



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **30283** | Service: **DCA** | Call **WJMY-CD** | Channel: **17 (UHF)**  
ID:  
File **0000028182**  
Number:  
FRN: **0018223693** | Date **01/05**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>TTI, INC.</b> Doing Business As: TTI, INC.	Dave Baughn P.O. BOX 70937 TUSCALOOSA, AL 35407 United States	+1 (205) 345-9573	dave@dbaughn. 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
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	The current site is not available for the repack. A new tower will be installed on land owned by the applicant. We anticipate no problem completing the transition on time.

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	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?	No
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	UC-1000W- UHF
	Year	1990
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 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	UAXTE-4
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.4 kW
	Justification for New Transmitter	Old transmitter is no longer supported by my manufacturer.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	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 tons
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	300.0 square feet
<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

Existing 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 the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	

Model	ALP24M3HSO
Year	1990

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Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Class A
	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) .....	15.0 kW
	Manufacturer	

Model	ATC-BCE222O-V0-17
Year	2017
Justification for New Antenna	Old antenna is on wrong channel and not broadband.

## Primary Antenna

### Other Antenna Costs

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

**Primary  
Antenna**

**Other Antenna Cost Not Listed**  
Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary  
Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	850 feet per run

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

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	600 feet per run
	Justification for New Transmission Line	Moving line is not economically feasible. Old line is of unknown manufacturer and connectors cannot be found to fit the old line.

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

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Construct New
	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	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1036764
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	33° 03' 15.0" N-
	Longitude (NAD83)	087° 32' 57.0" W-
	Overall Structure Height	843.17 feet
	Support Structure Height	839.88 feet
	Ground Elevation Above Mean Sea Level (AMSL)	442.91 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Townsquare Media Tuscaloosa, LLC
	Date Constructed	08/17/1990

**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
54796	WTUG-FM	FM
54797	WFFN	FM



Primary  
Tower

Tower Construction Costs

Section	Question	Response
Construct New Tower	Use	Primary (Main)
	Description of Use	N/A
	Is this a request for upgraded equipment?	No
	Height	500.00 feet
	Justification for New Tower	By agreement it is not possible to operate from the existing tower after the repack.

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?	No
	Number of Hours	N/A
	Explanation	N/A
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	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
<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	No
	Quantity	N/A
	NEPA Section 106 environmental review	Yes
	Environmental Assessment	Yes
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

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

If wireless is not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
<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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	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)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	No

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## 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 UAXTE-4</b>	<b>\$151,000.00</b>	<b>\$121,089.00</b>		<b>\$0.00</b>	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$96,089.00	N/A	N/A	N/A
Other -- Building Addition Size: 300.0	<i>\$25,000.00</i>	\$25,000.00	This is the amount verified by the The TV Broadcaster Relocation Fund Administrator. Please see attached file "WJMY-CD David Baughn.pdf".	N/A	N/A
<b>Sub-total</b>	<b>\$151,000.00</b>	<b>\$121,089.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$792,885.00</b>	<b>\$596,864.00</b>	<b>N/A</b>	<b>\$12,090.00</b>	<b>N/A</b>

### Components

Information not provided.

## Cost Information

### Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna ATC-BCE2220-V0-17</b>	<b>\$33,030.00</b>	<b>\$79,500.00</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$75,000.00	This is the amount that was verified by the TV Broadcaster Relocation Fund Administrator. Please see attached verification letter (file name WJMY-CD David Baughn.pdf) .	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$79,500.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$792,885.00</b>	<b>\$596,864.00</b>	<b>N/A</b>	<b>\$12,090.00</b>	<b>N/A</b>

### Components

Information not provided.

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	\$14,400.00	\$12,000.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$14,400.00	\$12,000.00	N/A	N/A	N/A
Sub-total	\$14,400.00	\$12,000.00	N/A	\$0.00	N/A
Total for all systems	\$792,885.00	\$596,864.00	N/A	\$12,090.00	N/A

Components

Information not provided.



