---|---|
| Tower Helicopter Lift | <p>Component Description: F S li</p> <p>Amount: \$</p> |
| Structural engineering tower load study for well documented tower | <p>Component Description: F</p> <p>Amount: F \$</p> <p>Component Description: F</p> <p>Amount: F \$</p> <p>Component Description: F</p> <p>Amount: ε \$</p> |
| Tall Tower (greater than 500') | <p>Component Description: F</p> <p>Amount: C \$</p> |
| Serious tower reinforcement/modifications | <p>Component Description: F</p> <p>Amount: t \$</p> <p>Component Description: F</p> <p>Amount: C \$</p> <p>Component Description: F</p> <p>Amount: C \$</p> |

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Justification |
|--|-----------------------------|---------------------|--|
| Outside Professional Services | \$154,375.00 | \$155,000.00 | |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | N/A |
| NEPA Section 106 environmental review, if needed | \$6,310.00 | \$6,000.00 | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$7,000.00 | Attorney Estimate |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | N/A |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$5,500.00 | Attorney Estimate attached Northwest Cost Estimate Letter to Swearingin (00113549) |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | 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 |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | 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/ |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/ |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/ |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/ |
| Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | \$4,210.00 | \$6,000.00 | Attorney Estimate attach Northwest Cost Estimate Letter 1 Swearing (00113549) |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | N/ |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/ |
| Sub-total | \$154,375.00 | \$155,000.00 | N/ |
| Total for all systems | \$5,549,275.66 | \$4,686,392.07 | N/ |

Components

Information not provided.

Cost Information

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Ac |
|--|-----------------------------|---------------------|--|----|
| Other Expenses | \$126,089.26 | \$126,074.26 | | \$ |
| Internal Project Management of Transition | <i>\$18,000.00</i> | \$18,000.00 | 120h @ \$150/h estimate. | |
| MVPD Notification of Channel Change | <i>\$10,000.00</i> | \$10,000.00 | See attached FCC Catalog of Potential Expenses and Estimated Costs | |
| Develop and air announcement of upcoming channel change | <i>\$230.00</i> | \$230.00 | See attached: Develop-On_Air_Announcement-cost-2017 | |
| Equipment Storage | <i>\$39,500.00</i> | \$39,500.00 | See the attached storage fee calculation for 8 months (32 weeks): Syracuse Repack WSYT-Storage calculation-SEPT2017 along with the Dielectric Storage Fees: "Storage Instructions and Rates-Dielectric". | |
| Equipment Delivery and Handling Charges | <i>\$25,000.00</i> | \$25,000.00 | See attached FCC Catalog of Potential Expenses and Estimated Costs | |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$20,169.26</i> | \$20,169.26 | New Disposal Cost Estimate is attached : "Syracuse Repack WSYT- Estimate_Disposal Cost- Jun10-2019- Cover_Letter_REV01_Nov1st". | \$ |

| | | | | |
|---|----------------|----------------|-----|-----|
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,110.00 | N/A | |
| DTV Medical Facility Notification | \$11,550.00 | \$11,550.00 | N/A | |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | |
| Sub-total | \$126,089.26 | \$126,074.26 | N/A | \$ |
| Total for all systems | \$5,549,275.66 | \$4,686,392.07 | N/A | \$3 |

Components

| Actual Information Description | File Name |
|---|---------------------------|
| Internal Project Management of Transition | Information not provided. |
| MVPD Notification of Channel Change | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Storage | Information not provided. |

Equipment Delivery and Handling Charges

Component Description: F

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Amount: \$

Component Description: U

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Amount: \$

Component Description: F

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Amount: \$

Disposal Costs (for equipment and other waste,
net of any salvage value)

Component Description: F

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Amount: \$

Component Description: E

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Amount: \$

Amount: \$

Component Description: V

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Amount: \$

Amount: \$

Component Description: N

t

Amount: \$

Amount: \$

| | |
|---|---------------------------|
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |
| DTV Medical Facility Notification | Information not provided. |
| FCC Filing Fees - Special Temporary Authorization request | Information not provided. |

Cost Information**Grand Total**

| | Predetermined Cost Estimate | Estimated Cost |
|------------------------------|--|-----------------------|
| Total for all systems | \$5,549,275.66 | \$4,686,392.07 |

**Reimbursement
Status**

| Question | Response |
|--|-----------------|
| The facility has ceased operating on its pre-auction channel. | Yes |
| 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 |
|--|--|
| Submission of Estimated Expenses Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. C TITLE 18, SECTION 1001), AND/OR REVOCATION OF AN STATION LICENSE OR CONSTRUCTION PERMIT (U.S. C 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> |

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 Authority (s) specified above.

Certification

| Section | Question |
|---|--|
| Submission of Actual Cost Documentation Statements | <p data-bbox="810 228 1503 622">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 (a)(1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENT COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3301-3733).</p> <ol data-bbox="858 698 1321 1998" style="list-style-type: none"><li data-bbox="858 698 1321 913">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 data-bbox="858 936 1321 1079">2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.<li data-bbox="858 1102 1321 1245">3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<li data-bbox="858 1267 1321 1438">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.<li data-bbox="858 1460 1321 1998">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 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.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authority (s) specified above.

Attachments