



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **14050** | Service: **DTV** | Call **WCCT-TV** | Channel: **33 (UHF)** |  
ID: | Sign:  
File **0000028238**  
Number:  
FRN: **0028358455** | Date **03/07**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>TRIBUNE BROADCASTING HARTFORD, LLC</b> Doing Business As: TRIBUNE BROADCASTING HARTFORD, LLC	Dean Maluski 285 BROAD STREET HARTFORD, CT 06115 United States	+1 (860) 527-6161	dmaluski@tribunemedia.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
<b>Bill Vanduyndhoven , Vanduyndhov .</b> <i>Director of Engineering operations</i> <i>Tribune broadcasting</i>	Bill Vanduyndhoven 2211 Rabbit Hill Cir Dacula, GA 30019 United States	+1 (404) 312-8693	BillV@Tribunemedia.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		Replace antenna and replace shared Transmission line with new transmission line. Replace transmitter

**Transmitters**

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

**Auxiliary  
Transmitter****Add Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Ultimate 8K8
	Year	2010
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	6 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-10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6.2 kW
	Justification for New Transmitter	Current transmitter is not supported or re- tunable as stated by the manufacturer

**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	No
	Size	N/A
	Length	N/A

	Other Electrical Service	Yes
	Description	Electrical Install
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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**

Information not provided.

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DCX-2
	Year	2000
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	40 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-30
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	18 kW
	Justification for New Transmitter	Current transmitter can not be re-tuned as stated by Manufacturer

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	100.0 feet
	Other Electrical Service	No

	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.



**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

## Primary Antenna

### Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Elliptical
	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) .....	50.0 kW

Manufacturer	
Model	TFU-10JTH /VP-R O4
Year	2008

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	Top
	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) .....	70.0 kW
	Manufacturer	

Model	TFU-11JTH /VP-R 04
Year	2019
Justification for New Antenna	Current antenna will not work on assigned frequency

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna	Other Antenna Cost Not Listed Information not provided.
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**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	3
	Number of Panels/Bays	16
	Lower Limit	470.00 MHz
	Upper Limit	665.00 MHz
	Design power capacity in use	95.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	500.0 kW
	Manufacturer	
	Model	TFU -WB16
	Year	2019

	Justification for New Antenna	Temporary antenna to use during construction and transition.
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## Interim Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	B
	Feed Line Size	6 1/8 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

Enter a list of RF channel numbers.

RF Channel Number
45



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20

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31

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**Interim  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Lease Cost	Tower lease cost for adding temporary antenna per station

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**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
<b>Existing Transmission Line Description</b>	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?	Yes
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	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	1375 feet per run

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

Facility ID	Call Sign
14050	WCCT-TV
147	WTIC-TV



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	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	1420 feet per run

	Justification for New Transmission Line	Current shared line is not supported and will not work on new channel. Also tower will not support heavier line. With the new channel assignments WCCT and WTIC cannot share a transmission line.
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**Primary Transmission Line**      **Other Transmission Line Expenses Not Listed**  
Information not provided.

**Interim**  
**Transmission Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Rigid
	Diameter	6 1/8 inches
	Segment Length	Broadband
	Other Segment Length	
	Number of parallel runs	1
	Length	1200 feet per run
	Justification for New Transmission Line	Transmission line for temporary operation Will be installed by WTIC.

**Interim**  
**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	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Candelabra
	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?	No
	ASR Number	
Coordinates ( NAD83 (North American Datum of 1983))	Latitude (NAD83)	41° 42' 13.0" N-
	Longitude (NAD83)	072° 49' 55.0" W-
	Overall Structure Height	1338.89 feet
	Support Structure Height	1291.98 feet
	Ground Elevation Above Mean Sea Level (AMSL)	709.97 feet
	Structure Type	TOWER - Free Standing or Guyed Structure



	Tower Owner	COMMUNICATIONS SITE MANAGEMENT, LLC
	Date Constructed	09/01/1984

**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
66465	WTIC-FM	FM
147	WTIC-TV	DTV
13602	WEDH	DTV
1910	WRCH	FM
1900	WZMX	FM

