



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **8500** | Service: **DCA** | Call **WLCU-CD** | Channel: **15 (UHF)** |
ID:
File **0000028953**
Number:
FRN: **0013180294** | Date **10/08**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Campbellsville University	1 University Drive Campbellsville, KY 42718 United States	+1 (270) 403-0505	hkspears@campbellsville.edu	Private Not-for-Profit Educational Institution

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
Lauren Lynch Flick Esq <i>Pillsbury Winthrop Shaw Pittman LLP</i>	1200 Seventeenth Street, NW Washington, DC 20036 United States	+1 (202) 663-8166	lauren.lynch.flick@pillsburylaw.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	The WLCU-CD antenna is side mounted on a short guyed tower. The station will flash-cut to the new channel when its antenna is replaced and new transmitter installed in a new building.

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary
Transmitter****Add 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	Anywave
	Model	TXR-5X-4-U-C

Year	2015
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	.56 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?	Yes
	Exciter Type	Single frequency agile

**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	Yes
	Description	Increase capacity

HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	Other tons
	Other Size	3 tons
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	12.0 square feet
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

Name	Description
Retuning	Required retuning, work, installation, commissioning and proof of performance

**Primary
Transmitter**

Add 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	TXR-5X-4- U-C
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.56 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	TXR-5X-4-U-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.56 kW
	Justification for New Transmitter	Existing transmitter cannot be re-tuned.

**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	Yes

	Description	400A and backup generator
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	Other
	Other Size	12 tons
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	600.0 square feet
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filter 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
Mask Filter	Dielectric UHF Channel 15 Mask Bandpass Filter with Couplers
Exciter	Anywave 5x plus Exciter
Transmitter Project Management	Labor & expenses associated with transmitter survey, planning, receiving, install & testing

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)	3.0 kW

Manufacturer	
Model	SL-8
Year	2015

**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)	2.48 kW
	Manufacturer	
	Model	SL-8

	Year	2018
	Justification for New Antenna	Existing antenna will not function on new channel and cannot be retuned.

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?	No

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Antenna Data Lines	Install Antenna Data lines between antenna & building

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	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Air
	Diameter	7/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	0
	Length	114 feet per run

Primary **New Transmission Line**
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	7/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	0
	Length	200 feet per run
	Justification for New Transmission Line	Old line could not be used, was not long enough

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

Information not provided.

**Tower
Equipment
And
Rigging
Costs**

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

**Primary
Tower**

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	37° 20' 39.0" N-
	Longitude (NAD83)	085° 21' 34.0" W-
	Overall Structure Height	167.00 feet
	Support Structure Height	167.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	833.00 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Campbellsville University
Date Constructed	02/01/2011

**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
176645	WLCU	FM

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 Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
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	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	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
Form 399 Assistance	Form 399 Assistance
Legal Fees for Preparation of Transition Progress Reporting	Legal Fees for Preparation of Transition Progress Reporting
Technical Services	David Greenlee

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	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
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?	Yes

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 TXR-5X-4-U- C	\$24,080.00	\$22,800.00		\$22,800.00	
1.5 kW mask filter	\$3,030.00	\$2,800.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***Existing equipment cannot operate on new channel.	\$2,800.00	N/A

Single frequency agile exciter	\$21,050.00	\$20,000.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***Existing exciter is at capacity /marginal for station's current operation. Any loss in efficiency due to on-site retuning of transmitter not likely to be withstood. First phase assignment necessitates replacement over repair.	\$20,000.00	N/A
Primary Transmitter TXR-5X-4-U-C	\$146,207.44	\$146,207.44		\$122,155.24	
Other -- Building Addition Size: 600.0	\$34,155.24	\$34,155.24	N/A	\$34,155.24	N/A
Other -- HVAC Service Type: H Size:12 (Other)	\$6,400.00	\$6,400.00	N/A	\$6,400.00	N/A

