



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **61005** | Service: **DTV** | Call **WITV** | Channel: **24 (UHF)** |
ID: | Sign:
File **0000028450**
Number:
FRN: **0001861160** | Date **09/30**
Submitted: **/2020**

Applicant Information Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|-------------------|-------------------|-------------------|
| SOUTH CAROLINA EDUCATIONAL TV COMMISSION Doing Business As: SOUTH CAROLINA EDUCATIONAL TV COMMISSION | Mark Jahnke 1041 GEORGE ROGERS BOULEVARD COLUMBIA, SC 29201 United States | +1 (803) 737-3486 | mjahnke@scetv.org | Government Entity |

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 |
|---|---|-------------------|--------------------------|
| Robert Gehman <i>ConsultingEngineer</i> <i>Kessler and Gehman Associates, Inc.</i> | Robert Gehman 507 NW 60 Street Suite D Gainesville, FL 32607 United States | +1 (352) 332-3157 | bob@kesslerandgehman.com |

**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 | Replace transmitter and antenna using existing transmission line. Add antenna system as interim during construction and duration of assigned phase. Map and analyze tower; design and implement modifications if required. See attached. |

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 | Platinum |
| | Year | 2008 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 5 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? | Yes |
| | Manufacturer | |
| | Model | ULXTE-50 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 30 kW |
| | Justification for New Transmitter | The manufacturer of the existing transmitter advises that the transmitter cannot be re-tuned to the assigned channel. WITV applied for and was granted a change to a UHF channel. See cover letter in documentation. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|---------------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | Yes |
| | Transformer (480V) | Yes |
| | Power | 150 kVA |

| | | |
|--|---|------------|
| | Rigid Conduit and Wiring | Yes |
| | Size | 3 inches |
| | Length | 100.0 feet |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter **Other Transmitter Cost Not Listed**
Information not provided.

Antennas

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

**Primary
Antenna**

Add Antenna Information

| Section | Question | Response |
|---|---|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this antenna currently shared with any other stations? | No |
| | Is this antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Circular |
| | 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) | 20.0 kW |

| | |
|--------------|-----------------------|
| Manufacturer | |
| Model | THV-8A7 /CP-R C150 |
| Year | 2015 |

**Primary
Antenna**

New Antenna Costs

| Section | Question | Response |
|---|--|-------------------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | 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) | 1000.0 kW |
| | Manufacturer | |
| | Model | TFU-22JSC /VP-R S390 |
| Year | 2020 | |

| | |
|-------------------------------|--|
| Justification for New Antenna | Existing VHF antenna was single channel. Moved channel assignment to UHF. See letter of explanation included in documentation package. |
|-------------------------------|--|

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|------------------------|
| Combiner for Shared Antenna | 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 |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Single Channel |
| | Feed Line Size | 6 1/8 inches inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | Yes |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |

| | | |
|-------------------|--|-----|
| Sweep Test | 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 |
|--|--|--------------------|
| New Antenna Description | 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 |
| New Antenna Manufacturer and Type | 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) | 20.0 kW |
| | Manufacturer | |
| | Model | TBD |
| Year | 2018 | |

| | |
|-------------------------------|---|
| Justification for New Antenna | Use during antenna replacement and for remainder of assigned phase. |
|-------------------------------|---|

Interim Antenna

Other Antenna Costs

| Section | Question | Response |
|---------------------------------|---|--------------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | S |
| | Feed Line Size | 3 1/8 inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for an antenna? | Yes |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | Yes |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

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**

Add Transmission Line

| Section | Question | Response |
|---|--|----------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmission currently shared with any other stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1975 feet per run |

**Primary
Transmission
Line**

New Transmission Line

| Section | Question | Response |
|---|---|--|
| <p>New Transmission Line Costs</p> | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 19 3/4 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1975 feet per run |
| | Justification for New Transmission Line | Line length not compatible with new CP channel. Old line of obsolete Unibolt design - spare sections for repair no longer available. |

