Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: **74070** | Service: **DTV** | Call Sign: **WSOC-TV** | Channel: **19 (UHF)**

File Number: **0000027842**

FRN: **0001842491** | Date Submitted: **03/22/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **WSOC TELEVISION, LLC**<br>Doing Business As: WSOC TELEVISION, LLC | Director of Engineering /Operations<br>1901 North Tryon Street<br>CHARLOTTE, NC 28206<br>United States | +1 (704) 335-4732 | ted.hand@coxinc.com | Limited Liability Company |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|---|---|---|---|
| [Confidential] | | | |

## Preparer Contact Information

### Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|---|---|---|---|
| **Ted Hand**<br>*Director of Engineering Operations*<br>*WSOC Television, LLC* | Ted Hand<br>1901 North Tryon Street<br>Charlotte, NC 28206<br>United States | +1 (704) 335-4732 | ted.hand@coxinc.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. | Yes |
| Briefly describe transition plan | WSOC will install main transmitter first while operating on the auxiliary transmitter /antenna, then install the auxiliary system. |

## Transmitters

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

## Auxiliary Transmitter

### Existing Transmitter Information

| Section | Question | Response |
|---|---|---|
| **Existing Transmitter Description** | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | backup to main |
| | 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 | DHD60P2 |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 15 kW |

## Auxiliary Transmitter

### New Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **New Transmitter** | Use | Auxiliary (Backup) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | ULXTE-30 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 16 kW |
| | Justification for New Transmitter | Current transmitter will not tune to channel 19 |

## Auxiliary 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 | Yes |
| | Size | 2 inches |
| | Length | 250.0 feet |
| | Other Electrical Service | Yes |
| | | |

| | | |
|---|---|---|
| | Description | Wiring for water pumps and mask filter blowers |
| **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 leashold 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 |

## Auxiliary Transmitter

### Other Transmitter Cost Not Listed

| Name | Description |
|---|---|
| **Coax Switch** | Coaxial switch use to switch from main to aux |
| **Combiner** | Use to combine WSOC Aux with WAXN Aux. Shared with WAXN-TV |

## 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 | CD3200P2 Sigma |
| | Year | 1999 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Three |
| | Power Capacity | 55 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 | ULXTE-72 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 47.2 kW |
| | Justification for New Transmitter | Current transmitter is tuned for channel 34 and will not tuned to channel 19 |

## Primary Transmitter

### Other Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **Electrical Service** | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | Yes |
| | Power | 500 kVA |
| | Rigid Conduit and Wiring | Yes |
| | Size | 2 inches |
| | Length | 250.0 feet |
| | Other Electrical Service | Yes |

| | | |
|---|---|---|
| | Description | Wiring for water pumps and mask filter blowers |
| **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 leashold improvement? | Yes |
| | Size | 320.0 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 |
|---|---|
| **Plumbing Supplies** | Plumbing supplies for liquid cooled transmitter |
| **RF Hanging Supplies** | Equipment to hang new mask filters and wave guide |
| **Distilled Water** | Distilled water for cooling system |

## 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 | |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | |
| | Is the existing antenna directional? | |
| | Is antenna in operating condition? | |
| | Is antenna located on or in close proximity to an antenna farm? | |
| **Existing Antenna Manufacturer and Type** | Class | |
| | Mounting | |
| | Antenna position in stack | |
| | Polarization | |
| | Type | |
| | 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) | kW |
| | Manufacturer | |

| | |
|---|---|
| Model | |
| Year | |

## 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 | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Bottom |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 48 |
| | Lower Limit | 476.00 MHz |
| | Upper Limit | 608.00 MHz |
| | Design power capacity in use | 100.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 720.0 kW |
| | Manufacturer | |

| | | |
|---|---|---|
| | Model | TUP-04-12-1 (S) |
| | Year | 1999 |
| | Justification for New Antenna | There are no antenna expenses. Bug in web site. Was told by Jeff Newman at 202-418-2046 to enter dummy antenna with zero cost 7/10 /17 2:05pm eastern. |

**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? | Yes |

## Auxiliary Transmission Line

### Existing Transmission Line

| Section | Question | Response |
|---|---|---|
| **Existing Transmission Line Description** | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | backup to main |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | Yes |
| | Is Transmission Line in operating condition? | Yes |
| **Existing Transmission Line Manufacturer and Type** | Manufacturer | |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 19 1/2 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 585 feet per run |