Other Electrical Service: 400A and backup generator	\$17,352.20	\$17,352.20	N/A	\$8,000.00	N/A
Mask Filter	\$2,800.00	\$2,800.00	N/A	\$2,800.00	N/A
Transmitter Project Management	\$14,700.00	\$14,700.00	N/A	N/A	N/A
Exciter	\$20,000.00	\$20,000.00	Exciter is necessary as it is sold separately than the transmitter.	\$20,000.00	N/A
UHF - Air Cooled Solid State Transmitter . 56 kW	\$50,800.00	\$50,800.00	N/A	\$50,800.00	N/A
Sub-total	\$170,287.44	\$169,007.44	N/A	\$144,955.24	N/A
Total for all systems	\$322,420.71	\$249,322.68	N/A	\$212,270.48	N/A

Components

Actual Information	
Description	File Name
1.5 kW mask filter	<p>Component Description: Dielectric UHF Channel 15 Mask Bandpass Filter with Couplers</p> <p>Amount: \$2,800.00</p>

Single frequency agile exciter	<table><tr><td data-bbox="719 174 1027 210">Component Description:</td><td data-bbox="1161 174 1380 327">Anywave 5 Exciter /Frequency Agile with options PQM, TSolP, PSIP, EAS</td></tr><tr><td data-bbox="719 338 831 367">Amount:</td><td data-bbox="1161 338 1294 367">\$20,000.00</td></tr></table>	Component Description:	Anywave 5 Exciter /Frequency Agile with options PQM, TSolP, PSIP, EAS	Amount:	\$20,000.00
Component Description:	Anywave 5 Exciter /Frequency Agile with options PQM, TSolP, PSIP, EAS				
Amount:	\$20,000.00				

Other -- Building Addition Size: 600.0	Component Description:	Building Electrical & generator
	Amount:	\$8,800.00
	Component Description:	Building Construction
	Amount:	\$1,982.37
	Component Description:	Building Construction
	Amount:	\$7,786.38
	Component Description:	Building Construction
	Amount:	\$9,256.88
	Component Description:	Building Construction
	Amount:	\$5,040.12
	Component Description:	Dense Grade Aggregate
	Amount:	\$220.90
	Component Description:	Dense Grade Aggregate
	Amount:	\$198.59
	Component Description:	Removing & installing new gas line
	Amount:	\$870.00
Other -- HVAC Service Type: H Size:12 (Other)	Component Description:	AC Unit
	Amount:	\$6,400.00

Other Electrical Service: 400A and backup generator	Component Description: Amount:	Electrical Work \$8,000.00
Mask Filter	Component Description: Amount:	Mask Filter \$2,800.00
Transmitter Project Management	Information not provided.	
Exciter	Component Description: Amount:	Anywave Exciter \$20,000.00
UHF - Air Cooled Solid State Transmitter .56 kW	Component Description: Amount:	Transmitter \$50,800.00

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 SL-8	\$26,626.91	\$7,526.91		\$7,526.91	
Antenna Data Lines	\$326.91	\$326.91	N/A	\$326.91	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$7,200.00	N/A	\$7,200.00	N/A
Sub-total	\$26,626.91	\$7,526.91	N/A	\$7,526.91	N/A
Total for all systems	\$322,420.71	\$249,322.68	N/A	\$212,270.48	N/A

Components

Actual Information	
Description	File Name
Antenna Data Lines	Component Description: Cat6 Data Lines Amount: \$326.91
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	Component Description: Scala Antenna OMNI, SCA-SL8 Amount: \$7,200.00

Cost
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$0.00	\$1,287.00		\$1,287.00	
Flexible Foam Transmission Line - dielectric, 7/8"	\$0.00	\$1,287.00	N/A	\$1,287.00	N/A
Sub-total	\$0.00	\$1,287.00	N/A	\$1,287.00	N/A
Total for all systems	\$322,420.71	\$249,322.68	N/A	\$212,270.48	N/A

Components

Actual Information	
Description	File Name
Flexible Foam Transmission Line - dielectric, 7/8"	<div>Component Description: transmission line</div> <div>Amount: \$1,287.00</div>

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 GTOWER	\$84,200.00	\$18,730.00		\$18,730.00	
Short Tower (less than 500')	\$84,200.00	\$18,730.00	N/A	\$18,730.00	N/A
Sub-total	\$84,200.00	\$18,730.00	N/A	\$18,730.00	N/A
Total for all systems	\$322,420.71	\$249,322.68	N/A	\$212,270.48	N/A

