



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **74170** | Service: **DTV** | Call **WVIT** | Channel: **35 (UHF)** |  
ID: | Sign:  
File **0000028209**  
Number:  
FRN: **0019509470** | Date **05/31**  
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.	No
Briefly describe transition plan	Use existing transmitter and antenna as interim during transition. Install new antenna in place of old analog antenna with new transmitter for new channel. Remove old transmitter and antenna after transition to new channel.

**Transmitters**

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

**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-1H
	Year	2004
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	21 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	THU9-30
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	46 kW
	Justification for New Transmitter	A new transmitter is requested as the current Comark DCX (non-paragon) is no longer supported by the vendor and cannot be re tuned. Additionally, we have selected a Solid State transmitter because it is less expensive than a new IOT (865,551)

**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	Proposal from electrician for disconnection of old services and connection to new transmitter
<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**

Name	Description
Comark Field Services	Comark to be on site to power up existing transmitter after powering down for new transmitter install.
Transmission Facility Design	Preparation of construction plans and specifications for transmission equipment installation.

**Antennas**

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

**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	Side Mount
	Antenna position in stack	Not in Stack
	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) .....	250.0 kW



Manufacturer	
Model	TFU-22GTH /VP-R 4C140
Year	2004

---

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	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	230.0 kW
	Manufacturer	

Model	TFU-20JTH /VP-R 4C140
Year	2019
Justification for New Antenna	A new antenna is required as the current antenna will not work on the new channel (ch 31). A top mount antenna was chosen as it eliminates the need for a interim build and is less costly then removing a side mount and replacing.

## 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
<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**

Information not provided.

**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?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	984 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1055 feet per run
	Justification for New Transmission Line	New transmission line is required so that we can maintain coverage during the transition without having to build a interim facility.

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

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1044874
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	41° 42' 02.0" N-
	Longitude (NAD83)	072° 49' 55.0" W-
	Overall Structure Height	1128.92 feet
	Support Structure Height	1059.70 feet
	Ground Elevation Above Mean Sea Level (AMSL)	720.79 feet



	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Outlet Broadcasting LLC
	Date Constructed	06/01/1979

**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:	Major Reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	693
	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	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<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	20

	Justification	Ground Level RF System Design
--	---------------	--

**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

<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 THU9-30</b>	<b>\$2,524,067.79</b>	<b>\$1,184,767.79</b>		<b>\$608,249.60</b>	
Other Electrical Service: Proposal from electrician for disconnection of old services and connection to new transmitter	<i>\$15,300.00</i>	\$15,300.00	cost of service disconnect from old equipment and new connection to new transmitter	N/A	N/A
Transmission Facility Design	<i>\$86,914.84</i>	\$86,914.84	N/A	\$67,899.60	N/A
Comark Field Services	<i>\$1,852.95</i>	\$1,852.95	See attachment "WVIT Comark Visit Quote"	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$540,350.00	N/A	\$540,350.00	N/A

UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$540,350.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$0.00	N/A
<b>Sub-total</b>	\$2,524,067.79	\$1,184,767.79	N/A	\$608,249.60	N/A
<b>Total for all systems</b>	\$4,001,822.61	\$2,535,305.97	N/A	\$1,174,869.36	N/A

## Components

Actual Information	
Description	File Name
Other Electrical Service: Proposal from electrician for disconnection of old services and connection to new transmitter	Information not provided.
Transmission Facility Design	<p><b>Component Description:</b> Review equipment data, site survey, and report brief. Design coordination and construction/permit documents. Misc. expenses as outlined in quote.</p> <p><b>Amount:</b> \$67,899.60</p>
Comark Field Services	Information not provided.



UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<div> <b>Component Description:</b> <p>Added cover letter. This only accounts for the cost of the transmitter, and does not include the upgrade. The upgrade's cost will go towards maximization.</p> </div> <div> <b>Amount:</b> <p>\$540,350.00</p> </div>
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	<div> <b>Component Description:</b> <p>Added cover letter. This only accounts for the cost of the transmitter, and does not include the upgrade. The upgrade's cost will go towards maximization.</p> </div> <div> <b>Amount:</b> <p>\$540,350.00</p> </div>

Cost  
Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TFU-20JTH /VP-R 4C140	\$299,070.00	\$212,093.00		\$190,883.70	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$201,795.00	N/A	\$181,615.50	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$10,298.00	See attached quote	\$9,268.20	N/A
Sub-total	\$299,070.00	\$212,093.00	N/A	\$190,883.70	N/A
Total for all systems	\$4,001,822.61	\$2,535,305.97	N/A	\$1,174,869.36	N/A

Components

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

UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<div> <b>Component Description:</b> See lines 1 and 2 of invoice.         </div> <div> <b>Amount:</b> \$90,807.75         </div>
	<div> <b>Component Description:</b> See lines 1 and 2 of invoice         </div> <div> <b>Amount:</b> \$90,807.75         </div>
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	<div> <b>Component Description:</b> See line 4 of invoice         </div> <div> <b>Amount:</b> \$4,634.10         </div>
	<div> <b>Component Description:</b> See line 4 of invoice (line 3 does not exist because an item was removed from the original purchase order)         </div> <div> <b>Amount:</b> \$4,634.10         </div>