### Facility ID's and Call Signs of all stations with whom the transmission line is shared.

| Facility ID | Call Sign |
|---|---|
| 12793 | WAXN-TV |

**Auxiliary Transmission Line**

### New Transmission Line

| Section | Question | Response |
|---|---|---|
| **New Transmission Line Costs** | Use | Auxiliary (Backup) |
| | Description of Use | backup to main |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 585 feet per run |
| | Justification for New Transmission Line | current line will not work at new channel 19 |

**Auxiliary Transmission Line**

### Other Transmission Line Expenses Not Listed

Information not provided.

## 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 | Rigid |
| | Diameter | 7 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 19 1/2 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1050 feet per run |

## Primary Transmission Line

### New 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 | Rigid |
| | Diameter | 7 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1050 feet per run |
| | Justification for New Transmission Line | Current line is 19 1/2' and will not work for new channel 19 |

## Primary Transmission Line

### Other Transmission Line Expenses Not Listed

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 | Move Equipment |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Leased |
| | Is this tower consider Complex? | No |
| | Is this tower currently shared with any other stations? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | No |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | Yes |
| **Existing Tower Structure Registration** | Do you have a tower registration number? | Yes |
| | ASR Number | 1004745 |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 35° 15' 42.0" N- |
| | Longitude (NAD83) | 080° 43' 37.0" W- |
| | Overall Structure Height | 1082.01 feet |
| | Support Structure Height | 970.13 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 855.96 feet |

| | |
|---|---|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | IWG Towers Assets II, LLC |
| Date Constructed | 01/31/2000 |

### 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 |
|---|---|---|
| 12793 | WAXN-TV | DTV |

**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? | Yes |
| | Number of Hours | 25 |
| | Explanation | Project Manager to coordinate crew and materials on site. Design interior RF design |
| **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 | Yes |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | Yes |
| | For Main Facility | No |
| | 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 | Yes |
| | For Main Facility | Yes |

| | | |
|---|---|---|
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | Yes |
| | 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 | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | Yes |
| | Number of Days | 2 |
| | Justification | Combined Auxiliary antenna will have to be field tuned |

## Outside Professional Services Costs

**Other Professional Services Expenses Not Listed**

Information not provided.

## 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

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 ULXTE-72** | **$1,595,100.00** | **$1,613,351.47** | | **$760,124.29** | |
| Distilled Water | ***$1,300.00*** | $1,300.00 | N/A | N/A | N/A |
| RF Hanging Supplies | ***$6,500.00*** | $6,500.00 | N/A | N/A | N/A |
| Plumbing Supplies | ***$3,200.00*** | $3,200.00 | N/A | N/A | N/A |
| Other Electrical Service: Wiring for water pumps and mask filter blowers | ***$35,600.00*** | $35,600.00 | N/A | N/A | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | $6,500.00 | $6,250.00 | N/A | N/A | N/A |
| Transformer 3 phase /480v - 500 KVA | $48,400.00 | $46,000.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | $1,473,000.00 | $1,493,901.47 | Based on actual Gates Air quote. Attached are quotes from Gates Air and Comark's for an IOT transmitter. Also attached is a letter from Gates Air statement on re tuning of IOT transmitters. | $760,124.29 | N/A |
| Other -- Building Addition Size: 320.0 | ***$20,600.00*** | $20,600.00 | N/A | N/A | N/A |
| **Auxiliary Transmitter ULXTE-30** | **$712,500.00** | **$678,250.00** | | **$208,871.62** | |
| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW | $684,000.00 | $650,000.00 | N/A | $208,871.62 | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | $6,500.00 | $6,250.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Other Electrical Service: Wiring for water pumps and mask filter blowers | ***$10,000.00*** | $10,000.00 | N/A | N/A | N/A |
| Coax Switch | ***$4,700.00*** | $4,700.00 | N/A | N/A | N/A |
| Combiner | ***$7,300.00*** | $7,300.00 | This is half the cost. Shared with WAXN-TV | N/A | N/A |
| **Sub-total** | $2,307,600.00 | $2,291,601.47 | N/A | $968,995.91 | N/A |
| **Total for all systems** | $3,895,140.00 | $3,718,631.97 | N/A | $1,254,981.74 | N/A |

