



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **47905** | Service: **DTV** | Call **WMAQ-TV** | Channel: **29 (UHF)** |  
ID:  
File **0000027997**  
Number:  
FRN: **0019509470** | Date **03/08**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NBC TELEMUNDO LICENSE LLC</b>	Margaret L. Tobey 300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524- 6401	MARGARET. TOBEY@NBCUNI. 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>Margaret L Tobey</b> <i>NBCUniversal, LLC</i>	300 New Jersey Ave. NW Suite 700 Washington, DC 20001 United States	+1 (202) 524- 6401	Margaret.Tobey@nbcuni. 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	Install new transmitter for new channel, keep old transmitter in place for use until antenna is replaced. During antenna replacement operate from existing auxiliary site. After channel change return to new main. Replace auxiliary filter.

**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	Retune Existing
	Use	Auxiliary (Backup)
	Ownership	Owned
	Owner	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Rohde & Schwarz

Model	NV8000
Year	2013
Type	Solid State
Solid State Cooling	Liquid Cooled
Solid State Power capacity	9.43 kW

### Auxiliary Transmitter

#### Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	10 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

### 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	No
	Description	N/A
HVAC Service	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
	Year	2001
	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	THU9-20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	31 kW
	Justification for New Transmitter	New Transmitter required as the current transmitter is not longer supported (see attached note) 31 KW TPO chosen to allow one step of headroom. Solid State transmitter chosen as it is less expensive then a new solid state (see attached proposal.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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	See attached proposal
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	20 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	150.0 square feet
<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

Name	Description
Transmitter Installation	Installation, Supervision, Test, and Commissioning of new transmitter
Willis Tower Building Improvements	Detailed proposal attached



**Antennas**

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

**Auxiliary  
Antenna****Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when main transmitter or antenna is unavilable
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel

Number of Stations Supported	2
Number of Panels	12
Design power capacity in use	50.0 %
Lower Limit	470.00 MHz
Upper Limit	860.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	350.0 kW
Manufacturer	Dielectric
Model	TUF-C4-12 /48U-2B
Year	2013

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

Facility ID	Call Sign
72115	WGN-TV
73226	WLS-TV

### Auxiliary Antenna

#### Adjustment to Existing Antenna

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

### Auxiliary Antenna

#### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	Additional Module

Number of channels supported	1
Frequencies of channels supported	RF channel
Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number
33

Auxiliary Antenna

Other Antenna Cost Not Listed

Information not provided.

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Bottom
	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) .....	350.0 kW

Manufacturer	
Model	TFU- 12GBH-R 06
Year	2001

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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Middle
	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) .....	377.0 kW
	Manufacturer	

Model	TFU-12GTH/VP-R O6
Year	2019
Justification for New Antenna	The current antenna is a single channel antenna (ch 29) and will not work on the new channel (ch 33)

## 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	6 1/8 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?	No

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Willis Tower East</b>	Shared combiner facility for Willis Tower tenants



**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary Transmission Line****Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	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	Dielectric
	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	500 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Adapters and Transitions	Connectors & Transitions to reuse Transmission line

**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?	Located on Building
	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	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1032959
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	41° 52' 44.1" N-
	Longitude (NAD83)	087° 38' 10.2" W-
	Overall Structure Height	1729.97 feet
	Support Structure Height	1435.35 feet

	Ground Elevation Above Mean Sea Level (AMSL)	595.14 feet
	Structure Type	BTWR - Building with Tower
	Tower Owner	233 Broadcast, LLC
	Date Constructed	01/01/2002

**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
73226	WLS-TV	DTV
71283	WCFS-FM	FM
53971	WEBG	FM
9613	WBBM-FM	FM
28621	WJMK	FM
72115	WGN-TV	DTV
71428	WCIU-TV	DTV
71425	WWME-CD	DTV
70119	WSNS-TV	DTV
73228	WLS-FM	FM
22211	WFLD	DTV
168662	WMEU-CD	DTV
10802	WTTW	DTV
10801	WFMT	FM
74178	WKSC-FM	FM
9617	WBBM-TV	DTV

66978	WEDE-CD	DTV
48772	WPWR-TV	DTV
32334	WJYS	DTV
51165	WGCI-FM	FM
6377	WTMX	FM
70042	WLIT-FM	FM

### Other Types of Users

Users
W264BF

### Primary Tower

### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for 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	Located on Building
Helicopter Services Required	Are helicopter services required?	Yes

### Primary Tower

### Other Tower Expenses Not Listed

Name	Description
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<b>Triple Stack Deconstruction</b>	Deconstruction of existing triple stack. Details in attached Willis Tower Engineering statement
<b>Double Stack Construction</b>	Construction of new double stack on Willis Tower for WMAQ and WFLD.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	1040
	Explanation	Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of 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

