



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **63901** | Service: **DCA** | Call **WYKE-CD** | Channel: **24 (UHF)**  
ID:  
File **0000027424**  
Number:  
FRN: **0005935499** | Date **05/08**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CITRUS COUNTY ASSOCIATION FOR RETARDED CITIZENS, INC</b>	Melissa Walker 5399 W. GULF TO LAKE CITRUS COUNTY HIGHWAY LECANTO, FL 34461 United States	+1 (352) 795-5541	kcenter@TAMPABAY.RR.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
<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.	No
Briefly describe transition plan	Re-channel or replace transmitter and replace antenna, using existing transmission line. Rent or purchase an interim antenna and line for use during antenna replacement and duration of assigned phase.

**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	41D1653G1
	Year	2007
	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	TBD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter is out of business and it is not known if the transmitter can be re-tuned to the assigned channel. See attachment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A

	Rigid Conduit and Wiring	Yes
	Size	2 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**

Name	Description
<b>Additional Interior RF System</b>	Interior RF System Existing Transmitter to Interim Transmission line

**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?	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	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	CS-2030-F-16
Year	2005

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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?	Yes
	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	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) .....	9.45 kW
	Manufacturer	
	Model	TBD
	Year	2018

	Justification for New Antenna	The existing primary antenna is a single channel slotted coaxial which cannot accommodate the assigned channel.
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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?	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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 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

**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	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/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	TBD
	Year	2018

	Justification for New Antenna	An interim antenna is necessary to keep station on the air during primary antenna replacement and for the duration of the assigned phase. Station will attempt to rent if renting is available at time of acquisition.
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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?	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 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?	No
<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 Transmission Line****Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	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
Existing Transmission Line Manufacturer and Type	Manufacturer	ERI
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	290 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Tests	Sweep to confirm line for assigned channel

Interim Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	190 feet per run

Justification for New Transmission Line	An interim transmission line is necessary for the interim antenna to keep station on the air during primary antenna replacement and for the duration of the assigned phase. Station will attempt to rent if renting is available at time of acquisition.
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**Interim 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	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	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	1245964
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	28° 53' 02.2" N-
	Longitude (NAD83)	082° 31' 20.1" W-
	Overall Structure Height	294.94 feet
	Support Structure Height	291.01 feet
	Ground Elevation Above Mean Sea Level (AMSL)	59.05 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Citrus County Association for Retarded Citizens, Inc
	Date Constructed	03/02/2005

**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
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	191
	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.
<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	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	Yes

Number of Days	21
Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Services provided by the vendor are 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)?	Yes
	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**

Name	Description
Line of Credit	On March 15, 2018 WYKE procured a \$225,000.00 Line of Credit to temporarily cover its DTV Repack expenses until reimbursements are received from the TV Broadcaster Relocation Fund Administrator.

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 TBD	\$216,800.00	\$208,800.00		\$80,837.70	
Additional Interior RF System	\$50,000.00	\$50,000.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,500.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$120,000.00	N/A	\$80,837.70	GatesAir UAXTE-2R37 solid state air cooled transmitter
Sub-total	\$216,800.00	\$208,800.00	N/A	\$80,837.70	N/A
Total for all systems	\$979,358.00	\$937,170.00	N/A	\$102,552.63	N/A

Components

Actual Information Description	File Name
Additional Interior RF System	Information not provided.
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Switchgear - industrial 800 amp	Information not provided.

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW		
	<b>Component Description:</b>	GA-00024917 Down Payment Invoice for New transmitter
	<b>Amount:</b>	\$40,418.85
	<b>Component Description:</b>	Balance Due for new Transmitter, Filter, Installation, Electrical and Freight
	<b>Amount:</b>	\$40,418.85

## 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>Interim Antenna TBD</b>	<b>\$33,030.00</b>	<b>\$31,400.00</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Primary Antenna TBD</b>	<b>\$40,630.00</b>	<b>\$38,800.00</b>		<b>\$0.00</b>	
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
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$73,660.00</b>	<b>\$70,200.00</b>	N/A	<b>\$0.00</b>	N/A