Primary **Other Transmission Line Expenses Not Listed**
Transmission information not provided.
Line

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 | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | Yes |
| | Is tower documented for structural analysis? | No |
| | Is tower compliant with Rev G? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1051231 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 32° 55' 29.0" N- |
| | Longitude (NAD83) | 079° 41' 57.0" W- |
| | Overall Structure Height | 1999.98 feet |
| | Support Structure Height | 1999.98 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 16.08 feet |

| | |
|------------------|--|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | WCSC, LLC |
| Date Constructed | 10/07/2009 |

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 |
|-------------|-----------|---------|
| 21536 | WGWG | DTV |
| 71297 | WCSC-TV | DTV |
| 60950 | WSCI | FM |
| 60039 | WIWF | FM |

Other Types of Users

| Users |
|----------------|
| Various RPU |
| WITV microwave |

Primary Tower

Tower Modification Costs

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

**Primary
Tower**

Tower Rigging Costs

| Section | Question | Response |
|------------------------------|-----------------------------------|----------|
| Tower Rigging Costs | Complex Tower | N/A |
| Helicopter Services Required | Are helicopter services required? | No |

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

| Section | Question | Response |
|---|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 109 |
| | Explanation | It will be necessary to schedule and coordinate multiple vendors and complete progress reports. Station does not have available personnel or personnel trained in project management for such complex projects. |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | Yes |
| | Quantity | 1 |

| | | |
|--|---|-----|
| | Do you have Distributed Transmission System engineering services? | N/A |
| | Critical Facility | N/A |
| | Terrain-Shielded Facility | N/A |
| Attorney and Other Outside Consulting Services | Prepare and file Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | No |
| | For Main Facility | Yes |
| | Prepare request for Special Temporary Authority | Yes |
| | Quantity | 1 |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | No |
| | Negotiation of Lease and other Matter for Shared Locations | Yes |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| Address transition timing and coordination issues w/ other stations and wireless providers | Yes | |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 10 |

| | |
|----------------------|---|
| <p>Justification</p> | <p>It will be necessary to plan the installation, develop specifications for purchasing, and perform final inspections of this RF project. Station does not have available personnel or personnel trained in such services.</p> |
|----------------------|---|

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
 Information not provided.

Other Expenses

| Section | Question | Response |
|-------------------------------------|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | No |
| | 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? | Yes |
| | Does this relocation require Equipment Storage? | No |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | Yes |
| | Does this relocation require MVPD Notification of a Channel Change? | Yes |

**Other
Expenses**

Other Expenses Not Listed

Information not provided.

Cost Information

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|-----------------------------|-----------------------|---|---------------------|---------------------------|
| Primary Transmitter ULXTE-50 | \$1,143,940.54 | \$341,490.54 | | \$151,246.34 | |
| High VHF - Liquid Cooled Solid State Transmitter 24.5 . 31.6 kW | \$999,000.00 | \$200,000.00 | N/A | \$151,246.34 | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| Transformer 3 phase /480v - 150 KVA | \$25,550.00 | \$24,300.00 | N/A | N/A | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$5,200.00 | \$4,900.00 | N/A | N/A | N/A |
| High VHF - Air Cooled Solid State Transmitter 5 kW | <i>\$75,990.54</i> | \$75,990.54 | ***System Notice: Estimate adjusted and locked because line has been superseded. *** | \$0.00 | N/A |
| Sub-total | \$1,143,940.54 | \$341,490.54 | N/A | \$151,246.34 | N/A |
| Total for all systems | \$2,797,968.54 | \$1,847,036.54 | N/A | \$754,529.43 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| High VHF - Liquid Cooled Solid State Transmitter 24.5 . 31.6 kW | <p>Component Description: Reimbursable amount of ULXTE-50 xmtr. Previously reimbursed portion of VAXTE-6R44 xmtr not purchased has been subtracted. See cover letter with documentation.</p> <p>Amount: \$151,246.34</p> |
| Switchgear - industrial 800 amp | Information not provided. |
| Transformer 3 phase/480v - 150 KVA | Information not provided. |
| 3" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |
| High VHF - Air Cooled Solid State Transmitter 5 kW | <p>Component Description: WITV Transmitter 50% Down Payment</p> <p>Amount: \$75,990.54</p> |

