



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **70414** | Service: **DCA** | Call **WBXJ-CD** | Channel: **34 (UHF)** |
ID: | Sign:
File **0000027568**
Number:
FRN: **0014037857** | Date **04/07**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
L4 MEDIA GROUP, LLC Doing Business As: L4 MEDIA GROUP, LLC	PO Box 60606 Suite 2450 Chicago, IL 60606 United States	+1 (612) 202-4980	ssaldana@sktytrading. com	Limited Liability Company

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
Joseph L. Snelson , Jr . <i>Technical Consultant</i> <i>Meintel, Sgrignoli & Wallace</i>	1282 Smallwood Drive, Suite 372 Waldorf, MD 20603 United States	+1 (303) 344- 8037	joe. snelson@mswdtv. 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	Current transmission system consists of a single transmitter feeding a flexible transmission line which connects to an antenna on the tower. Work includes tower study/rehabilitation to support new antenna, mounting antenna and retuning transmitter.

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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Elettronika
	Model	TXUD2000

Year	2015
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	2.0 kW

**Primary
Transmitter**

Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	3 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

**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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A

	Size	N/A
	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	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)	7.0 kW

Manufacturer	
Model	DLP8B
Year	2011

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	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)	5.9 kW
	Manufacturer	
	Model	TLP8B

Year	2017
Justification for New Antenna	The current antenna is tuned for channel 43 and cannot be retuned to the repack channel of 34. Applicant is proposing to replace with a similar antenna tuned to the repack channel.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No

Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	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?	No

Tower Equipment And Rigging Costs

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

Primary Tower**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1020783
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	30° 16' 35.0" N-
	Longitude (NAD83)	081° 33' 50.7" W-
	Overall Structure Height	1061.01 feet
	Support Structure Height	1042.97 feet

Ground Elevation Above Mean Sea Level (AMSL)	29.86 feet
Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
Date Constructed	11/05/2008

**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
48390	WCRJ	FM
29719	WJEB-TV	DTV
31936	WJKV	FM
47425	WTRJ-FM	FM
22005	WJXL-FM	FM

Other Types of Users

Users
LPTV
LPFM

**Primary
Tower**

Tower Modification Costs

Section	Question	Response
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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:	No 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

Name	Description
Timing and Coordination	Coordination with other users on tower as to when work can be performed
Structural Analysis	Analyze tower structural integrity to support proposed loads
Tower Project Management	Project management for required tower work
Coordination Meetings	Coordination efforts with all users on the tower to coordinate work with power cut backs.
Building Permit	Grounds and Building modification permit
General Project Management	Tower owner overall project management fees
Permit	Permit cost for proposed tower work
Local Building Permits	Required permits by local governing bodies to perform work on the tower.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Applicant has no internal resources capable of overseeing, identifying, purchasing, installing and commissioning this repack project. It will rely solely on outside services to manage all work required.
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	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside
Professional

Other Professional Services Expenses Not Listed

Services Costs

Name	Description
Progress Reporting	Prepare and file 9 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.
MSW reports	MSW technical services preparing FCC post-repack reports.

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	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	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?	No

Other
Expenses

Other Expenses Not Listed

Name	Description
Capital Contribution	Tower modification for new load associated with repacked stations, pro rated share of expense.

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 TXUD2000	\$109,355.00	\$19,513.33		\$19,513.33	
UHF and VHF - minor banding issues	\$105,200.00	\$15,000.00	N/A	\$15,000.00	N/A
3 kW mask filter	\$4,155.00	\$4,513.33	Actual cost exceeded original estimate which was outdated and did not include freight.	\$4,513.33	ORIGINAL COST ESTIMATE WAS OUTDATED, CURRENT ESTIMATE ATTACHED, INVOICE FINAL COST INCLUDES FREIGHT EXPENSE
Sub-total	\$109,355.00	\$19,513.33	N/A	\$19,513.33	N/A
Total for all systems	\$601,886.00	\$318,457.39	N/A	\$203,612.91	N/A

Components

Actual Information Description	File Name
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UHF and VHF - minor banding issues	<div> Component Description: TRANSMITTER - UHF and 15,000.00 15,000.00 VHF - MINOR BANDING ISSUES - TRANSMITTER SERVICES </div> <div> Amount: \$15,000.00 </div>
3 kW mask filter	<div> Component Description: CHANNEL 34 MASK FILTER </div> <div> Amount: \$4,513.33 </div>