<b>Total for all systems</b>	\$979,358.00	\$937,170.00	N/A	\$102,552.63	N/A
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### 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
Interim Transmission Line	\$4,560.00	\$4,370.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$4,560.00	\$4,370.00	N/A	N/A	N/A
Primary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Sub-total	\$10,960.00	\$10,770.00	N/A	\$0.00	N/A
Total for all systems	\$979,358.00	\$937,170.00	N/A	\$102,552.63	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	\$531,500.00	\$505,000.00		\$0.00	
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
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Sub-total	\$531,500.00	\$505,000.00	N/A	\$0.00	N/A
Total for all systems	\$979,358.00	\$937,170.00	N/A	\$102,552.63	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>\$102,888.00</b>	<b>\$99,400.00</b>		<b>\$18,091.93</b>	
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$7,000.00	Versions 1 and 2 of inv #345-47 were rejected and are no longer applicable.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,000.00	Versions 1 and 2 of inv #345-47 were rejected and are no longer applicable.
Additional Field Engineering Service, 21 Days	<i>\$42,000.00</i>	\$42,000.00	N/A	\$4,466.93	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	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
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$30,178.00	\$28,650.00	N/A	\$1,125.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
<b>Sub-total</b>	\$102,888.00	\$99,400.00	N/A	\$18,091.93	N/A

<b>Total for all systems</b>	\$979,358.00	\$937,170.00	N/A	\$102,552.63	N/A
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## Components

Actual Information	
Description	File Name
Perform engineering study for new channel assignment and antenna development	<b>Component Description:</b>
	Inv 345-47 WYKE Perform engineering study for new channel assignment and antenna development UL20180508jg v3
	<b>Amount:</b>
	\$7,000.00
	<b>Component Description:</b>
	Inv 345-47 WYKE new ch assign & ant devel UL20180425jg v2
	<b>Amount:</b>
	\$7,000.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<b>Component Description:</b>
	Inv 345-47 WYKE CP app UL20180508jg v3
	<b>Amount:</b>
	\$3,000.00
	<b>Component Description:</b>
	Inv 345-47 WYKE CP app UL20180425jg v2
	<b>Amount:</b>
	\$3,000.00

Additional Field Engineering Service, 21 Days	<table> <tr> <td data-bbox="703 174 1018 208"><b>Component Description:</b></td><td data-bbox="1150 174 1361 327">Inv 345-46 WYKE Site survey &amp; prelim RF system design</td></tr> <tr> <td data-bbox="703 376 820 409"><b>Amount:</b></td><td data-bbox="1150 333 1361 409">UL20180425jg v4 \$4,466.93</td></tr> <tr> <td data-bbox="703 517 1018 551"><b>Component Description:</b></td><td data-bbox="1150 517 1361 672">Inv 345-46 WYKE Site survey &amp; prelim RF system design</td></tr> <tr> <td data-bbox="703 719 820 752"><b>Amount:</b></td><td data-bbox="1150 676 1361 752">UL20180411jg v3 \$4,466.93</td></tr> </table>	<b>Component Description:</b>	Inv 345-46 WYKE Site survey & prelim RF system design	<b>Amount:</b>	UL20180425jg v4 \$4,466.93	<b>Component Description:</b>	Inv 345-46 WYKE Site survey & prelim RF system design	<b>Amount:</b>	UL20180411jg v3 \$4,466.93
<b>Component Description:</b>	Inv 345-46 WYKE Site survey & prelim RF system design								
<b>Amount:</b>	UL20180425jg v4 \$4,466.93								
<b>Component Description:</b>	Inv 345-46 WYKE Site survey & prelim RF system design								
<b>Amount:</b>	UL20180411jg v3 \$4,466.93								
Attorney Fees - Prepare and File request for Special Temporary Authorization	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.								
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.								

