



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **18740** | Service: **DCA** | Call **KZMM-CD** | Channel: **35 (UHF)** |
ID: | Sign:
File **0000028151**
Number:
FRN: **0026907345** | Date **10/08**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC.	RENEE ILHARDT 450 PARK AVENUE 29TH FLOOR NEW YORK, NY 10022 United States	+1 (703) 853- 5914	RILHARDT@HC2BROADCASTING. COM	Corporation

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.	No
Briefly describe transition plan	The station will remove and replace equipment as required to complete the repack effort. The station will remain off the air while the work is being performed.

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	R&S
	Model	NV8300
	Year	2014

	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW

**Primary
Transmitter**

Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	1.5 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.

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	NV8300
	Year	2014
	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?	Yes
	Manufacturer	
	Model	TRN-5X-4-U-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW
	Justification for New Transmitter	The current transmitter cannot be retuned.

**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?	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	Circular
	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	PSILP8ADR-22-CP
Year	2014

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	Circular
	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)	4.0 kW
	Manufacturer	

Model	SWEDL8SLS /35-CP
Year	2017
Justification for New Antenna	Existing coaxial slot antenna is not designed to operate on the repack channel

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
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.
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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?	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?	Unknown
Existing Tower Structure Registration	Is tower compliant with Rev G?	Unknown
	Do you have a tower registration number?	Yes
Coordinates (NAD83 (North American Datum of 1983))	ASR Number	1236889
	Latitude (NAD83)	37° 04' 19.1" N-
	Longitude (NAD83)	119° 25' 52.5" W-

	Overall Structure Height	248.03 feet
	Support Structure Height	248.03 feet
	Ground Elevation Above Mean Sea Level (AMSL)	4445.81 feet
	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Beckman & Kinney Telecom
	Date Constructed	06/27/2003

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
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

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Station does not have staff or experience available to support this project
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	Yes
	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	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
Repacking Related Tax Services	Repacking Related Tax Services
Internal Employee Time Costs	Internal Employee Time Costs

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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	No

Other Expenses	Other Expenses Not Listed
	Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter NV8300	\$105,200.00	\$21,753.32		\$21,753.32	
UHF and VHF - minor banding issues	\$105,200.00	\$21,753.32	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$21,753.32	N/A
Primary Transmitter TRN-5X-4-U-C	\$126,000.00	\$15,803.50		\$15,803.20	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$15,803.50	See attached quote from Anywave.	\$15,803.20	N/A
Sub-total	\$231,200.00	\$37,556.82	N/A	\$37,556.52	N/A
Total for all systems	\$437,724.64	\$234,611.46	N/A	\$60,050.98	N/A

Components

Actual Information Description	File Name
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UHF and VHF - minor banding issues	<table> <tr> <td data-bbox="708 87 1145 257"> Component Description: </td><td data-bbox="1145 87 1428 257"> Antenna related cost. #18325 </td></tr> <tr> <td data-bbox="708 257 1145 347"> Amount: </td><td data-bbox="1145 257 1428 347"> \$18,373.32 </td></tr> <tr> <td data-bbox="708 347 1145 566"> Component Description: </td><td data-bbox="1145 347 1428 566"> Installation cost. #11302018-1 </td></tr> <tr> <td data-bbox="708 566 1145 656"> Amount: </td><td data-bbox="1145 566 1428 656"> \$3,380.00 </td></tr> </table>	Component Description:	Antenna related cost. #18325	Amount:	\$18,373.32	Component Description:	Installation cost. #11302018-1	Amount:	\$3,380.00
Component Description:	Antenna related cost. #18325								
Amount:	\$18,373.32								
Component Description:	Installation cost. #11302018-1								
Amount:	\$3,380.00								
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<table> <tr> <td data-bbox="708 566 1145 795"> Component Description: </td><td data-bbox="1145 566 1428 795"> Transmitter cost, upgrade excluded. #2716- 02 </td></tr> <tr> <td data-bbox="708 795 1145 896"> Amount: </td><td data-bbox="1145 795 1428 896"> \$15,803.20 </td></tr> </table>	Component Description:	Transmitter cost, upgrade excluded. #2716- 02	Amount:	\$15,803.20				
Component Description:	Transmitter cost, upgrade excluded. #2716- 02								
Amount:	\$15,803.20								

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 SWEDL8SLS /35-CP	\$33,030.00	\$31,400.00		\$4,800.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A	\$4,800.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$33,030.00	\$31,400.00	N/A	\$4,800.00	N/A
Total for all systems	\$437,724.64	\$234,611.46	N/A	\$60,050.98	N/A

Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	Component Description: Antenna related cost. #181205 Amount: \$4,800.00
Sweep test of existing antenna	Information not provided.