### Components

| Actual Information Description | File Name |
|---|---|
| Distilled Water | Information not provided. |
| RF Hanging Supplies | Information not provided. |
| Plumbing Supplies | Information not provided. |
| Other Electrical Service: Wiring for water pumps and mask filter blowers | Information not provided. |
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |
| Transformer 3 phase/480v - 500 KVA | Information not provided. |

| | | |
|---|---|---|
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | **Component Description:**<br><br><br><br><br><br>**Amount:** | Re-submit of invoice & quote. Incorrect amount entered the first time. This is corrected amount.<br>$497,967.16 |
| | **Component Description:**<br><br>**Amount:** | Re-submitting with PO & invoice combined<br>$262,157.13 |
| | **Component Description:**<br><br><br>**Amount:** | 1/3 down payment of WSOC-TV MAIN transmitter<br>$497,967.16 |
| Other -- Building Addition Size: 320.0 | Information not provided. | |
| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW | **Component Description:**<br><br><br>**Amount:** | 1/3 down payment of WSOC-TV AUX transmitter<br>$208,871.62 |
| | **Component Description:**<br><br>**Amount:** | Re-submit with PO & Invoice<br>$208,871.62 |
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. | |
| Other Electrical Service: Wiring for water pumps and mask filter blowers | Information not provided. | |
| Coax Switch | Information not provided. | |

| | |
|---|---|
| Combiner | Information not provided. |

## 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 TUP-04-12-1 (S)** | **$253,730.00** | **$383,587.50** | | **$176,799.38** | |
| Sweep test of existing antenna | $6,730.00 | $0.00 | Dummy enter per Jeff Newman 202-418-2046 | $4,185.00 | Actual is lower than estimated |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | $247,000.00 | $383,587.50 | Actual price of antenna and elbow complex based on quote from Dielectric LLC | $172,614.38 | N/A |
| **Sub-total** | $253,730.00 | $383,587.50 | N/A | $176,799.38 | N/A |
| **Total for all systems** | $3,895,140.00 | $3,718,631.97 | N/A | $1,254,981.74 | N/A |

### Components

| Actual Information Description | File Name | |
|---|---|---|
| Sweep test of existing antenna | **Component Description:** | Reimbursement for Engineering Contract work. |
| | **Amount:** | $4,185.00 |

| | | |
|---|---|---|
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | **Component Description:** | This is for antenna and elbow complex down payment (45%)(Items 1 & 3)...Item 2 is removed as non-reimb. |
| | **Amount:** | $172,614.38 |

## 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** | **$304,500.00** | **$196,927.00** | | **$93,315.15** | |
| Rigid Transmission Line - copper, 7 3/16" | $304,500.00 | $196,927.00 | N/A | $93,315.15 | N/A |
| **Auxiliary Transmission Line** | **$118,170.00** | **$112,320.00** | | **$0.00** | |
| Rigid Transmission Line - copper, 6 1/8" | $118,170.00 | $112,320.00 | N/A | N/A | N/A |
| **Sub-total** | $422,670.00 | $309,247.00 | N/A | $93,315.15 | N/A |
| **Total for all systems** | $3,895,140.00 | $3,718,631.97 | N/A | $1,254,981.74 | N/A |