Project management of the transition	<table> <tr> <td data-bbox="710 176 1015 208"><b>Component Description:</b></td><td data-bbox="1150 176 1299 284">Inv: WYKE 2017Q3 387 UL20180321</td></tr> <tr> <td data-bbox="710 297 818 329"><b>Amount:</b></td><td data-bbox="1150 297 1246 329">\$300.00</td></tr> <tr> <td data-bbox="710 436 1015 468"><b>Component Description:</b></td><td data-bbox="1150 436 1374 504">Inv: WYKE 399 AC UL20180406jg</td></tr> <tr> <td data-bbox="710 517 818 548"><b>Amount:</b></td><td data-bbox="1150 517 1246 548">\$300.00</td></tr> <tr> <td data-bbox="710 656 1015 687"><b>Component Description:</b></td><td data-bbox="1150 656 1347 804">Inv: WYKE Form 399 Actual Cost submittals UL20180321</td></tr> <tr> <td data-bbox="710 817 818 848"><b>Amount:</b></td><td data-bbox="1150 817 1246 848">\$300.00</td></tr> <tr> <td data-bbox="710 956 1015 987"><b>Component Description:</b></td><td data-bbox="1150 956 1299 1064">Inv: WYKE 2017Q4 387 UL20180321</td></tr> <tr> <td data-bbox="710 1077 818 1108"><b>Amount:</b></td><td data-bbox="1150 1077 1246 1108">\$225.00</td></tr> <tr> <td data-bbox="710 1216 1015 1247"><b>Component Description:</b></td><td data-bbox="1150 1216 1358 1323">Inv 345-49 WYKE 399 AC UL20180425jg v2</td></tr> <tr> <td data-bbox="710 1337 818 1368"><b>Amount:</b></td><td data-bbox="1150 1337 1246 1368">\$300.00</td></tr> </table>	<b>Component Description:</b>	Inv: WYKE 2017Q3 387 UL20180321	<b>Amount:</b>	\$300.00	<b>Component Description:</b>	Inv: WYKE 399 AC UL20180406jg	<b>Amount:</b>	\$300.00	<b>Component Description:</b>	Inv: WYKE Form 399 Actual Cost submittals UL20180321	<b>Amount:</b>	\$300.00	<b>Component Description:</b>	Inv: WYKE 2017Q4 387 UL20180321	<b>Amount:</b>	\$225.00	<b>Component Description:</b>	Inv 345-49 WYKE 399 AC UL20180425jg v2	<b>Amount:</b>	\$300.00
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Prepare and or review reimbursement form	<table> <tr> <td data-bbox="710 1503 1015 1534"><b>Component Description:</b></td><td data-bbox="1150 1503 1374 1650">Inv 345-45 WYKE Prepare review 399 UL20180425jg v2</td></tr> <tr> <td data-bbox="710 1664 818 1695"><b>Amount:</b></td><td data-bbox="1150 1664 1270 1695">\$2,500.00</td></tr> <tr> <td data-bbox="710 1803 1015 1834"><b>Component Description:</b></td><td data-bbox="1150 1803 1374 1910">Inv: WYKE Prepare review 399 UL20180406jg</td></tr> <tr> <td data-bbox="710 1924 818 1955"><b>Amount:</b></td><td data-bbox="1150 1924 1270 1955">\$2,500.00</td></tr> </table>	<b>Component Description:</b>	Inv 345-45 WYKE Prepare review 399 UL20180425jg v2	<b>Amount:</b>	\$2,500.00	<b>Component Description:</b>	Inv: WYKE Prepare review 399 UL20180406jg	<b>Amount:</b>	\$2,500.00												
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## 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>\$43,550.00</b>	<b>\$43,000.00</b>		<b>\$3,623.00</b>	
Line of Credit	<i>\$5,000.00</i>	\$5,000.00	On 3/15/18 WYKE procured a \$225,000 Line of Credit to temporarily cover its DTV Repack expenses until reimbursements are received from the TV Broadcaster Relocation Fund Administrator. The total Line of Credit fee is not anticipated to exceed \$5,000.00	\$3,623.00	N/A
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$5,000.00</b>	\$5,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<b>\$20,000.00</b>	\$20,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$43,550.00	\$43,000.00	N/A	\$3,623.00	N/A
<b>Total for all systems</b>	\$979,358.00	\$937,170.00	N/A	\$102,552.63	N/A

## Components

Actual Information	
Description	File Name
Line of Credit	<p><b>Component Description:</b> Inv 70000102676 WYKE Repack Line of Credit UL20180412jg</p> <p><b>Amount:</b> \$3,623.00</p>
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
DTV Medical Facility Notification	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.



**Cost  
Information****Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$979,358.00	\$937,170.00	\$102,552.63

**Reimbursement Status**

<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>Jeffrey C Gehman</b>  <i>Engineering Associate</i></p> <p>05/08/2018</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"> <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>Jeffrey C Gehman</b>  <i>Engineering Associate</i></p> <p>05/08/2018</p>

## Attachments