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 TOWER	\$84,200.00	\$80,000.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Sub-total	\$84,200.00	\$80,000.00	N/A	\$0.00	N/A
Total for all systems	\$437,724.64	\$234,611.46	N/A	\$60,050.98	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
Outside Professional Services	\$63,299.64	\$60,259.64		\$14,932.69	
Internal Employee Time Costs	<i>\$2,388.90</i>	\$2,388.90	N/A	\$2,388.90	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
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	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$12,423.05	N/A

Repacking Related Tax Services	\$120.74	\$120.74	N/A	\$120.74	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Sub-total	\$63,299.64	\$60,259.64	N/A	\$14,932.69	N/A
Total for all systems	\$437,724.64	\$234,611.46	N/A	\$60,050.98	N/A

Components

Actual Information
Description

File Name

Internal Employee Time Costs	<div> Component Description: Internal time costs. #IL-HC2-08312020-AG </div> <div> Amount: \$78.29 </div>
	<div> Component Description: Internal time costs. #IL-HC2-08312020-IM </div> <div> Amount: \$52.61 </div>
	<div> Component Description: Internal time costs. #IL-HC2-09302021-PD </div> <div> Amount: \$27.04 </div>
	<div> Component Description: Internal time costs. #IL-HC2-08312020-AG </div> <div> Amount: \$144.22 </div>
	<div> Component Description: Internal time costs. #IL-HC2-10012021-RI </div> <div> Amount: \$1,607.74 </div>
	<div> Component Description: Internal time costs. #IL-KZMM-10072021-MW </div> <div> Amount: \$400.84 </div>
	<div> Component Description: Internal time costs. #IL-HC2-08312020-AG </div> <div> Amount: \$78.16 </div>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.

Perform engineering study for new channel assignment and antenna development	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Information not provided.	
Project management of the transition	<p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations. #474243</p> <p>Amount: \$1,304.02</p> <p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1150</p> <p>Amount: \$630.93</p> <p>Component Description: Legal services cost. #475459</p> <p>Amount: \$85.00</p> <p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 18 stations. #472568</p> <p>Amount: \$821.47</p>	

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 27 stations. #115
Amount:	\$467.12

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1146
Amount:	\$888.15

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 20 stations. #1144
Amount:	\$796.10

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #474784
Amount:	\$374.23

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 20 stations. #473857
Amount:	\$1,198.13

Component Description:	Legal services cost. #2020-KZMM
Amount:	\$61.50

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1165
Amount:	\$497.50

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #475439
Amount:	\$268.86

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1158
Amount:	\$723.06

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #473451
Amount:	\$1,054.24

Component Description:	Legal services costs. #480860
Amount:	\$75.00

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #1163
Amount:	\$607.03

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 27 stations. #119
Amount:	\$271.70

Component Description:	Legal services cost. #475033
Amount:	\$200.00

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 23 stations. #475011
Amount:	\$1,023.40

Component Description:	Legal services cost. #474787
Amount:	\$205.00

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 27 stations. #130
Amount:	\$450.81

	<p>Component Description:</p> <p>Portion of general repack matter invoice attributable to this station - divided by 23 stations. #475948</p> <p>Amount:</p> <p>\$419.80</p>
Repacking Related Tax Services	<p>Component Description:</p> <p>Services rendered in relation to discussion and analysis of the tax treatment of invoice related to FCC repacking. #1034466828-9</p> <p>Amount:</p> <p>\$120.74</p>
Attorney Fees - Negotiation of lease and other matters for shared locations	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 engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Cost
Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$25,995.00	\$25,395.00		\$2,761.77	
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	\$984.00	N/A
Equipment Storage	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Local Zoning	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$1,777.77	N/A
Sub-total	\$25,995.00	\$25,395.00	N/A	\$2,761.77	N/A
Total for all systems	\$437,724.64	\$234,611.46	N/A	\$60,050.98	N/A

Components

Actual Information	
Description	File Name
Develop and air announcement of upcoming channel change	<p>Component Description: Required FCC announcement. #6413921603</p> <p>Amount: \$633.00</p> <p>Component Description: Required FCC announcement. #6413849147</p> <p>Amount: \$351.00</p>
Equipment Storage	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
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	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

DTV Medical Facility Notification	<table><tr><td data-bbox="703 174 1015 210">Component Description:</td><td data-bbox="1147 174 1372 286">Medical notification service. #INV- 001864</td></tr><tr><td data-bbox="703 297 815 329">Amount:</td><td data-bbox="1147 297 1265 329">\$1,777.77</td></tr></table>	Component Description:	Medical notification service. #INV- 001864	Amount:	\$1,777.77
Component Description:	Medical notification service. #INV- 001864				
Amount:	\$1,777.77				

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$437,724.64	\$234,611.46
			\$60,050.98

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>Michael Voge <i>Director of Engineering Operations</i></p> <p>10/08/2021</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol style="list-style-type: none"> 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>Michael Voge <i>Director of Engineering Operations</i></p> <p>10/08/2021</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.

**Michael
Voge**
*Director of
Engineering
Operations*

10/08/2021

Attachments