## Primary Tower

### Tower Modification Costs

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for documented tower
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	Candelabra
<b>Helicopter Services Required</b>	Are helicopter services required?	Yes

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	100
	Explanation	Landlord management of project
<b>Outside RF consulting Engineering Services</b>	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	Yes
	Quantity	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare and file Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A

	For Main Facility	N/A
	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	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	10
	Justification	Intermodulation study

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Services provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	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
<b>Other Miscellaneous Expenses</b>	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?	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	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
<b>Primary Transmitter ULXTE-30</b>	<b>\$739,200.00</b>	<b>\$692,500.00</b>		<b>\$418,280.20</b>	
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$640,000.00	N/A	\$418,280.20	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,500.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
<b>Auxiliary Transmitter ULXTE-10</b>	<b>\$298,500.00</b>	<b>\$255,000.00</b>		<b>\$112,732.84</b>	
UHF - Liquid Cooled Solid State Transmitter 4.9 - 6.5 kW	\$273,500.00	\$230,000.00	N/A	\$112,732.84	N/A

Other Electrical Service: Electrical Install	\$25,000.00	\$25,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,037,700.00	\$947,500.00	N/A	\$531,013.04	N/A
<b>Total for all systems</b>	\$2,844,505.00	\$2,011,220.00	N/A	\$840,578.58	N/A

## Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	<p><b>Component Description:</b> Second payment for ULXTE-30</p> <p><b>Amount:</b> \$144,690.99</p> <p><b>Component Description:</b> 3rd Payment ULXTE-30</p> <p><b>Amount:</b> \$132,969.13</p> <p><b>Component Description:</b> Deposit for Primary Transmitter ULXTE-30</p> <p><b>Amount:</b> \$140,620.08</p>
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Service entrance 3 phase /800 amp/208 volt	Information not provided.
Switchgear - industrial 800 amp	Information not provided.



UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	<table> <tr> <td data-bbox="718 174 1029 210"><b>Component Description:</b></td><td data-bbox="1161 174 1362 286">Deposit for Aux Antenna ULXTE- 10</td></tr> <tr> <td data-bbox="718 297 831 327"><b>Amount:</b></td><td data-bbox="1161 297 1295 327">\$56,821.65</td></tr> <tr> <td data-bbox="718 439 1029 474"><b>Component Description:</b></td><td data-bbox="1161 439 1355 506">2nd payment for ULXTE-10</td></tr> <tr> <td data-bbox="718 517 831 546"><b>Amount:</b></td><td data-bbox="1161 517 1295 546">\$55,911.19</td></tr> </table>	<b>Component Description:</b>	Deposit for Aux Antenna ULXTE- 10	<b>Amount:</b>	\$56,821.65	<b>Component Description:</b>	2nd payment for ULXTE-10	<b>Amount:</b>	\$55,911.19
<b>Component Description:</b>	Deposit for Aux Antenna ULXTE- 10								
<b>Amount:</b>	\$56,821.65								
<b>Component Description:</b>	2nd payment for ULXTE-10								
<b>Amount:</b>	\$55,911.19								
Other Electrical Service: Electrical Install	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
<b>Interim Antenna TFU -WB16</b>	<b>\$169,630.00</b>	<b>\$65,000.00</b>		<b>\$0.00</b>	
Lease Cost	<i>\$65,000.00</i>	\$65,000.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$0.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$0.00	N/A	N/A	N/A
UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 500 kW input, directional,, horizontally polarized	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$0.00	N/A	N/A	N/A

<b>Primary Antenna TFU-11JTH /VP-R 04</b>	<b>\$305,800.00</b>	<b>\$162,720.00</b>		<b>\$139,902.74</b>	
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$9,320.00	N/A	\$9,267.74	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$5,760.00	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$147,000.00	N/A	\$124,875.00	N/A
<b>Sub-total</b>	<b>\$475,430.00</b>	<b>\$227,720.00</b>	<b>N/A</b>	<b>\$139,902.74</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,844,505.00</b>	<b>\$2,011,220.00</b>	<b>N/A</b>	<b>\$840,578.58</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name
Lease Cost	Information not provided.
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
New combiner, cost per channel (without antenna)	Information not provided.

UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 500 kW input, directional,, horizontally polarized	Information not provided.	
Sweep test of existing antenna	Information not provided.	
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	<b>Component Description:</b>  <b>Amount:</b>	deposit - elbow complex \$4,633.87   elbow complex \$4,633.87
Sweep test of existing antenna	<b>Component Description:</b>  <b>Amount:</b>	deposit - Eng on site \$2,880.00   Eng on site \$2,880.00

UHF - High Power Top  
Mount (200-1000 kW), One  
station antenna , elliptically  
or circularly polarized

**Component Description:**

ANT TFU- 11JTH  
/VP-R 04 (SP) CH  
33

**Amount:**

\$48,937.50

**Component Description:**

deposit ANT TFU-  
11JTH/VP-R 04  
(SP) CH 33

**Amount:**

\$48,937.50

**Component Description:**

VPOL  
Components

**Amount:**

\$5,973.75

**Component Description:**

INPUT COMPLEX  
4-50 EHT

**Amount:**

\$7,526.25

**Component Description:**

deposit - VPOL  
Components

**Amount:**

\$5,973.75

**Component Description:**

deposit - INPUT  
COMPLEX 4-50  
EHT

**Amount:**

\$7,526.25

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
Interim Transmission Line	\$278,400.00	\$0.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8" broadband	\$278,400.00	\$0.00	N/A	N/A	N/A
Primary Transmission Line	\$286,840.00	\$205,000.00		\$169,662.80	
Rigid Transmission Line - copper, 6 1/8"	\$286,840.00	\$205,000.00	N/A	\$169,662.80	N/A
Sub-total	\$565,240.00	\$205,000.00	N/A	\$169,662.80	N/A
Total for all systems	\$2,844,505.00	\$2,011,220.00	N/A	\$840,578.58	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 6 1/8" broadband	Information not provided.

Rigid Transmission Line -  
copper, 6 1/8"

**Component Description:** T/L 6-75 EIA  
LENGTH 15' TO  
20' FIXED FLG 1  
END/ SWIVEL  
FLG 1

**Amount:** \$2,319.98

**Component Description:** deposit - 6-1-8"  
75 OHM - 1443  
FT

**Amount:** \$82,511.42

**Component Description:** deposit - T/L 6-75  
EIA LENGTH 15'  
TO 20' FIXED  
FLG 1 END/  
SWIVEL FLG 1

**Amount:** \$2,319.98

**Component Description:** 6-1-8" 75 OHM -  
1443 FT

**Amount:** \$82,511.42

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	\$616,600.00	\$496,000.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$409,000.00	N/A	N/A	N/A
Tower Helicopter Lift	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$50,000.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	N/A	N/A
Sub-total	\$616,600.00	\$496,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,844,505.00	\$2,011,220.00	N/A	\$840,578.58	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
<b>Outside Professional Services</b>	<b>\$58,045.00</b>	<b>\$45,500.00</b>		<b>\$0.00</b>	
Additional Field Engineering Service, 10 Days	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$11,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Project management of the transition	\$15,800.00	\$15,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$58,045.00	\$45,500.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,844,505.00	\$2,011,220.00	N/A	\$840,578.58	N/A

### Components

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
<b>Other Expenses</b>	<b>\$91,490.00</b>	<b>\$89,500.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$11,000.00</i>	\$11,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
AM Pattern Disturbance -- Remedy	\$21,050.00	\$20,000.00	N/A	N/A	N/A
AM Pattern Disturbance -- Impact study	\$7,890.00	\$7,500.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$91,490.00</b>	<b>\$89,500.00</b>	N/A	<b>\$0.00</b>	N/A

<b>Total for all systems</b>	\$2,844,505.00	\$2,011,220.00	N/A	\$840,578.58	N/A
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## Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$2,844,505.00	\$2,011,220.00
			\$840,578.58

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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	<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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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.

**Teri Ann  
Guillory**  
*Broadcasting  
Operations*

03/07/2019



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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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><b>Teri Ann Guillory</b>  <i>Broadcasting Operations</i></p> <p>03/07/2019</p>

## Attachments