



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **30580** | Service: **DCA** | Call **WPBM-CD** | Channel: **15 (UHF)** |
ID: | Sign:
File **0000027927**
Number:
FRN: **0004958898** | Date **10/08**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
PROCLAIM BROADCASTING, INC. Doing Business As: PROCLAIM BROADCASTING, INC.	David Benz 9406 NEW GLASGOW ROAD SCOTTSVILLE, KY 42164 United States	+1 (270) 618- 8831	tv31@nctc. com	Corporation

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Matthew H. McCormick <i>Fletcher, Heald & Hildreth, P.L.C.</i>	Matthew H. McCormick 1300 N. 17th Street Eleventh Floor Arlington, VA 22209 United States	+1 (703) 812- 0400	mccormick@fhhlaw. 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	Applicant owns its own tower and there aren't any other broadcast television stations co-located on the tower. Applicant plans to remove the existing 3 bay antenna and install the new antenna in its place.

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	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	CU1000BRD
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.0 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	TMx9 transmitter system
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.0 kW
	Justification for New Transmitter	Station is changing frequency from Channel 46 to Channel 15 which is too wide of a spread for components.

**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	Transmitter will use existing service in building.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A tons
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	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	15.0 kW

Manufacturer	
Model	LP24OI
Year	2009

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?	Yes
	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	Elliptical
	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)	7.7 kW
	Manufacturer	

Model	PSILPD12OI-15-EP
Year	2019
Justification for New Antenna	Existing antenna cannot be retuned from Channel 46 to Channel 15

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.

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	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	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)	36° 49' 59.9" N-
	Longitude (NAD83)	086° 05' 59.9" W-

Overall Structure Height	498.68 feet
Support Structure Height	498.68 feet
Ground Elevation Above Mean Sea Level (AMSL)	700.12 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Proclaim Broadcast
Date Constructed	01/01/1991

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor 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	80
	Explanation	Station doesn't employ anyone with the technical knowledge to manage changes.
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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Comprehensive Engineering Services	Package of engineering services of various types needed for repack

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	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?	Yes

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Additional Legal Expenses in Connection with Required Reports	Legal fees for preparing, reviewing and/or filing FCC required reports regarding transition
Antenna	Shipping charges
Consumer Notifications Legal Expenses	Legal fees for advising station regarding consumer notifications of station channel change
Medical Facility Notification	Legal fees for advising station regarding medical facility notification of station channel change

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 TMx9 transmitter system	\$127,530.00	\$89,141.64		\$87,611.64	
Other Electrical Service: Transmitter will use existing service in building.	<i>\$1,530.00</i>	\$1,530.00	Installation of new wiring and necessary moving of existing wiring took additional time.	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$87,611.64	Licensee is increasing its estimated cost due to a price increase by the manufacturer for the same transmitter, plus the addition of the amount of a required sales tax payment.	\$87,611.64	N/A
Sub-total	\$127,530.00	\$89,141.64	N/A	\$87,611.64	N/A
Total for all systems	\$520,444.00	\$425,775.39	N/A	\$163,902.44	N/A

Components

Actual Information	
Description	File Name
Other Electrical Service: Transmitter will use existing service in building.	Information not provided.
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<div> <div>Component Description:</div> <div>Invoice for transmitter and associated equipment plus sales tax</div> </div> <div> <div>Amount:</div> <div>\$87,611.64</div> </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 PSILPD12OI-15-EP	\$33,030.00	\$19,825.00		\$17,325.00	
Sweep test of existing antenna	\$6,730.00	\$2,500.00	.	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$17,325.00	N/A	\$17,325.00	N/A
Sub-total	\$33,030.00	\$19,825.00	N/A	\$17,325.00	N/A
Total for all systems	\$520,444.00	\$425,775.39	N/A	\$163,902.44	N/A

Components

Actual Information Description	File Name
Sweep test of existing antenna	Information not provided.
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<p>Component Description: Cost of replacement antenna</p> <p>Amount: \$17,325.00</p>

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	\$268,500.00	\$230,000.00		\$5,500.00	
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	\$5,500.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$0.00	Included in comprehensive engineering services	N/A	N/A
Sub-total	\$268,500.00	\$230,000.00	N/A	\$5,500.00	N/A
Total for all systems	\$520,444.00	\$425,775.39	N/A	\$163,902.44	N/A