	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	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	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	40



	Justification	internal to building RF engineering
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Services not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<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?	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
Auxiliary Facility Usage Fees	American Tower Fee for utilization of auxiliary while main antenna is under construction

## 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 THU9-20</b>	<b>\$1,920,802.00</b>	<b>\$1,663,832.00</b>		<b>\$596,354.69</b>	
Willis Tower Building Improvements	<i>\$860,252.00</i>	\$860,252.00	see attached Willis Tower construction document which outlines build of space for transmitter including HVAC, plumbing for cooling system, electrical, and fire suppression	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$690,030.00	See attached proposal for a R&S THU9-20. THU9-20 Transmitter selected as it provides for one step of headroom above the required 25.5kW,	\$596,354.69	N/A

Other Electrical Service: See attached proposal	<b>\$0.00</b>	\$0.00	Cost internal to construction project. See estimate attached and total below.	N/A	N/A
Other -- HVAC Service Type: C Size: 20 (Other)	<b>\$0.00</b>	\$0.00	Cost internal to construction project, see estimate attached and total below.	N/A	N/A
Other -- Building Addition Size: 150.0	<b>\$0.00</b>	\$0.00	Cost internal to construction project, see estimate attached and total below.	N/A	N/A
Transmitter Installation	<b>\$113,550.00</b>	\$113,550.00	See attached Electron Dynamics Quote	N/A	N/A
<b>Auxiliary Transmitter NV8000</b>	<b>\$113,510.00</b>	<b>\$57,900.00</b>		<b>\$0.00</b>	
UHF and VHF - minor banding issues	\$105,200.00	\$50,000.00	N/A	N/A	N/A
10 kW mask filter	\$8,310.00	\$7,900.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$2,034,312.00</b>	<b>\$1,721,732.00</b>	N/A	<b>\$596,354.69</b>	N/A
<b>Total for all systems</b>	<b>\$6,175,799.67</b>	<b>\$5,184,895.67</b>	N/A	<b>\$627,021.25</b>	N/A

## Components

Actual Information	
Description	File Name
Willis Tower Building Improvements	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> Main transmitter \$596,354.69 </div>
Other Electrical Service: See attached proposal	Information not provided.
Other -- HVAC Service Type: C Size:20 (Other)	Information not provided.
Other -- Building Addition Size: 150.0	Information not provided.
Transmitter Installation	Information not provided.
UHF and VHF - minor banding issues	Information not provided.
10 kW mask filter	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>Primary Antenna TFU- 12GTH /VP-R O6</b>	<b>\$765,966.67</b>	<b>\$709,562.67</b>		<b>\$0.00</b>	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$245,396.00	Vertical Component of cost is 17,550 and has been subtracted form total requested	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$0.00	included in antenna cost	N/A	N/A
Willis Tower East	<b><i>\$464,166.67</i></b>	\$464,166.67	See attached Willis Tower Engineering Statement	N/A	N/A
<b>Auxiliary Antenna TUF-C4-12 /48U-2B</b>	<b>\$631,200.00</b>	<b>\$60,000.00</b>		<b>\$0.00</b>	

UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, horizontally polarized	\$547,000.00	\$0.00	N/A	N/A	N/A
Adding a module to existing combiner (without antenna)	\$84,200.00	\$60,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,397,166.67	\$769,562.67	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$6,175,799.67	\$5,184,895.67	N/A	\$627,021.25	N/A

## Components

Information not provided.



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	\$5,556.00	\$5,556.00		\$0.00	
Adapters and Transitions	<i>\$5,556.00</i>	\$5,556.00	see attached antenna proposal	N/A	N/A
Sub-total	\$5,556.00	\$5,556.00	N/A	\$0.00	N/A
Total for all systems	\$6,175,799.67	\$5,184,895.67	N/A	\$627,021.25	N/A

Components

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
<b>Primary Tower BTWR</b>	<b>\$2,215,850.00</b>	<b>\$2,186,250.00</b>		<b>\$0.00</b>	
Triple Stack Deconstruction	<i>\$584,750.00</i>	\$584,750.00	See attached Willis Tower engineering statement. Costs reflect WMAQ's share of deconstruction costs.	N/A	N/A
Double Stack Construction	<i>\$839,500.00</i>	\$839,500.00	See attached Willis Tower engineering document. Costs reflect WMAQ's share of Double Stack Construction	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	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
Tower Helicopter Lift	<i>\$200,000.00</i>	\$200,000.00	cost estimate pending formal plan	N/A	N/A
<b>Sub-total</b>	\$2,215,850.00	\$2,186,250.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$6,175,799.67	\$5,184,895.67	N/A	\$627,021.25	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	\$334,555.00	\$319,750.00		\$30,666.56	
Additional Field Engineering Service, 40 Days	<i>\$40,000.00</i>	\$40,000.00	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 request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A

Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	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	\$718.20	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$164,320.00	\$156,000.00	N/A	\$29,306.12	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$642.24	N/A
<b>Sub-total</b>	\$334,555.00	\$319,750.00	N/A	\$30,666.56	N/A
<b>Total for all systems</b>	\$6,175,799.67	\$5,184,895.67	N/A	\$627,021.25	N/A

## Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 40 Days	Information not provided.