Cost Information

Antennas

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|---------------------|------------------------------|---------------|---------------------------|
| Interim Antenna TBD | \$222,740.00 | \$220,800.00 | | \$0.00 | |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$22,000.00 | N/A | N/A | N/A |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | \$7,600.00 | \$7,400.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |

| | | | | | |
|--|---------------------|---------------------|------------|---------------------|--|
| High VHF - High Power Side Mount One Station horizontally polarized | <i>\$180,000.00</i> | \$180,000.00 | N/A | N/A | N/A |
| Primary Antenna TFU-22JSC /VP-R S390 | \$260,180.00 | \$257,030.00 | | \$332,167.63 | |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$20,000.00 | N/A | \$14,782.50 | N/A |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | \$12,300.00 | \$12,300.00 | N/A | \$9,267.74 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,730.00 | N/A | \$5,760.00 | N/A |
| High-VHF, One station antenna . side mount,, elliptically or circularly polarized | \$218,000.00 | \$218,000.00 | N/A | \$302,357.39 | Purchased UHF antenna rather than VHF due to channel change as explained in cover letter. |
| Sub-total | \$482,920.00 | \$477,830.00 | N/A | \$332,167.63 | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|--------------|-----|
| Total for all systems | \$2,797,968.54 | \$1,847,036.54 | N/A | \$754,529.43 | N/A |
|------------------------------|----------------|----------------|-----|--------------|-----|

Components

| Actual Information Description | File Name |
|--|--|
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | Information not provided. |
| Side mount brackets for high power antennas (if not included in antenna base cost) | Information not provided. |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed) | Information not provided. |
| Sweep test of existing antenna | Information not provided. |
| High VHF - High Power Side Mount One Station horizontally polarized | Information not provided. |
| Side mount brackets for high power antennas (if not included in antenna base cost) | <p>Component Description: Mounting brackets - 45%</p> <p>Amount: \$7,391.25</p> <p>Component Description: Mounting brackets - 45%</p> <p>Amount: \$7,391.25</p> |

| | |
|---|---|
| <p>Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)</p> | <p>Component Description: Elbow complex - 45%</p> <p>Amount: \$4,633.87</p> |
| <p>Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)</p> | <p>Component Description: Elbow complex - 45%</p> <p>Amount: \$4,633.87</p> |
| <p>Sweep test of existing antenna</p> | <p>Component Description: Sweep test - 45%</p> <p>Amount: \$2,880.00</p> |
| <p>Sweep test of existing antenna</p> | <p>Component Description: Sweep test - 45%</p> <p>Amount: \$2,880.00</p> |

High-VHF, One station antenna . side mount,, elliptically or circularly polarized

Component Description: UHF Antenna - Elliptically polarized - 45% - see attached cover letter
Amount: \$206,680.39

Component Description: V polarity for UHF Elliptically Polarized Antenna
Amount: \$19,050.00

Component Description: Freight & storage for antenna - stored at Dielectric to avoid having it stored at unguarded site between manufacture and installation
Amount: \$5,752.00

Component Description: UHF Antenna - Elliptically Polarized - 45% - see cover letter
Amount: \$70,875.00

Cost Information

Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|-----------------------|------------------------------|---------------------|---------------------------|
| Primary Transmission Line | \$398,950.00 | \$300,000.00 | | \$254,546.73 | |
| Rigid Transmission Line - copper, 6 1/8" | \$398,950.00 | \$300,000.00 | N/A | \$254,546.73 | N/A |
| Sub-total | \$398,950.00 | \$300,000.00 | N/A | \$254,546.73 | N/A |
| Total for all systems | \$2,797,968.54 | \$1,847,036.54 | N/A | \$754,529.43 | N/A |