Components

Actual Information Description	File Name
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Short Tower (less than 500')	<div> <div>Component Description:</div> <div>Emergency completion of antenna installation after other tower worker injury</div> <div>Amount:</div> <div>\$5,500.00</div> </div>
Minor tower reinforcement /modifications	Information not provided.
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	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	\$62,690.00	\$64,118.75		\$40,737.50	
Prepare and or review reimbursement form	\$2,630.00	\$10,168.75	Form more complex and time-consuming than expected.	\$10,168.75	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	\$2,868.75	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,000.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$2,000.00	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
Project management of the transition	\$12,640.00	\$9,000.00	N/A	N/A	N/A
Comprehensive Engineering Services	\$27,700.00	\$27,700.00	This amount replaces prior estimates of individual costs included in comprehensive bill, now reduced to \$0 which previously totaled \$32,700 - a clear savings.	\$27,700.00	N/A
Sub-total	\$62,690.00	\$64,118.75	N/A	\$40,737.50	N/A
Total for all systems	\$520,444.00	\$425,775.39	N/A	\$163,902.44	N/A

Components

Actual Information Description	File Name
Prepare and or review reimbursement form	

Component Description:	Legal fees for advice and counsel with regard to reimbursement of repack expenses and necessary actions to obtain same
Amount:	\$100.00

Component Description:	Legal fees for advice regarding obtaining reimbursement of repack expenses
Amount:	\$125.00

Component Description:	Legal fees for advice and counsel with regard to reimbursement of repack expenses and necessary actions to obtain same
Amount:	\$7,422.50

Component Description:	Legal advice and assistance with requesting reimbursement of repack expenses.
Amount:	\$315.00

	<table> <tr> <td data-bbox="703 98 1098 537"> <p>Component Description:</p> </td><td data-bbox="1098 98 1428 537"> <p>Legal fees for advice and representation with regard to strategy, necessary information, preparation, and filing of information and forms needed for reimbursement</p> </td></tr> <tr> <td data-bbox="703 537 1098 627"> <p>Amount:</p> </td><td data-bbox="1098 537 1428 627"> <p>\$950.00</p> </td></tr> <tr> <td data-bbox="703 627 1098 963"> <p>Component Description:</p> </td><td data-bbox="1098 627 1428 963"> <p>Fees for legal advice and representation with regard to forms required for reimbursement payments</p> </td></tr> <tr> <td data-bbox="703 963 1098 1052"> <p>Amount:</p> </td><td data-bbox="1098 963 1428 1052"> <p>\$187.50</p> </td></tr> <tr> <td data-bbox="703 1052 1098 1523"> <p>Component Description:</p> </td><td data-bbox="1098 1052 1428 1523"> <p>Legal fees for advice and representation in connection with forms necessary for reimbursement and preparation and filing of same</p> </td></tr> <tr> <td data-bbox="703 1523 1098 1612"> <p>Amount:</p> </td><td data-bbox="1098 1523 1428 1612"> <p>\$956.25</p> </td></tr> <tr> <td data-bbox="703 1612 1098 1904"> <p>Component Description:</p> </td><td data-bbox="1098 1612 1428 1904"> <p>Legal fees for advice and representation with regard to obtaining reimbursement of repack expenses</p> </td></tr> <tr> <td data-bbox="703 1904 1098 1993"> <p>Amount:</p> </td><td data-bbox="1098 1904 1428 1993"> <p>\$112.50</p> </td></tr> </table>	<p>Component Description:</p>	<p>Legal fees for advice and representation with regard to strategy, necessary information, preparation, and filing of information and forms needed for reimbursement</p>	<p>Amount:</p>	<p>\$950.00</p>	<p>Component Description:</p>	<p>Fees for legal advice and representation with regard to forms required for reimbursement payments</p>	<p>Amount:</p>	<p>\$187.50</p>	<p>Component Description:</p>	<p>Legal fees for advice and representation in connection with forms necessary for reimbursement and preparation and filing of same</p>	<p>Amount:</p>	<p>\$956.25</p>	<p>Component Description:</p>	<p>Legal fees for advice and representation with regard to obtaining reimbursement of repack expenses</p>	<p>Amount:</p>	<p>\$112.50</p>
<p>Component Description:</p>	<p>Legal fees for advice and representation with regard to strategy, necessary information, preparation, and filing of information and forms needed for reimbursement</p>																
<p>Amount:</p>	<p>\$950.00</p>																
<p>Component Description:</p>	<p>Fees for legal advice and representation with regard to forms required for reimbursement payments</p>																
<p>Amount:</p>	<p>\$187.50</p>																
<p>Component Description:</p>	<p>Legal fees for advice and representation in connection with forms necessary for reimbursement and preparation and filing of same</p>																
<p>Amount:</p>	<p>\$956.25</p>																
<p>Component Description:</p>	<p>Legal fees for advice and representation with regard to obtaining reimbursement of repack expenses</p>																
<p>Amount:</p>	<p>\$112.50</p>																
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>																