Comprehensive coverage verification via field study, if needed	Information not provided.								
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.								
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.								
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.								
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.								
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td><b>Component Description:</b></td><td>Preparation of minor change application</td></tr> <tr> <td><b>Amount:</b></td><td>\$226.80</td></tr> <tr> <td><b>Component Description:</b></td><td>See line 1 of invoice, less 10% vendor discount.</td></tr> <tr> <td><b>Amount:</b></td><td>\$491.40</td></tr> </table>	<b>Component Description:</b>	Preparation of minor change application	<b>Amount:</b>	\$226.80	<b>Component Description:</b>	See line 1 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$491.40
<b>Component Description:</b>	Preparation of minor change application								
<b>Amount:</b>	\$226.80								
<b>Component Description:</b>	See line 1 of invoice, less 10% vendor discount.								
<b>Amount:</b>	\$491.40								
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.								
Project management of the transition	<table> <tr> <td><b>Component Description:</b></td><td>Project Management Services</td></tr> <tr> <td><b>Amount:</b></td><td>\$975.00</td></tr> </table>	<b>Component Description:</b>	Project Management Services	<b>Amount:</b>	\$975.00				
<b>Component Description:</b>	Project Management Services								
<b>Amount:</b>	\$975.00								

<b>Component Description:</b>	Project management and expenses, see attachments for expense receipts
<b>Amount:</b>	\$4,016.90

<b>Component Description:</b>	Point B Project Management January 2019
<b>Amount:</b>	\$13,856.60

<b>Component Description:</b>	Updated November 2018 Project Management so line items are for correct amount
<b>Amount:</b>	\$4,860.12

<b>Component Description:</b>	October 2018 Project Management
<b>Amount:</b>	\$1,015.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$1,072.50

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$2,145.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$1,365.00

	<div> <div>Component Description:</div> <div>Project Management Services</div> </div> <div> <div>Amount:</div> <div>\$348.95</div> </div>
RF Exposure Measurements	Information not provided.
Prepare and or review reimbursement form	<div> <div>Component Description:</div> <div>See line 2 of invoice, less 10% vendor discount.</div> </div> <div> <div>Amount:</div> <div>\$69.39</div> </div> <div> <div>Component Description:</div> <div>Review amendments to form 399 cost estimates</div> </div> <div> <div>Amount:</div> <div>\$529.20</div> </div> <div> <div>Component Description:</div> <div>Review of 399</div> </div> <div> <div>Amount:</div> <div>\$43.65</div> </div>



## 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>\$188,360.00</b>	<b>\$182,045.00</b>		<b>\$0.00</b>	
Equipment Delivery and Handling Charges	<i>\$20,000.00</i>	\$20,000.00	Delivery of equipment to transmitter area in Willis Tower	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$59,280.00</i>	\$59,280.00	See attached construction cost document (page 4) for demolition costs which are not included in the build.	N/A	N/A
Non-zoning permits	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Local Zoning	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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	\$5,250.00	N/A	N/A	N/A

Equipment Storage	<b>\$0.00</b>	\$0.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<b>\$0.00</b>	\$0.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<b>\$12,000.00</b>	\$12,000.00	N/A	N/A	N/A
Auxiliary Facility Usage Fees	<b>\$45,000.00</b>	\$45,000.00	See attached extract from our lease with American Tower. If our auxiliary facility is utilized for more then 24 hours in a month we must pay \$25,000. Due to the extent of work at Willis Tower we expect to use our auxiliary for at least 3 months.	N/A	N/A
<b>Sub-total</b>	<b>\$188,360.00</b>	<b>\$182,045.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$6,175,799.67</b>	<b>\$5,184,895.67</b>	<b>N/A</b>	<b>\$627,021.25</b>	<b>N/A</b>

## Components

Information not provided.

**Cost  
Information****Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$6,175,799.67	\$5,184,895.67	\$627,021.25

**Reimbursement Status**

<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.

<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><b>Margaret L Tobey</b>  <i>Assistant Secretary</i></p> <p>03/08/2019</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"> <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>Margaret L Tobey</b>  <i>Assistant Secretary</i></p> <p>03/08/2019</p>

## Attachments