



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **17010** | Service: **DTV** | Call **WYOU** | Channel:
ID: | Sign:
12 (High VHF) | File **0000028339**
Number:
FRN: **0004284899** | Date **09/30**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Mission Broadcasting, Inc.	901 Indiana Avenue Suite 375 Wichita Falls, TX 76301 United States	+1 (940) 228-7861	missionbroadcasting@gmail.com	Corporation

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Henry Gola <i>Wiley Rein LLP</i>	1776 K Street, N.W. Washington, DC 20006 United States	+1 (202) 719-7561	hgola@wiley.law

**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	See attached Transition plan exhibit.

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	NV7270
	Year	2006
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	4 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THV9evo-4
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	5.2 kW
	Justification for New Transmitter	Existing transmitter cannot be converted to repacked channel per manufacturer.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	75.0 feet
	Other Electrical Service	No

	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	10 tons
	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****Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	15
	Design power capacity in use	60.0 %
	Lower Limit	174.00 MHz

Upper Limit	216.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	60.0 kW
Manufacturer	MCI
Model	9541310
Year	2006

Facility ID's and Call Signs of all stations with whom the antenna is shared.

Facility ID	Call Sign
71225	WBRE-TV

Primary Antenna

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number

12

13

**Primary
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?	No

Tower Equipment And Rigging Costs

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

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. 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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No

	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

If services 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	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	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 THV9evo-4	\$364,550.00	\$303,611.00		\$194,236.00	
High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW	\$249,500.00	\$194,236.00	See Rohde & Schwarz quote 263775.0	\$194,236.00	N/A
10 Ton system	\$60,500.00	\$57,500.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$1,950.00	\$1,875.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Sub-total	\$364,550.00	\$303,611.00	N/A	\$194,236.00	N/A
Total for all systems	\$669,658.75	\$527,363.95	N/A	\$292,733.55	N/A

Components

Actual Information	
Description	File Name

High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW	<div> <div> Component Description: Amount: </div> <div> Transmitter, installment #1 \$48,559.00 </div> </div> <div> <div> Component Description: Amount: </div> <div> Transmitter, installment #2 \$145,677.00 </div> </div>
10 Ton system	Information not provided.
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
Service entrance 3 phase /800 amp/208 volt	Information not provided.

Cost
Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna 9541310	\$216,930.00	\$137,914.20		\$51,514.20	
Combiner output splitting /switching for dual feed lines, if applicable	\$126,000.00	\$51,514.20	No output switching is envisioned. See Dielectric quote 1931035 and related change order, and quote 1931413 for additional components	\$51,514.20	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$216,930.00	\$137,914.20	N/A	\$51,514.20	N/A
Total for all systems	\$669,658.75	\$527,363.95	N/A	\$292,733.55	N/A

Components

Actual Information Description	File Name
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Combiner output splitting /switching for dual feed lines, if applicable	<table> <tr> <td data-bbox="722 174 1029 208">Component Description:</td><td data-bbox="1163 174 1294 246">Combiner component</td></tr> <tr> <td data-bbox="722 257 831 291">Amount:</td><td data-bbox="1163 257 1281 291">\$5,033.00</td></tr> <tr> <td data-bbox="722 398 1029 432">Component Description:</td><td data-bbox="1163 398 1307 508">Additional combiner components</td></tr> <tr> <td data-bbox="722 519 831 553">Amount:</td><td data-bbox="1163 519 1297 553">\$11,876.20</td></tr> <tr> <td data-bbox="722 660 1029 694">Component Description:</td><td data-bbox="1163 660 1278 692">Combiner</td></tr> <tr> <td data-bbox="722 698 831 732">Amount:</td><td data-bbox="1163 698 1297 732">\$34,605.00</td></tr> </table>	Component Description:	Combiner component	Amount:	\$5,033.00	Component Description:	Additional combiner components	Amount:	\$11,876.20	Component Description:	Combiner	Amount:	\$34,605.00
Component Description:	Combiner component												
Amount:	\$5,033.00												
Component Description:	Additional combiner components												
Amount:	\$11,876.20												
Component Description:	Combiner												
Amount:	\$34,605.00												
New combiner, cost per channel (without antenna)	Information not provided.												
Sweep test of existing antenna	Information not provided.												

