



(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
<b>SOUTH CAROLINA EDUCATIONAL TV COMMISSION</b>	Mark Jahnke 1041 GEORGE ROGERS BOULEVARD COLUMBIA, SC 29201 United States	+1 (803) 737- 3486	mjahnke@scetv. org	Government Entity
Doing Business As: SOUTH CAROLINA EDUCATIONAL TV COMMISSION				

## 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
<b>Robert Gehman</b> <i>ConsultingEngineer 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
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	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
<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**

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.
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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	6 1/8 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
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**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) .....	20.0 kW
	Manufacturer	
	Model	TBD
	Year	2018

	Justification for New Antenna	Use during antenna replacement and for remainder of assigned phase.
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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?	Yes
	Broadband or Single Channel?	S
	Feed Line Size	3 1/8 inches
<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?	Yes
<b>Sweep Test</b>	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**      **Add Transmission Line**  
**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 this transmission currently shared with any other stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	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
<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	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 Transmission Line	Other Transmission Line Expenses Not Listed
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	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
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
<b>Tower Reinforcements</b>	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
<b>Outside Project Management Services</b>	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.
<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	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
<b>Attorney and Other Outside Consulting Services</b>	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
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	10

	Justification	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.
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Services 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?	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



<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
<b>Primary Transmitter ULXTE-50</b>	<b>\$1,143,940.54</b>	<b>\$341,490.54</b>		<b>\$0.00</b>	
High VHF - Liquid Cooled Solid State Transmitter 24.5 . 31.6 kW	\$999,000.00	\$200,000.00	N/A	\$0.00	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	<b><i>\$75,990.54</i></b>	\$75,990.54	***System Notice: Estimate adjusted and locked because line has been superseded.***	\$0.00	N/A
<b>Sub-total</b>	<b>\$1,143,940.54</b>	<b>\$341,490.54</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,797,968.54</b>	<b>\$1,847,036.54</b>	N/A	<b>\$48,364.92</b>	N/A

## Components

Actual Information	
Description	File Name
High VHF - Liquid Cooled Solid State Transmitter 24.5 . 31.6 kW	<p><b>Component Description:</b> 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><b>Amount:</b> \$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><b>Component Description:</b> WITV Transmitter 50% Down Payment</p> <p><b>Amount:</b> \$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	\$180,000.00	\$180,000.00	N/A	N/A	N/A
<b>Primary Antenna TFU-22JSC /VP-R S390</b>	<b>\$260,180.00</b>	<b>\$257,030.00</b>		<b>\$19,050.00</b>	
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$20,000.00	N/A	\$0.00	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$12,300.00	N/A	\$0.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,730.00	N/A	\$0.00	N/A
High-VHF, One station antenna . side mount,, elliptically or circularly polarized	\$218,000.00	\$218,000.00	N/A	\$19,050.00	Purchased UHF antenna rather than VHF due to channel change as explained in cover letter.
<b>Sub-total</b>	<b>\$482,920.00</b>	<b>\$477,830.00</b>	<b>N/A</b>	<b>\$19,050.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,797,968.54</b>	<b>\$1,847,036.54</b>	<b>N/A</b>	<b>\$48,364.92</b>	<b>N/A</b>

## 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)	<div> <b>Component Description:</b> Mounting brackets - 45%  <b>Amount:</b> \$7,391.25 </div> <div> <b>Component Description:</b> Mounting brackets - 45%  <b>Amount:</b> \$7,391.25 </div>
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	<div> <b>Component Description:</b> Elbow complex - 45%  <b>Amount:</b> \$4,633.87 </div> <div> <b>Component Description:</b> Elbow complex - 45%  <b>Amount:</b> \$4,633.87 </div>