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	\$149,810.00	\$137,671.10		\$123,904.00	
Rigid Transmission Line - copper, 4 1/16"	\$149,810.00	\$137,671.10	N/A	\$123,904.00	N/A
Sub-total	\$149,810.00	\$137,671.10	N/A	\$123,904.00	N/A
Total for all systems	\$4,001,822.61	\$2,535,305.97	N/A	\$1,174,869.36	N/A

Components

Actual Information Description	File Name
Rigid Transmission Line - copper, 4 1/16"	<div><div>Component Description:</div><div>Amount:</div><div>Component Description:</div><div>Amount:</div></div> <div><div>See lines 5-22 of invoice.</div><div>\$61,952.00</div><div>See lines 5-22 of invoice.</div><div>\$61,952.00</div></div>

Cost  
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$644,100.00	\$619,938.00		\$99,509.07	
Structural engineering tower load study for well documented tower	\$12,600.00	\$19,938.00	See quote attached to invoices	\$19,938.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	\$79,571.07	N/A
Sub-total	\$644,100.00	\$619,938.00	N/A	\$99,509.07	N/A
Total for all systems	\$4,001,822.61	\$2,535,305.97	N/A	\$1,174,869.36	N/A

Components

Actual Information	
Description	File Name

<p>Structural engineering tower load study for well documented tower</p>	<table> <tr> <td data-bbox="713 100 1141 481"> <p><b>Component Description:</b></p> </td><td data-bbox="1144 100 1428 481"> <p>Uploaded new invoice that has the corrected math for the hours work and hourly rate to equal the total amount for the invoice.</p> </td></tr> <tr> <td data-bbox="713 486 1141 548"> <p><b>Amount:</b></p> </td><td data-bbox="1144 486 1428 548"> <p>\$9,969.00</p> </td></tr> <tr> <td data-bbox="713 553 1141 934"> <p><b>Component Description:</b></p> </td><td data-bbox="1144 553 1428 934"> <p>Uploaded new invoice with the corrected math for the hourly rate and hours worked which equal the total for this invoice.</p> </td></tr> <tr> <td data-bbox="713 938 1141 1001"> <p><b>Amount:</b></p> </td><td data-bbox="1144 938 1428 1001"> <p>\$9,969.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Uploaded new invoice that has the corrected math for the hours work and hourly rate to equal the total amount for the invoice.</p>	<p><b>Amount:</b></p>	<p>\$9,969.00</p>	<p><b>Component Description:</b></p>	<p>Uploaded new invoice with the corrected math for the hourly rate and hours worked which equal the total for this invoice.</p>	<p><b>Amount:</b></p>	<p>\$9,969.00</p>
<p><b>Component Description:</b></p>	<p>Uploaded new invoice that has the corrected math for the hours work and hourly rate to equal the total amount for the invoice.</p>								
<p><b>Amount:</b></p>	<p>\$9,969.00</p>								
<p><b>Component Description:</b></p>	<p>Uploaded new invoice with the corrected math for the hourly rate and hours worked which equal the total for this invoice.</p>								
<p><b>Amount:</b></p>	<p>\$9,969.00</p>								
<p>Tall Tower (greater than 500')</p>	<p>Information not provided.</p>								
<p>Major tower reinforcement /modifications</p>	<table> <tr> <td data-bbox="713 1158 1141 1377"> <p><b>Component Description:</b></p> </td><td data-bbox="1144 1158 1428 1377"> <p>Deposit for structural modifications to existing tower</p> </td></tr> <tr> <td data-bbox="713 1382 1141 1444"> <p><b>Amount:</b></p> </td><td data-bbox="1144 1382 1428 1444"> <p>\$79,571.07</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Deposit for structural modifications to existing tower</p>	<p><b>Amount:</b></p>	<p>\$79,571.07</p>				
<p><b>Component Description:</b></p>	<p>Deposit for structural modifications to existing tower</p>								
<p><b>Amount:</b></p>	<p>\$79,571.07</p>								

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	\$244,999.00	\$248,875.26		\$144,534.10	
Additional Field Engineering Service, 20 Days	<i>\$20,000.00</i>	\$20,000.00	N/A	\$0.00	N/A
RF Exposure Measurements	\$21,050.00	\$10,000.00	N/A	\$0.00	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$40,000.00	N/A	\$0.00	N/A
Project management of the transition	\$109,494.00	\$169,125.26	Complications with tower safety required greatly increased oversight for the project and required additional project management hours.	\$143,816.26	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$377.64	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$340.20	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
<b>Sub-total</b>	\$244,999.00	\$248,875.26	N/A	\$144,534.10	N/A
<b>Total for all systems</b>	\$4,001,822.61	\$2,535,305.97	N/A	\$1,174,869.36	N/A

## Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 20 Days	Information not provided.
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Project management of the transition	<div> <b>Component Description:</b> June 2018 Project Management  <b>Amount:</b> \$11,175.00 </div> <div> <b>Component Description:</b> Coordination for tower inspection and structural analysis  <b>Amount:</b> \$249.85 </div>



<b>Component Description:</b>	September 2018 Project Management
<b>Amount:</b>	\$2,088.00

<b>Component Description:</b>	Tower modification plan preparation and meetings
<b>Amount:</b>	\$950.00

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

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$20,349.00

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,660.00

<b>Component Description:</b>	Point B project management services for the month of February 2019. See all line items.
<b>Amount:</b>	\$3,626.52

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$15,309.00

**Component Description:** This is just for line item 1 on the invoice that is why we are requesting for less than the total. Also, Updated Invoice with Project manager name and quote for the work that is being invoiced.