Components

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

Rigid Transmission Line -
copper, 6 1/8"

Component Description: Special length cut
section of
transmission line
Amount: \$910.00

Component Description: Shipping and
storage for
transmission line -
stored at Dlelectric
to avoid having it
stored at the
unguarded
transmitter site
Amount: \$8,863.87

Component Description: Transmission line -
45%
Amount: \$120,900.27

Component Description: Overnight shipping
for special cut
length of
transmission line -
overnight delivery
required because
tower crew was
onsite waiting for it.
Amount: \$2,972.32

Component Description: Transmission line -
45%
Amount: \$120,900.27

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 | \$657,800.00 | \$625,000.00 | | \$0.00 | |
| Major tower reinforcement /modifications | \$421,000.00 | \$400,000.00 | N/A | N/A | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | \$26,300.00 | \$25,000.00 | N/A | N/A | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$200,000.00 | N/A | N/A | N/A |
| Sub-total | \$657,800.00 | \$625,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,797,968.54 | \$1,847,036.54 | N/A | \$754,529.43 | N/A |

Components

Information not provided.

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|--|-----------------------------|--------------------|------------------------------|--------------------|---------------------------|
| Outside Professional Services | \$72,142.00 | \$69,100.00 | | \$12,952.73 | |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$17,222.00 | \$16,350.00 | N/A | \$12,952.73 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Additional Field Engineering Service, 10 Days | <i>\$20,000.00</i> | \$20,000.00 | N/A | N/A | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|--------------------|--------------------|------------|--------------------|------------|
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$0.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$0.00 | N/A |
| Sub-total | \$72,142.00 | \$69,100.00 | N/A | \$12,952.73 | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|--------------|-----|
| Total for all systems | \$2,797,968.54 | \$1,847,036.54 | N/A | \$754,529.43 | N/A |
|------------------------------|----------------|----------------|-----|--------------|-----|

Components

| Actual Information | |
|--|---------------------------|
| Description | File Name |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. |