Attorney Fees - Prepare
and File FCC Form 2100
(main), Construction Permit
Application

Component Description:

Legal fees for
advice and
representation in
connection with
Form 2100 repack
c.p. application
\$1,237.50

Amount:

Component Description:

Fees for legal
advice and
advocacy related to
repack c.p.
application
\$187.50

Amount:

Component Description:

Legal fees for
advice and
representation in
connection with
Form 2100 repack
c.p. application
\$1,106.25

Amount:

Component Description:

Fees for legal
advice in
connection with
Form 2100 repack.
c.p. application
\$112.50

Amount:

Component Description:

Legal advice with
regard to channel
assignment to be
specified in Form
2100 c.p.
application
\$112.50

Amount:

	<p>Component Description:</p> <p>Legal advice concerning application needed for repack and application deadline</p> <p>Amount:</p> <p>\$112.50</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Project management of the transition	Information not provided.
Comprehensive Engineering Services	<p>Component Description:</p> <p>Comprehensive engineering services needed for repack</p> <p>Amount:</p> <p>\$27,700.00</p>

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	\$28,694.00	\$22,690.00		\$12,728.30	
Medical Facility Notification	<i>\$135.00</i>	\$135.00	N/A	\$135.00	N/A
Consumer Notifications Legal Expenses	<i>\$270.00</i>	\$270.00	N/A	\$270.00	N/A
Antenna	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Additional Legal Expenses in Connection with Required Reports	<i>\$4,000.00</i>	\$4,000.00	Assistance needed with regard to reports required by FCC in connection with transition to report on progress and other matters.	\$3,235.00	N/A
MVPD Notification of Channel Change	<i>\$2,994.00</i>	\$2,994.00	The actual charges by service providers are more than initially anticipated.	\$2,994.00	N/A

Develop and air announcement of upcoming channel change	\$1,000.00	\$1,000.00	N/A	N/A	N/A
Equipment Storage	\$4,800.00	\$4,800.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$1,500.00	\$1,500.00	N/A	\$498.30	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$1,000.00	\$1,000.00	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
DTV Medical Facility Notification	\$11,550.00	\$5,596.00	N/A	\$5,596.00	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
Sub-total	\$28,694.00	\$22,690.00	N/A	\$12,728.30	N/A
Total for all systems	\$520,444.00	\$425,775.39	N/A	\$163,902.44	N/A

Components

Actual Information
Description

File Name

Medical Facility Notification	<p>Component Description:</p> <p>Legal fees associated with advising station regarding required medical facility notification of station channel change</p> <p>Amount:</p> <p>\$135.00</p>
Consumer Notifications Legal Expenses	<p>Component Description:</p> <p>Legal fees associated with advising station regarding required consumer notifications for station channel change</p> <p>Amount:</p> <p>\$270.00</p>
Antenna	Information not provided.
Additional Legal Expenses in Connection with Required Reports	<p>Component Description:</p> <p>Legal fees for advice and representation in connection with preparation and filing of required quarterly repack progress report</p> <p>Amount:</p> <p>\$2,827.50</p> <p>Component Description:</p> <p>Legal fees for advice and representation in connection with preparation and filing of required quarterly repack progress report</p> <p>Amount:</p> <p>\$407.50</p>

MVPD Notification of Channel Change	<p>Component Description:</p> <p>Charges for completing notification of MVPD providers of new WPBM-CD channel and parameters</p> <p>Amount:</p> <p>\$2,994.00</p>
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	Information not provided.
Equipment Delivery and Handling Charges	<p>Component Description:</p> <p>Freight charges for delivery of antenna</p> <p>Amount:</p> <p>\$498.30</p>
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	<p>Component Description:</p> <p>Prepare and complete notification to medical facilities of WPBM-CD post-repack channel</p> <p>Amount:</p> <p>\$5,596.00</p>
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$520,444.00	\$425,775.39
			\$163,902.44

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.	Yes

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>David Benz <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>David Benz <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.

**David
Benz**
*General
Manager*

10/08/2021

Attachments