**Amount:** \$950.00

**Component Description:** WVIT AFF Consulting January 2019 - Project Management Services

**Amount:** \$22,125.00

**Component Description:** This is just for line items 1 and 3 of invoice that is why it is less than the total of the invoice. Also updated the invoice with project manager name and quote for the work outlined in the invoice.

**Amount:** \$1,350.00

**Component Description:** June 2018 Project Management

**Amount:** \$2,299.50

<b>Component Description:</b>	Structural assessment project management services
<b>Amount:</b>	\$475.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$348.95

<b>Component Description:</b>	September 2018 Project Management
<b>Amount:</b>	\$6,760.00

<b>Component Description:</b>	July 2018 Project Management
<b>Amount:</b>	\$13,771.92

<b>Component Description:</b>	Project Management Invoice
<b>Amount:</b>	\$12,174.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$975.00

<b>Component Description:</b>	August 2018 Project Management
<b>Amount:</b>	\$6,930.00

<b>Component Description:</b>	September 2018 Project Management
<b>Amount:</b>	\$7,624.50

<b>Component Description:</b>	October 2018 Project Management
<b>Amount:</b>	\$11,623.50

<b>Component Description:</b>	Project Management August 2018
<b>Amount:</b>	\$8,055.00

<b>Component Description:</b>	October 2018 Project Management
<b>Amount:</b>	\$7,550.00

<b>Component Description:</b>	April 2018 Project Management
<b>Amount:</b>	\$6,300.00

<b>Component Description:</b>	Project management and expenses, see attachments for receipts
<b>Amount:</b>	\$6,439.02

<b>Component Description:</b>	Project management
<b>Amount:</b>	\$8,250.00

<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>	\$5,037.00

<b>Component Description:</b>	Project Management Invoice
<b>Amount:</b>	\$1,510.70

<b>Component Description:</b>	Review of tower modification plans, preparation of RFPs, conference calls to develop transition plan. RFPs for A&E permitting docs
<b>Amount:</b>	\$285.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$9,450.00

	<p><b>Component Description:</b> Review of tower modification plans, preparation of RFPs, conference calls to develop transition plan</p> <p><b>Amount:</b> \$1,599.80</p>
Prepare and or review reimbursement form	<p><b>Component Description:</b> See lines 2-4 of invoice, less 10% vendor discount.</p> <p><b>Amount:</b> \$333.99</p> <p><b>Component Description:</b> Review of Form 399</p> <p><b>Amount:</b> \$43.65</p>
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> See line 1 of invoice, less 10% vendor discount.</p> <p><b>Amount:</b> \$113.40</p> <p><b>Component Description:</b> Preparation of minor change application</p> <p><b>Amount:</b> \$226.80</p>
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	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>\$139,775.82</b>	<b>\$131,960.82</b>		<b>\$7,788.89</b>	
MVPD Notification of Channel Change	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	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 - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Local Zoning	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Non-zoning permits	<i>\$15,065.82</i>	\$15,065.82	Preparation and submission of permit documents	\$7,788.89	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$68,130.00</b>	\$68,130.00	Decom and disposal of transmitter and electrical feeds	\$0.00	N/A
Equipment Delivery and Handling Charges	<b>\$5,000.00</b>	\$5,000.00	N/A	N/A	N/A
Equipment Storage	<b>\$5,000.00</b>	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$139,775.82	\$131,960.82	N/A	\$7,788.89	N/A
<b>Total for all systems</b>	\$4,001,822.61	\$2,535,305.97	N/A	\$1,174,869.36	N/A

## Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
DTV Medical Facility Notification	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
Local Zoning	Information not provided.



Non-zoning permits	<div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> See lines 2 and 4 of invoice  \$3,750.00 </div> </div> <div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> See lines 2-5 and attached supporting documentation for expenses.  \$3,526.93 </div> </div> <div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> Large format building and technical drawing scans for EJC's use during permit preparation.  \$20.89 </div> </div> <div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> Preparation of permit documents for WVIT's tower modifications.  \$7,768.00 </div> </div>
Disposal Costs (for equipment and other waste, net of any salvage value)	<div> <div> <b>Component Description:</b>  <b>Amount:</b> </div> <div> Deposit on Transmitter Room Decommission  \$18,331.21 </div> </div>
Equipment Delivery and Handling Charges	Information not provided.
Equipment Storage	Information not provided.

**Cost  
Information**

**Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$4,001,822.61	\$2,535,305.97	\$1,174,869.36

**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	<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>05/31/2019</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>05/31/2019</p>

## Attachments