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 TLP8B	\$33,030.00	\$29,500.00		\$18,574.77	
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	\$4,500.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A	\$14,074.77	N/A
Sub-total	\$33,030.00	\$29,500.00	N/A	\$18,574.77	N/A
Total for all systems	\$601,886.00	\$318,457.39	N/A	\$203,612.91	N/A

Components

Actual Information	
Description	File Name
Sweep test of existing antenna	Component Description: SWEEP TEST Amount: \$4,500.00

UHF - Lower Power Side Mount, Class A One Station antenna -- basic	Component Description:		UHF - LOW POWER SIDE MOUNT ANTENNA AND MOUNT TLP8B CH 34
	Amount:		\$13,215.75
	Component Description:		FLORIDA STATE SALES TAX FOR ANTENNA
	Amount:		\$859.02

Cost Information **Transmission Line**
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	\$267,918.00	\$139,838.06		\$82,170.06	
GTOWER					
Tower Project Management	<i>\$9,480.00</i>	\$9,480.00	Project management of the transition (Cost per hour per customer) 94.8 hrs x \$100	\$4,750.00	N/A
Permit	<i>\$750.00</i>	\$750.00	Obtain building permits from local zoning authorities (cost of preparation, submission, and prosecution of necessary forms or applications per customer)	\$0.00	N/A
Building Permit	<i>\$4,700.00</i>	\$4,700.00	Ground & Building A&E Permit Drawing Package (Cost per customer)	\$4,700.00	N/A

Coordination Meetings	\$1,250.00	\$1,250.00	Site Coordination Meeting	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$8,720.06	sales tax was not included in the estimate	\$8,720.06	Sales tax was not included in the estimate
Local Building Permits	\$4,700.00	\$4,700.00	Tower Permit Drawing Package (if needed) (Cost per customer)	\$1,000.00	N/A
Structural Analysis	\$5,238.00	\$5,238.00	Structural engineering tower load study for documented tower	\$0.00	N/A
General Project Management	\$2,500.00	\$2,500.00	Construction project management (Tower Modification reinforcements and facilities) 20 hrs x \$125	N/A	N/A
Timing and Coordination	\$2,500.00	\$2,500.00	Address transition timing and coordination issues with other stations and wireless (Cost per customer)	N/A	N/A

Tall Tower (greater than 500')	\$210,500.00	\$100,000.00	N/A	\$63,000.00	N/A
Sub-total	\$267,918.00	\$139,838.06	N/A	\$82,170.06	N/A
Total for all systems	\$601,886.00	\$318,457.39	N/A	\$203,612.91	N/A

Components

Actual Information	
Description	File Name
Tower Project Management	Component Description:
	PM SERVICES RELATED TO TOWER DOCUMENTATION AND PERMIT PROCESS
	Amount:
	\$4,750.00
	Component Description:
	Coordination and transition planning with all parties onsite and management of timelines and schedules
	Amount:
	\$4,268.00
Permit	Information not provided.
Building Permit	Component Description:
	Construction Drawing Package Fee Station WBXJ
	Amount:
	\$4,700.00
Coordination Meetings	Information not provided.

Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Component Description: tower mapping Amount: \$8,720.06
Local Building Permits	Component Description: PERMIT APPLICATION Amount: \$1,000.00
Structural Analysis	Component Description: Structural Engineering Amount: \$5,237.50
General Project Management	Information not provided.
Timing and Coordination	Information not provided.
Tall Tower (greater than 500')	Component Description: TOWER ANTENNA SERVICES Amount: \$63,000.00

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	\$160,430.00	\$104,875.00		\$71,111.25	
MSW reports	<i>\$1,650.00</i>	\$1,650.00	N/A	\$1,192.50	N/A
Progress Reporting	<i>\$18,000.00</i>	\$18,000.00	Prepare and file 9 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.	\$1,060.00	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$30,000.00	See QUOTE 695, WBXJ L4, 010119 REPACK FEILD TEST	\$30,000.00	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	\$0.00	