### Components

| Actual Information Description | File Name | |
|---|---|---|
| Rigid Transmission Line - copper, 7 3/16" | **Component Description:**<br><br>**Amount:** | Transmission Line, hangers, field service (45% down)<br>$93,315.15 |
| Rigid Transmission Line - copper, 6 1/8" | 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** | **$210,500.00** | **$200,000.00** | | **$0.00** | |
| Tall Tower (greater than 500') | $210,500.00 | $200,000.00 | This is half the cost. The other half is on WAXN-TV's form. | N/A | N/A |
| **Sub-total** | $210,500.00 | $200,000.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $3,895,140.00 | $3,718,631.97 | N/A | $1,254,981.74 | 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** | **$155,365.00** | **$163,971.00** | | **$15,871.30** | |
| Additional Field Engineering Service, 2 Days | ***$17,500.00*** | $17,500.00 | N/A | N/A | N/A |
| RF Exposure Measurements | $21,050.00 | $20,000.00 | N/A | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | $84,200.00 | $80,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | $2,365.00 | $2,521.00 | Cost is based on actual invoice from Lawyers office | $0.00 | Cost is based on Actual invoice received from Lawyers office. |
| Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | $4,210.00 | $4,000.00 | N/A | $3,056.70 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | $5,260.00 | $5,000.00 | N/A | $2,291.60 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| RF Consulting Engineer Fees-Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application | $1,580.00 | $1,500.00 | N/A | N/A | N/A |
| RF Consulting Engineer Fees-Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application | $2,105.00 | $2,000.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | $3,155.00 | $3,000.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | $7,360.00 | $22,200.00 | Actual Engineering Cost. See attached. | $10,523.00 | Actual is less than Estimated. This invoice is for work with WSOC and WAXN. Requesting 50% for WSOC |
| Prepare and or review reimbursement form | $2,630.00 | $2,500.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Project management of the transition | $3,950.00 | $3,750.00 | N/A | N/A | N/A |
| **Sub-total** | $155,365.00 | $163,971.00 | N/A | $15,871.30 | N/A |
| **Total for all systems** | $3,895,140.00 | $3,718,631.97 | N/A | $1,254,981.74 | N/A |

## Components

| Actual Information Description | File Name | |
|---|---|---|
| Additional Field Engineering Service, 2 Days | Information not provided. | |
| RF Exposure Measurements | Information not provided. | |
| Comprehensive coverage verification via field study, if needed | Information not provided. | |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | **Component Description:**<br><br>**Amount:** | Full Payment of Invoice for Legal Services for WSOC-TV repack<br>$2,521.00 |

| | | |
|---|---|---|
| Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | **Component Description:** | Full payment of invoice for legal services for WSOC-TV repack. |
| | **Amount:** | $1,336.30 |
| | **Component Description:** | Full payment of invoice for legal services for WSOC-TV repack. |
| | **Amount:** | $419.80 |
| | **Component Description:** | Full payment of invoice for legal services for WSOC-TV repack. |
| | **Amount:** | $1,421.20 |
| | **Component Description:** | Re-submit of invoice after removal of non-reimbursable item. New amount requested |
| | **Amount:** | $299.20 |

| | | |
|---|---|---|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | **Component Description:**<br><br>**Amount:** | Full payment of invoice for legal services for WSOC-TV repack.<br>$1,933.50 |
| | **Component Description:**<br><br>**Amount:** | Full payment of invoice for legal services for WSOC-TV repack.<br>$358.10 |
| | **Component Description:**<br><br>**Amount:** | Full Payment of invoice for legal services for WSOC-TV repack.<br>$2,521.00 |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application | Information not provided. | |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit 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 | **Component Description:**<br><br>**Amount:** | Requesting 50% of invoice WSOC<br>$10,523.00 |
| Prepare and or review reimbursement form | Information not provided. | |

| | |
|---|---|
| Project management of the transition | 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** | **$27,695.00** | **$27,095.00** | | **$0.00** | |
| MVPD Notification of Channel Change | ***$7,500.00*** | $7,500.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | ***$1,100.00*** | $1,100.00 | N/A | N/A | N/A |
| Equipment Storage | ***$2,600.00*** | $2,600.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | ***$0.00*** | $0.00 | N/A | $0.00 | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | ***$3,500.00*** | $3,500.00 | 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 | N/A | N/A |
| **Sub-total** | $27,695.00 | $27,095.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $3,895,140.00 | $3,718,631.97 | N/A | $1,254,981.74 | N/A |

## Components

Information not provided.

## Cost Information

### Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|---|---|---|---|
| **Total for all systems** | $3,895,140.00 | $3,718,631.97 | $1,254,981.74 |

## Reimbursement Status

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

## Certification

| Section | Question | Response |
| --- | --- | --- |
| **Submission of Estimated Expenses Statements** | 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. | |
| | 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.<br>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>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.

| | | |
|---|---|---|
| | 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. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **Ted Hand**<br>*Director of Engineering /Operations*<br><br>03/22/2018 |

## 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 IMPRISIONMENT (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). | |
| | 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.<br>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.<br>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.

| | | |
|---|---|---|
| | 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.<br>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. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **Ted Hand**<br>*Director of Engineering /Operations*<br><br>03/22/2018 |

## Attachments