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|-------------------------------|--|----------------|------------|-------------------------------|--|----------------|------------|-------------------------------|--------------------------------------|----------------|------------|-------------------------------|--|----------------|------------|-------------------------------|---|----------------|------------|-------------------------------|--|----------------|------------|
| Project management of the transition | <table border="0"> <tr> <td data-bbox="703 174 1023 208">Component Description:</td> <td data-bbox="1155 174 1366 286">WITV Project Management Feb - Jun 2017</td> </tr> <tr> <td data-bbox="703 297 826 331">Amount:</td> <td data-bbox="1155 297 1278 331">\$1,807.43</td> </tr> <tr> <td data-bbox="703 432 1023 465">Component Description:</td> <td data-bbox="1155 432 1334 589">Project Management January - June 2018</td> </tr> <tr> <td data-bbox="703 600 826 633">Amount:</td> <td data-bbox="1155 600 1278 633">\$2,696.25</td> </tr> <tr> <td data-bbox="703 734 1023 768">Component Description:</td> <td data-bbox="1155 734 1366 846">WITV Project Management Jul-Dec 2017</td> </tr> <tr> <td data-bbox="703 857 826 891">Amount:</td> <td data-bbox="1155 857 1278 891">\$1,804.05</td> </tr> <tr> <td data-bbox="703 992 1023 1025">Component Description:</td> <td data-bbox="1155 992 1378 1104">Project Management - Jan thru Jun 2019</td> </tr> <tr> <td data-bbox="703 1115 826 1149">Amount:</td> <td data-bbox="1155 1115 1278 1149">\$2,227.50</td> </tr> <tr> <td data-bbox="703 1249 1023 1283">Component Description:</td> <td data-bbox="1155 1249 1366 1361">Project Management July - December 2018</td> </tr> <tr> <td data-bbox="703 1373 826 1406">Amount:</td> <td data-bbox="1155 1373 1278 1406">\$2,010.00</td> </tr> <tr> <td data-bbox="703 1507 1023 1541">Component Description:</td> <td data-bbox="1155 1507 1366 1619">Project Management - Jul thru Dec 2019</td> </tr> <tr> <td data-bbox="703 1630 826 1664">Amount:</td> <td data-bbox="1155 1630 1278 1664">\$2,407.50</td> </tr> </table> | Component Description: | WITV Project Management Feb - Jun 2017 | Amount: | \$1,807.43 | Component Description: | Project Management January - June 2018 | Amount: | \$2,696.25 | Component Description: | WITV Project Management Jul-Dec 2017 | Amount: | \$1,804.05 | Component Description: | Project Management - Jan thru Jun 2019 | Amount: | \$2,227.50 | Component Description: | Project Management July - December 2018 | Amount: | \$2,010.00 | Component Description: | Project Management - Jul thru Dec 2019 | Amount: | \$2,407.50 |
| Component Description: | WITV Project Management Feb - Jun 2017 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$1,807.43 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Project Management January - June 2018 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$2,696.25 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | WITV Project Management Jul-Dec 2017 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$1,804.05 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Project Management - Jan thru Jun 2019 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$2,227.50 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Project Management July - December 2018 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$2,010.00 | | | | | | | | | | | | | | | | | | | | | | | | |
| Component Description: | Project Management - Jul thru Dec 2019 | | | | | | | | | | | | | | | | | | | | | | | | |
| Amount: | \$2,407.50 | | | | | | | | | | | | | | | | | | | | | | | | |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. | | | | | | | | | | | | | | | | | | | | | | | | |
| Prepare and or review reimbursement form | Information not provided. | | | | | | | | | | | | | | | | | | | | | | | | |
| Additional Field Engineering Service, 10 Days | Information not provided. | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|--|--|
| Attorney Fees - Negotiation of lease and other matters for shared locations | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover 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. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <p>Component Description: Prepare CP Application</p> <p>Amount: \$2,500.00</p> |
| Perform engineering study for new channel assignment and antenna development | <p>Component Description: WITV Channel Study</p> <p>Amount: \$3,250.00</p> |

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 | \$42,216.00 | \$33,616.00 | | \$3,616.00 | |
| Develop and air announcement of upcoming channel change | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$30,000.00</i> | \$30,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$2,950.00 | N/A | \$2,950.00 | N/A |
| MVPD Notification of Channel Change | <i>\$666.00</i> | \$666.00 | N/A | \$666.00 | N/A |
| Sub-total | \$42,216.00 | \$33,616.00 | N/A | \$3,616.00 | N/A |
| Total for all systems | \$2,797,968.54 | \$1,847,036.54 | N/A | \$754,529.43 | N/A |

Components

| Actual Information | |
|---|---------------------------|
| Description | File Name |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |

| | |
|-------------------------------------|--|
| DTV Medical Facility Notification | Component Description: Medical Notifications Amount: \$2,950.00 |
| MVPD Notification of Channel Change | Component Description: MVPD Notifications Amount: \$666.00 |

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$2,797,968.54 | \$1,847,036.54 | \$754,529.43 |

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. | 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 |
|---------------|---|---|----------|
| | <p>Submission of Estimated Expenses Statements</p> | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

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

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

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

Leslie Griffin
Repack Project Manager

09/30/2020

| 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"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

9. The above-named 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 Authorization(s) specified above.

Leslie Griffin
Repack Project Manager

09/30/2020

| Certification | Section | Question | Response |
|---------------|---|--|----------|
| | <p>Submission of Final Allocation or Accounting Information Statements</p> | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies 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. 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. | |

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.

Leslie Griffin
Repack Project Manager

09/30/2020

Attachments