Sweep test of existing antenna	<b>Component Description:</b> Sweep test - 45% <b>Amount:</b> \$2,880.00
	<b>Component Description:</b> Sweep test - 45% <b>Amount:</b> \$2,880.00
High-VHF, One station antenna . side mount,, elliptically or circularly polarized	<b>Component Description:</b> V polarity for UHF Elliptically Polarized Antenna <b>Amount:</b> \$19,050.00
	<b>Component Description:</b> UHF Antenna - Elliptically Polarized - 45% - see cover letter <b>Amount:</b> \$70,875.00
	<b>Component Description:</b> Freight & storage for antenna - stored at Dielectric to avoid having it stored at unguarded site between manufacture and installation <b>Amount:</b> \$5,752.00
	<b>Component Description:</b> UHF Antenna - Elliptically polarized - 45% - see attached cover letter <b>Amount:</b> \$206,680.39

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		\$12,746.19	
Rigid Transmission Line - copper, 6 1/8"	\$398,950.00	\$300,000.00	N/A	\$12,746.19	N/A
Sub-total	\$398,950.00	\$300,000.00	N/A	\$12,746.19	N/A
Total for all systems	\$2,797,968.54	\$1,847,036.54	N/A	\$48,364.92	N/A

Components

Actual Information	
Description	File Name



Rigid Transmission Line -  
copper, 6 1/8"

**Component Description:**

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

**Amount:**

**Component Description:**

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

**Amount:**

**Component Description:**

Transmission line -  
45%  
\$120,900.27

**Amount:**

**Component Description:**

Transmission line -  
45%  
\$120,900.27

**Amount:**

**Component Description:**

Special length cut  
section of  
transmission line  
\$910.00

**Amount:**

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	\$48,364.92	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
<b>Outside Professional Services</b>	<b>\$72,142.00</b>	<b>\$69,100.00</b>		<b>\$12,952.73</b>	
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
<b>Sub-total</b>	<b>\$72,142.00</b>	<b>\$69,100.00</b>	<b>N/A</b>	<b>\$12,952.73</b>	<b>N/A</b>

<b>Total for all systems</b>	\$2,797,968.54	\$1,847,036.54	N/A	\$48,364.92	N/A
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**Components**

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.

Project management of the transition	<b>Component Description:</b> Project Management - Jan thru Jun 2019 <b>Amount:</b> \$2,227.50
	<b>Component Description:</b> WITV Project Management Feb - Jun 2017 <b>Amount:</b> \$1,807.43
	<b>Component Description:</b> Project Management January - June 2018 <b>Amount:</b> \$2,696.25
	<b>Component Description:</b> WITV Project Management Jul-Dec 2017 <b>Amount:</b> \$1,804.05
	<b>Component Description:</b> Project Management July - December 2018 <b>Amount:</b> \$2,010.00
	<b>Component Description:</b> Project Management - Jul thru Dec 2019 <b>Amount:</b> \$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	<b>Component Description:</b>  <b>Amount:</b>	Prepare CP Application \$2,500.00
Perform engineering study for new channel assignment and antenna development	<b>Component Description:</b>  <b>Amount:</b>	WITV Channel Study \$3,250.00

## Cost Information

### Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$42,216.00</b>	<b>\$33,616.00</b>		<b>\$3,616.00</b>	
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
<b>Sub-total</b>	\$42,216.00	\$33,616.00	N/A	\$3,616.00	N/A
<b>Total for all systems</b>	\$2,797,968.54	\$1,847,036.54	N/A	\$48,364.92	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	<div><div><b>Component Description:</b></div><div><b>Amount:</b></div></div> <div><div>Medical Notifications</div><div>\$2,950.00</div></div>
MVPD Notification of Channel Change	<div><div><b>Component Description:</b></div><div><b>Amount:</b></div></div> <div><div>MVPD Notifications</div><div>\$666.00</div></div>

<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>	\$2,797,968.54	\$1,847,036.54
			\$48,364.92

<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>Leslie Griffin</b>  <i>Repack Project Manager</i></p> <p>09/30/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol style="list-style-type: none"> <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>Leslie Griffin</b>  <i>Repack Project Manager</i></p> <p>09/30/2020</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.

**Leslie Griffin**  
*Repack Project Manager*

09/30/2020

**Attachments**