Components

Actual Information Description	File Name
Short Tower (less than 500')	<div><div>Component Description:</div><div>Amount:</div><div>Remobilization of Tower Crew \$8,200.00</div></div> <div><div>Component Description:</div><div>Amount:</div><div>Tower Safety Work \$10,530.00</div></div>

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	\$24,058.36	\$42,184.33		\$31,684.33	
Technical Services	<i>\$350.36</i>	\$350.36	N/A	\$350.36	N/A
Legal Fees for Preparation of Transition Progress Reporting	<i>\$3,013.00</i>	\$3,013.00	Costs not included in estimate. See attached invoice entries marked Other-Progress Reporting	\$3,013.00	Costs not included in estimate. See entries on invoice marked Other-Progress Reporting
Form 399 Assistance	<i>\$3,075.00</i>	\$3,075.00	N/A	\$3,075.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$4,253.50	Costs exceeded estimate. See attached invoice entries labeled Prepare and file license to cover.	\$4,253.50	Costs exceeded estimate. See entries marked Prepare and file license to cover on attached invoice.
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	\$1,500.00	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
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	\$19,492.47	The rebuild had changed beyond out control, therefore adding more time spent on legal assistance on preparing and reviewing the reimbursement form.	\$19,492.47	Costs exceeded estimate. See entries marked Preparing or reviewing Form 399 on attached invoice.
Sub-total	\$24,058.36	\$42,184.33	N/A	\$31,684.33	N/A
Total for all systems	\$322,420.71	\$249,322.68	N/A	\$212,270.48	N/A

Components

Actual Information Description	File Name
-----------------------------------	-----------

Technical Services	Component Description: Technical Services Amount: \$350.36
Legal Fees for Preparation of Transition Progress Reporting	Component Description: Legal Fees for Preparation of Transition Progress Reporting Amount: \$3,013.00
Form 399 Assistance	Component Description: Form 399 Assistance Amount: \$3,075.00
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Component Description: Legal Fees for Preparation of License to Cover Application filing. Amount: \$4,253.50
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	Component Description: Prep of engineering portion of Form 2100 Amount: \$1,500.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Component Description: Services thru 7-31-20 Amount: \$10,055.50	
	Component Description: Legal fees to prepare Form 399 submissions. Amount: \$2,863.00	
	Component Description: Services thru 4-30-20 Amount: \$1,229.47	
	Component Description: Services thru 9-30-20 Amount: \$1,774.50	
	Component Description: Professional Services Thru Jan 31, 2020 Amount: \$2,445.00	
	Component Description: Assistance with Prep of Form 399 Amount: \$1,125.00	

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	\$17,248.00	\$10,587.00		\$8,087.00	
DTV Medical Facility Notification	\$11,550.00	\$4,889.00	Actual cost as billed. See Attached Estimate.	\$4,889.00	Estimate based on catalogue. Actual cost based on invoice. See attached Estimate.
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	Development and airing of announcement to ensure that over-the-air viewers are properly advised of channel change and requirements for continued service.	N/A	N/A
MVPD Notification of Channel Change	<i>\$3,198.00</i>	\$3,198.00	Estimate based on catalogue. Actual cost higher than catalogue. See attached Estimate and comprehensive statement of actual costs incurred attached hereto.	\$3,198.00	Estimate was based on catalogue. Actual costs were higher. See attached Estimate.

Sub-total	\$17,248.00	\$10,587.00	N/A	\$8,087.00	N/A
Total for all systems	\$322,420.71	\$249,322.68	N/A	\$212,270.48	N/A

Components

Actual Information Description	File Name
DTV Medical Facility Notification	<p>Component Description: Actual cost of medical facilities notifications as billed by vendor.</p> <p>Amount: \$4,889.00</p>
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	<p>Component Description: Actual cost for Notification of MPVD Providers</p> <p>Amount: \$3,198.00</p>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$322,420.71	\$249,322.68
			\$212,270.48

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>Jeannie S. Clarke <i>General Manager</i></p> <p>10/08/2021</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>Jeannie S. Clarke <i>General Manager</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.

Jeannie S. Clarke
General Manager

10/08/2021

Attachments