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,583.75	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$5,300.00	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
Prepare and or review reimbursement form	\$2,630.00	\$3,975.00	The predetermined estimate predated the effort, this amount is the actual expense incurred.	\$3,975.00	N/A
Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$27,000.00	N/A
Sub-total	\$160,430.00	\$104,875.00	N/A	\$71,111.25	N/A
Total for all systems	\$601,886.00	\$318,457.39	N/A	\$203,612.91	N/A

Components

Actual Information	
Description	File Name
MSW reports	Component Description: RF Consulting services to prepare and file FCC form 399,2100,387. Amount: \$1,192.50
Progress Reporting	Component Description: Prepare FCC Form 387 Repack Progress Report Filing - WBXJ-CD Amount: \$1,060.00
Comprehensive coverage verification via field study, if needed	Component Description: PERFORM IN FIELD COMPREHENSIVE COVERAGE FIELD STUDY TO CONFIRM PROPAGATION MATCHES DESIGN EXPECTATIONS Amount: \$30,000.00
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="681 100 1114 761"> <p>Component Description:</p> </td><td data-bbox="1114 100 1428 761"> <p>WBXJ-CD Jacksonville, FL Prepare initial budgets, equipment list, and determine equipment replacements for new repack channel operations; Prepare FCC Form 2100 Schedule 399 Budget and Narrative for filing in initial CP Filing Window. 15.0 hour</p> </td></tr> <tr> <td data-bbox="681 761 1114 873"> <p>Amount:</p> </td><td data-bbox="1114 761 1428 873"> <p>\$3,975.00</p> </td></tr> <tr> <td data-bbox="681 873 1114 1442"> <p>Component Description:</p> </td><td data-bbox="1114 873 1428 1442"> <p>WBXJ-CD Jacksonville, FL Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 399 Budget and Narrative</p> </td></tr> <tr> <td data-bbox="681 1442 1114 1554"> <p>Amount:</p> </td><td data-bbox="1114 1442 1428 1554"> <p>\$1.00</p> </td></tr> </table>	<p>Component Description:</p>	<p>WBXJ-CD Jacksonville, FL Prepare initial budgets, equipment list, and determine equipment replacements for new repack channel operations; Prepare FCC Form 2100 Schedule 399 Budget and Narrative for filing in initial CP Filing Window. 15.0 hour</p>	<p>Amount:</p>	<p>\$3,975.00</p>	<p>Component Description:</p>	<p>WBXJ-CD Jacksonville, FL Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 399 Budget and Narrative</p>	<p>Amount:</p>	<p>\$1.00</p>
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<p>Amount:</p>	<p>\$1.00</p>								
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								

Prepare engineering
section of FCC Form
2100 (main), Construction
Permit Application

Component Description:

WBXJ-CD
Jacksonville, FL
Prepare Technical
Portions of FCC
Form 2100
Construction Permit
Application and
Engineering Exhibits
required to be filed
with Initial Repack
Channel
Construction Permit
Application FCC
Form 2100
\$2,583.75

Amount:

Component Description:

WBXJ-CD
Jacksonville, FL
Prepare technical
portions of FCC
Form 2100
Construction Permit
Application and
Engineering Exhibits
required to be filed
with initial Repack
Construction Permit
Application - Filing
Window. 9.75 hours
\$2,583.75

Amount:

<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="681 100 1114 571"> <p>Component Description:</p> </td><td data-bbox="1114 100 1428 571"> <p>Conduct TVStudy analysis of initial channel assignment and analyze interference issue with new repack channel</p> </td></tr> <tr> <td data-bbox="681 571 1114 1041"> <p>Amount:</p> </td><td data-bbox="1114 571 1428 1041"> <p>\$5,300.00</p> </td></tr> <tr> <td data-bbox="681 1041 1114 1512"> <p>Component Description:</p> </td><td data-bbox="1114 1041 1428 1512"> <p>WBXJ-CD Jacksonville, FL Conduct TVStudy analysis of initial channel assignment and analyze interference issues with new repack channel. 15.0 hours</p> </td></tr> <tr> <td data-bbox="681 1512 1114 1624"> <p>Amount:</p> </td><td data-bbox="1114 1512 1428 1624"> <p>\$3,975.00</p> </td></tr> <tr> <td data-bbox="681 1624 1114 1812"> <p>Component Description:</p> </td><td data-bbox="1114 1624 1428 1812"> <p>WBXJ-CD Jacksonville, FL Develop antenna azimuth patterns and determine antenna required for FCC Form 2100 Construction Permit Application for initial Repack Channel CP Filing. 5.0 hours</p> </td></tr> <tr> <td data-bbox="681 1812 1114 2004"> <p>Amount:</p> </td><td data-bbox="1114 1812 1428 2004"> <p>\$1,325.00</p> </td></tr> </table>	<p>Component Description:</p>	<p>Conduct TVStudy analysis of initial channel assignment and analyze interference issue with new repack channel</p>	<p>Amount:</p>	<p>\$5,300.00</p>	<p>Component Description:</p>	<p>WBXJ-CD Jacksonville, FL Conduct TVStudy analysis of initial channel assignment and analyze interference issues with new repack channel. 15.0 hours</p>	<p>Amount:</p>	<p>\$3,975.00</p>	<p>Component Description:</p>	<p>WBXJ-CD Jacksonville, FL Develop antenna azimuth patterns and determine antenna required for FCC Form 2100 Construction Permit Application for initial Repack Channel CP Filing. 5.0 hours</p>	<p>Amount:</p>	<p>\$1,325.00</p>
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<p>Component Description:</p>	<p>WBXJ-CD Jacksonville, FL Develop antenna azimuth patterns and determine antenna required for FCC Form 2100 Construction Permit Application for initial Repack Channel CP Filing. 5.0 hours</p>												
<p>Amount:</p>	<p>\$1,325.00</p>												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>												

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="681 100 1098 689">Component Description:</td><td data-bbox="1098 100 1428 689"> <p>WBXJ-CD Jacksonville, FL Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 399 Budget and Narrative for filing with Initial CP Filing Window</p> </td></tr> <tr> <td data-bbox="681 689 1098 786">Amount:</td><td data-bbox="1098 689 1428 786"> <p>\$3,975.00</p> </td></tr> </table>	Component Description:	<p>WBXJ-CD Jacksonville, FL Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 399 Budget and Narrative for filing with Initial CP Filing Window</p>	Amount:	<p>\$3,975.00</p>																
Component Description:	<p>WBXJ-CD Jacksonville, FL Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 399 Budget and Narrative for filing with Initial CP Filing Window</p>																				
Amount:	<p>\$3,975.00</p>																				
<p>Project management of the transition</p>	<table> <tr> <td data-bbox="681 786 1098 1099">Component Description:</td><td data-bbox="1098 786 1428 1099"> <p>Project Management services, research and coordination w/rf engineering, equipment vendors and site owners</p> </td></tr> <tr> <td data-bbox="681 1099 1098 1211">Amount:</td><td data-bbox="1098 1099 1428 1211"> <p>\$2,250.00</p> </td></tr> <tr> <td data-bbox="681 1211 1098 1323">Component Description:</td><td data-bbox="1098 1211 1428 1323"> <p>project management services</p> </td></tr> <tr> <td data-bbox="681 1323 1098 1435">Amount:</td><td data-bbox="1098 1323 1428 1435"> <p>\$3,000.00</p> </td></tr> <tr> <td data-bbox="681 1435 1098 1637">Component Description:</td><td data-bbox="1098 1435 1428 1637"> <p>PROJECT MANAGEMENT SERVICES</p> </td></tr> <tr> <td data-bbox="681 1637 1098 1749">Amount:</td><td data-bbox="1098 1637 1428 1749"> <p>\$3,750.00</p> </td></tr> <tr> <td data-bbox="681 1749 1098 1861">Component Description:</td><td data-bbox="1098 1749 1428 1861"> <p>project management services</p> </td></tr> <tr> <td data-bbox="681 1861 1098 1973">Amount:</td><td data-bbox="1098 1861 1428 1973"> <p>\$1,500.00</p> </td></tr> <tr> <td data-bbox="681 1973 1098 2136">Component Description:</td><td data-bbox="1098 1973 1428 2136"> <p>project management services</p> </td></tr> <tr> <td data-bbox="681 2136 1098 2136">Amount:</td><td data-bbox="1098 2136 1428 2136"> <p>\$4,500.00</p> </td></tr> </table>	Component Description:	<p>Project Management services, research and coordination w/rf engineering, equipment vendors and site owners</p>	Amount:	<p>\$2,250.00</p>	Component Description:	<p>project management services</p>	Amount:	<p>\$3,000.00</p>	Component Description:	<p>PROJECT MANAGEMENT SERVICES</p>	Amount:	<p>\$3,750.00</p>	Component Description:	<p>project management services</p>	Amount:	<p>\$1,500.00</p>	Component Description:	<p>project management services</p>	Amount:	<p>\$4,500.00</p>
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Component Description:	PROJECT MANAGEMENT SERVICES
Amount:	\$3,000.00

