



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **27490** | Service: **DCA** | Call **WOPI-CD** | Channel:
ID: | Sign:
11 (High VHF) | File **0000026131**
Number:
FRN: **0001770163** | Date **04/29**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|-------------------|-----------------|----------------|
| HOLSTON VALLEY BROADCASTING CORPORATION Doing Business As: HOLSTON VALLEY BROADCASTING CORPORATION | Nathan D. Widener 222 COMMERCE ST KINGSPORT, TN 37660 United States | +1 (412) 723-6134 | davidw@wtfm.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 |
|----------|----------|
|----------|----------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 | We think we can just purchase a new mask filter for our conversion to channel 11, and the transmitter, antenna, and transmission line should work on our new channel. |

Transmitters

| Section | Question | Response |
|-------------------------------------|-------------------------------------------|----------|
| Transmitter Related Expenses | Do you have transmitter related expenses? | No |

Antennas

| Section | Question | Response |
|---------------------------------|---------------------------------------|----------|
| Antenna Related Expenses | Do you have antenna related expenses? | No |

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 | 10 |
| | Explanation | Preparation and certification of Form 387 quarterly reports and special progress reports |
| Outside RF consulting Engineering Services | Perform engineering study for new channel assignment and antenna development | No |
| | 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 | 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 | 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

| Name | Description |
|-----------------------------------|------------------------------------------------------------|
| Other Engineering Services | Engineering services not included in any other OPS section |

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? | No |
| Permit and Filing Costs | Local Zoning | No |
| | 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)? | No |
| | 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 |

Other
Expenses

Other Expenses Not Listed

| Name | Description |
|------------------------------------------|-------------------------------------------------------------------------------|
| Stringent Mask Filter for Channel change | we will need to purchase a Stringent mask filter for our new assigned channel |

Cost Information **Transmitters**
Information not provided.

Cost Information **Antennas**
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 | \$26,380.00 | \$14,840.00 | | \$5,323.83 | |
| Other Engineering Services | <i>\$5,600.00</i> | \$5,600.00 | Engineering services not included in any other OPS section. 3/8 /19 Moved \$400 from Other Engineering Services to FAA and ASR to leave the budget unchanged | \$1,115.50 | N/A |

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------|------------|------------|---------------------------------------------------------------------------|------------|-----|
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$200.00 | Moved \$200 from Other Engineering Services to leave the budget unchanged | \$183.33 | N/A |
| ASR modification (prepare FCC Form 854) | \$2,105.00 | \$200.00 | Moved \$200 from Other Engineering Services to leave the budget unchanged | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$1,500.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$2,800.00 | N/A | \$2,800.00 | 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 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$1,500.00 | N/A | \$450.00 | N/A |

| | | | | | |
|------------------------------------------|-------------|-------------|-----|------------|-----|
| Prepare and or review reimbursement form | \$2,630.00 | \$500.00 | N/A | \$175.00 | N/A |
| Project management of the transition | \$1,580.00 | \$1,540.00 | N/A | \$600.00 | N/A |
| Sub-total | \$26,380.00 | \$14,840.00 | N/A | \$5,323.83 | N/A |
| Total for all systems | \$30,425.00 | \$18,835.00 | N/A | \$5,323.83 | N/A |

Components

| Actual Information | |
|----------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description | File Name |
| Other Engineering Services | <p>Component Description: RF Design for possible 399 amendment for WOPI</p> <p>Amount: \$1,062.50</p> <p>Component Description: OPS OES Actual Cost Invoice WOPI</p> <p>Amount: \$53.00</p> |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | <p>Component Description: FAA 7460-1 split equally between WAPK WKPT WOPI</p> <p>Amount: \$183.33</p> |
| ASR modification (prepare FCC Form 854) | 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 | Component Description: FCC Appl Form 2100 Main Amount: \$2,800.00 |
| 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 | Component Description: Engineering for CP application for WOPI Amount: \$450.00 |
| Prepare and or review reimbursement form | Component Description: KGA inv #964-56 AC invs RG Mar 2019 UL20190422jgv1 Amount: \$100.00 Component Description: KGA inv #964-44 AC invs RG Feb 2019 UL20190422jgv1 Amount: \$75.00 |

| | | |
|--------------------------------------|-------------------------------|---------------------|
| Project management of the transition | | |
| | Component Description: | KGA inv #964-52 |
| | | Form 387 2019 Q1 |
| | | UL20190429jgv1 |
| | Amount: | \$150.00 |
| | | |
| | Component Description: | Prog Rpt Form 387 |
| | | 3Q2018 |
| | Amount: | \$150.00 |
| | | |
| | Component Description: | Progress Report |
| | | 4Q2018 |
| | Amount: | \$150.00 |
| | | |
| | Component Description: | FCC form 287 |
| | | progress report for |
| | | 2Q18 |
| | Amount: | \$150.00 |

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 |
|----------------------------------------------------------|-----------------------------|--------------------|------------------------------|-------------------|---------------------------|
| Other Expenses | \$4,045.00 | \$3,995.00 | | \$0.00 | |
| Stringent Mask Filter for Channel change | <i>\$2,600.00</i> | \$2,600.00 | 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 |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | N/A | N/A | N/A |
| Sub-total | \$4,045.00 | \$3,995.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$30,425.00 | \$18,835.00 | N/A | \$5,323.83 | N/A |

Components

Information not provided.

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|-------------|
| Total for all systems | \$30,425.00 | \$18,835.00 | \$5,323.83 |

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 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"> 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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>04/29/2019</p> |

Attachments