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

Cost Information **Tower Equipment and Rigging Costs**
Information not provided.

Cost Information **Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$34,990.00	\$33,250.00		\$10,408.00	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$625.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
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
Project management of the transition	\$12,640.00	\$12,000.00	It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects.	\$9,783.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$34,990.00	\$33,250.00	N/A	\$10,408.00	N/A
Total for all systems	\$669,658.75	\$527,363.95	N/A	\$292,733.55	N/A

Components

Actual Information	
Description	File Name
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<div> Component Description: Prepare License to Cover Application</div> <div> Amount: \$625.00 </div>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Project management of the transition	<div> Component Description: Project management services 1.1.19 through 1.31.19.</div> <div> Amount: \$525.00 </div> <div> Component Description: Project management services Feb 2019 </div> <div> Amount: \$123.50 </div> <div> Component Description: Project management services </div> <div> Amount: \$150.00 </div>

Component Description:	Project management services
Amount:	\$35.00

Component Description:	Project management services
Amount:	\$75.00

Component Description:	Project management services
Amount:	\$250.00

Component Description:	Project management services
Amount:	\$432.50

Component Description:	Project management services
Amount:	\$925.00

Component Description:	Project management services
Amount:	\$908.00

Component Description:	Project management services
Amount:	\$250.00

Component Description:	Project management services
Amount:	\$458.00
Component Description:	Project management services
Amount:	\$45.50
Component Description:	Project management services Mar 2019
Amount:	\$110.50
Component Description:	Project management services 5.26.18 through 6.29.18.
Amount:	\$495.00
Component Description:	Project management services
Amount:	\$150.00
Component Description:	Project management services
Amount:	\$375.00
Component Description:	Project management services from consultants Kessler and Gehman Associates.
Amount:	\$225.00

	Component Description:	Project management services
	Amount:	\$150.00
	Component Description:	Project management services
	Amount:	\$150.00
	Component Description:	Project management and Progress Report preparation services.
	Amount:	\$3,425.00
	Component Description:	Project management services 9.29.18 through 10.26.18.
	Amount:	\$225.00
	Component Description:	Project management services 6.30.18 through 7.27.18.
	Amount:	\$300.00
Prepare and or review reimbursement form	Information not provided.	

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$53,188.75	\$52,588.75		\$36,575.35	
Equipment Storage	<i>\$2,438.75</i>	\$2,438.75	See related invoices	\$2,438.75	N/A
Equipment Delivery and Handling Charges	<i>\$1,755.00</i>	\$1,755.00	See related invoices for combiner freight	\$1,755.00	N/A
MVPD Notification of Channel Change	<i>\$3,500.00</i>	\$3,500.00	Costs to notify MVPDs of channel change.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	Costs to develop and produce spots and crawls for viewer notification.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$3,881.60	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A

Local Zoning	\$500.00	\$500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$28,500.00	\$28,500.00	See USA Commercial quote 15.	\$28,500.00	N/A
Sub-total	\$53,188.75	\$52,588.75	N/A	\$36,575.35	N/A
Total for all systems	\$669,658.75	\$527,363.95	N/A	\$292,733.55	N/A

Components

Actual Information	
Description	File Name
Equipment Storage	Component Description: Combiner storage Amount: \$843.75
	Component Description: Combiner storage Amount: \$1,595.00
Equipment Delivery and Handling Charges	Component Description: Combiner freight Amount: \$877.50
	Component Description: Combiner freight Amount: \$877.50
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.

DTV Medical Facility Notification	Component Description: Notification of medical facilities Amount: \$3,881.60
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Local Zoning	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Component Description: Removal services Amount: \$28,500.00

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$669,658.75	\$527,363.95	\$292,733.55

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of 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"> 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.

<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>Dennis P. Thatcher <i>President</i></p> <p>09/30/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Dennis P. Thatcher <i>President</i></p> <p>09/30/2020</p>

Attachments