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	\$0.00	\$0.00		\$0.00	
Primary Tower	\$490,500.00	\$280,000.00		\$0.00	
New tower	<i>\$280,000.00</i>	\$280,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	N/A	N/A	N/A
Sub-total	\$490,500.00	\$280,000.00	N/A	\$0.00	N/A
Total for all systems	\$792,885.00	\$596,864.00	N/A	\$12,090.00	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>\$46,020.00</b>	<b>\$49,450.00</b>		<b>\$12,090.00</b>	
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	\$750.00	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$16,450.00	This is the actual cost so far for this component. Written justification is being submitted within the form 399 update.	\$6,950.00	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,140.00	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,250.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$46,020.00	\$49,450.00	N/A	\$12,090.00	N/A
<b>Total for all systems</b>	\$792,885.00	\$596,864.00	N/A	\$12,090.00	N/A

## Components

Actual Information	
Description	File Name
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	<p><b>Component Description:</b> Portion of invoice for this category.</p> <p><b>Amount:</b> \$750.00</p>
ASR modification (prepare FCC Form 854)	Information not provided.

<p>Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet</p>	<table> <tr> <td data-bbox="707 98 1114 376"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1114 98 1426 376"> <p>Invoice for NEPA consulting services. \$9,500.00</p> </td></tr> <tr> <td data-bbox="707 376 1114 1081"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1114 376 1426 1081"> <p>Consulting fees paid to Native American Tribes for Environmental clearance of the project. No invoices are issued (see attached email). Checks totaling \$6950 have been sent to the Tribes as per the attached documentation. The TIN listed is ours. \$6,950.00</p> </td></tr> </table>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Invoice for NEPA consulting services. \$9,500.00</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Consulting fees paid to Native American Tribes for Environmental clearance of the project. No invoices are issued (see attached email). Checks totaling \$6950 have been sent to the Tribes as per the attached documentation. The TIN listed is ours. \$6,950.00</p>
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Invoice for NEPA consulting services. \$9,500.00</p>				
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Consulting fees paid to Native American Tribes for Environmental clearance of the project. No invoices are issued (see attached email). Checks totaling \$6950 have been sent to the Tribes as per the attached documentation. The TIN listed is ours. \$6,950.00</p>				
<p>NEPA Section 106 environmental review, if needed</p>	<p>Information not provided.</p>				
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>				
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>				
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="707 1619 1114 1955"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1114 1619 1426 1955"> <p>This is the portion of the invoice related to this category. \$2,140.00</p> </td></tr> </table>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>This is the portion of the invoice related to this category. \$2,140.00</p>		
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>This is the portion of the invoice related to this category. \$2,140.00</p>				
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>				

Perform engineering study for new channel assignment and antenna development	<table> <tr> <td data-bbox="707 174 1013 208"><b>Component Description:</b></td><td data-bbox="1147 174 1378 246">portion of invoice under this category.</td></tr> <tr> <td data-bbox="707 257 815 291"><b>Amount:</b></td><td data-bbox="1147 257 1267 291">\$1,200.00</td></tr> <tr> <td data-bbox="707 398 1013 432"><b>Component Description:</b></td><td data-bbox="1147 398 1299 546">New channel assignment engineering services.</td></tr> <tr> <td data-bbox="707 557 815 591"><b>Amount:</b></td><td data-bbox="1147 557 1267 591">\$1,050.00</td></tr> </table>	<b>Component Description:</b>	portion of invoice under this category.	<b>Amount:</b>	\$1,200.00	<b>Component Description:</b>	New channel assignment engineering services.	<b>Amount:</b>	\$1,050.00
<b>Component Description:</b>	portion of invoice under this category.								
<b>Amount:</b>	\$1,200.00								
<b>Component Description:</b>	New channel assignment engineering services.								
<b>Amount:</b>	\$1,050.00								
Prepare and or review reimbursement form	Information not provided.								
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	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
<b>Other Expenses</b>	<b>\$57,935.00</b>	<b>\$54,825.00</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
Local Zoning	<i>\$5,000.00</i>	\$5,000.00	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
AM Pattern Disturbance -- Impact study	\$7,890.00	\$7,500.00	N/A	N/A	N/A
AM Pattern Disturbance -- Remedy	\$21,050.00	\$20,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$10,000.00	N/A	N/A	N/A

FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$57,935.00	\$54,825.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$792,885.00	\$596,864.00	N/A	\$12,090.00	N/A

## Components

Information not provided.



<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$792,885.00	\$596,864.00
			\$12,090.00

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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"> <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>David Baughn</b>  <i>Vice President</i></p> <p>01/05/2018</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>David Baughn</b>  <i>Vice President</i></p> <p>01/05/2018</p>

## Attachments