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Amount:	\$3,000.00

Component Description:	PROJECT MANAGEMENT SERVICES
Amount:	\$2,250.00

Component Description:	Project Management services, research and coordination w/rf engineering, equipment vendors and site owners
Amount:	\$750.00

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	\$31,153.00	\$24,731.00		\$12,243.50	
Capital Contribution	<i>\$4,268.00</i>	\$4,268.00	N/A	\$4,268.00	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	It is required that the applicant give notification to viewers of the repack channel change. Applicant has limited internal resources to create and produce such notifications and will most likely have to obtain the services from an outside vendor.	N/A	N/A

Equipment Storage	\$2,500.00	\$2,500.00	Applicant may receive antenna and transmitter parts prior to set installation dates. There is no on-site storage available and applicant may be forced to use outside temporary storage facilities.	\$1,595.00	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	There will be shipping charges for the antenna and transmitter costs. Precise costs will not be known until the carrier issues an invoice. Currently, applicant does not estimate costs to be more than this estimate.	\$1,252.50	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	\$1,000.00	\$1,000.00	Applicant will be required to dispose of the current pre-repack antenna and parts that were replaced for transmitter retuning. The exact costs are not known at this time.	N/A	N/A
Non-zoning permits	\$2,000.00	\$2,000.00	It is currently unknown what the city or county may levy on applicant in terms of a building permit to perform the tower work required. It is felt this estimate should cover the associated costs for any required permits.	N/A	N/A

Local Zoning	\$2,000.00	\$2,000.00	It is currently unknown what the local zoning authority or city/county may levy on applicant to perform the tower work required. It is felt this estimate should cover the associated costs for any required permits.	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	FCC changed the fee	\$0.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,128.00	N/A	\$5,128.00	COST WAS ESTIMATED BEFORE QUOTATION WAS AVAILABLE.
Sub-total	\$31,153.00	\$24,731.00	N/A	\$12,243.50	N/A
Total for all systems	\$601,886.00	\$318,457.39	N/A	\$203,612.91	N/A

Components

Actual Information
Description

File Name

Capital Contribution	<div> <div>Component Description:</div> <div>CAPITAL CONTRIBUTION - JACKSONVILLE 1069 FL 1 / 302757 / ASSET#302757 / 12944351 / ASR /FID: 1020783 / 70414 / WBXJ-CD Channel 34 / MILESTONE 1</div> </div> <div> <div>Amount:</div> <div>\$4,268.00</div> </div>
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	<div> <div>Component Description:</div> <div>ANTENNA STORAGE</div> </div> <div> <div>Amount:</div> <div>\$1,595.00</div> </div>
Equipment Delivery and Handling Charges	<div> <div>Component Description:</div> <div>FREIGHT</div> </div> <div> <div>Amount:</div> <div>\$1,252.50</div> </div>
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Non-zoning permits	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	<div> <div>Component Description:</div> <div>license fee</div> </div> <div> <div>Amount:</div> <div>\$335.00</div> </div>

DTV Medical Facility Notification	<table><tr><td data-bbox="687 174 1114 369">Component Description:</td><td data-bbox="1114 174 1423 369">DTV Notification Service Notification of Medical Facilities Transmitter Medical Facility Notification</td></tr><tr><td data-bbox="687 369 1114 414">Amount:</td><td data-bbox="1114 369 1423 414">\$5,128.00</td></tr></table>	Component Description:	DTV Notification Service Notification of Medical Facilities Transmitter Medical Facility Notification	Amount:	\$5,128.00
Component Description:	DTV Notification Service Notification of Medical Facilities Transmitter Medical Facility Notification				
Amount:	\$5,128.00				

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$601,886.00	\$318,457.39
			\$203,612.91

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 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>Tim Wolak <i>Director</i> 04/07/2021</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>Tim Wolak <i>Director</i></p> <p>04/07/2021</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Tim Wolak
Director

04/07/2021

Attachments

