



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **60357** | Service: **DTV** | Call **WOST** | Channel: **20 (UHF)** |
ID: | Sign: |
File **0000027995**
Number:
FRN: **0026907345** | Date **10/08**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC.	RENEE ILHARDT 295 MADISON AVENUE, 12TH FLOOR NEW YORK, NY 10017 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.COM	Corporation

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

**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		Replace the existing transmitter with a frequency agile transmitter, replace the mask filter, and replace the antenna with a broadband antenna. The tower will also need to be replaced to accommodate the new antenna.

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	LU1500ARD
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.5 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-4R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.5 kW
	Justification for New Transmitter	Current transmitter is re-tunable, but not frequency agile and there is no backup to allow the station to remain on the air during the testing period. See attachment.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No

	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Disconnect existing transmitter and connect new one. Expect to be able to use existing breaker box.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Connectors for Test Equipment	Connectors for Test Equipment
Tuner	Tuner

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	50.0 kW
	Manufacturer	

Model	SWEDL12BFRR /22
Year	2009

Primary
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	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	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	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)	50.0 kW
	Manufacturer	
	Model	AST1407336

Year	2017
Justification for New Antenna	Existing antenna is not re-tunable to the new channel. The new antenna works for both the current channel and the new channel.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No

Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes
-------------------	--------------------------------------------------------------------	-----

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Antenna Assembly and Installation	Antenna Assembly and Installation
Modify Antenna Brackets	Modify Antenna Brackets

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	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	150 feet per run

Primary **New Transmission Line**
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	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 feet per run
	Justification for New Transmission Line	The existing tower will not accommodate the new antenna. So as to avoid taking the station off the air for an indefinite period of time, we plan is to install a new broadband antenna on the new tower.

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

Name	Description
Feedline Connectors	Feedline Connectors

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	Construct New
	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?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	18° 18' 43.82" N-
	Longitude (NAD83)	067° 11' 22.6" W-
	Overall Structure Height	80.00 feet
	Support Structure Height	80.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1150.00 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	CMCG Puerto Rico LLC
Date Constructed	01/01/1999

Primary
Tower

Tower Construction Costs

Section	Question	Response
Construct New Tower	Use	Primary (Main)
	Description of Use	N/A
	Is this a request for upgraded equipment?	No
	Height	1228.00 feet
	Justification for New Tower	Existing tower will not accommodate new antenna and comply with Rev G. The tower engineers estimated that a new tower would be less expensive than strengthening the existing tower. See attached tower study.

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

Name	Description
Tower Structural Analysis	Tower Structural Analysis

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	300
	Explanation	Onsite project manager plus subcontractors, equipment, and labor.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	27
	Justification	Engineering project design, antenna inspection, and field services.

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Internal Employee Time Costs	Internal Employee Time Costs

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	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

Other Expenses	Other Expenses Not Listed
	Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter UAXTE-4R37	\$148,708.02	\$134,981.49		\$134,981.49	
Tuner	<i>\$850.00</i>	\$850.00	N/A	\$850.00	N/A
Connectors for Test Equipment	<i>\$1,459.77</i>	\$1,459.77	N/A	\$1,459.77	N/A
Other Electrical Service: Disconnect existing transmitter and connect new one. Expect to be able to use existing breaker box.	<i>\$20,398.25</i>	\$20,398.25	N/A	\$20,398.25	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$112,273.47	See attachment	\$112,273.47	N/A
Sub-total	\$148,708.02	\$134,981.49	N/A	\$134,981.49	N/A
Total for all systems	\$3,887,384.27	\$366,894.42	N/A	\$290,458.32	N/A

Components

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

Tuner	Component Description: Tuner. #1868-3 Amount: \$850.00
Connectors for Test Equipment	Component Description: Connectors for test equipment. #122508 Amount: \$1,459.77
Other Electrical Service: Disconnect existing transmitter and connect new one. Expect to be able to use existing breaker box.	Component Description: Electrical to install transmitter. #2486 Amount: \$20,398.25
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description: Transmitter costs. #121398 Amount: \$112,273.47

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 AST1407336	\$111,855.00	\$43,603.58		\$43,603.58	
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	\$89,400.00	\$27,878.58	N/A	\$27,878.58	N/A
Modify Antenna Brackets	<i>\$1,000.00</i>	\$1,000.00	N/A	\$1,000.00	N/A
Antenna Assembly and Installation	<i>\$14,725.00</i>	\$14,725.00	N/A	\$14,725.00	N/A
Sweep test of existing antenna	\$6,730.00	\$0.00	Replacing existing antenna. Do not expect to need this.	N/A	N/A
Sub-total	\$111,855.00	\$43,603.58	N/A	\$43,603.58	N/A
Total for all systems	\$3,887,384.27	\$366,894.42	N/A	\$290,458.32	N/A

Components

Actual Information	
Description	File Name

<p>UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized</p>	<table> <tr> <td data-bbox="713 174 1023 210">Component Description:</td><td data-bbox="1158 174 1374 246">Antenna parts and jumper. #1868-1</td></tr> <tr> <td data-bbox="713 255 826 291">Amount:</td><td data-bbox="1158 255 1278 291">\$1,355.04</td></tr> <tr> <td data-bbox="713 394 1023 430">Component Description:</td><td data-bbox="1158 394 1334 465">Antenna costs. #1868</td></tr> <tr> <td data-bbox="713 474 826 510">Amount:</td><td data-bbox="1158 474 1294 510">\$26,523.54</td></tr> </table>	Component Description:	Antenna parts and jumper. #1868-1	Amount:	\$1,355.04	Component Description:	Antenna costs. #1868	Amount:	\$26,523.54
Component Description:	Antenna parts and jumper. #1868-1								
Amount:	\$1,355.04								
Component Description:	Antenna costs. #1868								
Amount:	\$26,523.54								
<p>Modify Antenna Brackets</p>	<table> <tr> <td data-bbox="713 647 1023 683">Component Description:</td><td data-bbox="1158 647 1342 799">WOST antenna brackets modification. #2484</td></tr> <tr> <td data-bbox="713 808 826 844">Amount:</td><td data-bbox="1158 808 1278 844">\$1,000.00</td></tr> </table>	Component Description:	WOST antenna brackets modification. #2484	Amount:	\$1,000.00				
Component Description:	WOST antenna brackets modification. #2484								
Amount:	\$1,000.00								
<p>Antenna Assembly and Installation</p>	<table> <tr> <td data-bbox="713 978 1023 1014">Component Description:</td><td data-bbox="1158 978 1353 1095">Crane rental to install antenna. #07162018-ERE</td></tr> <tr> <td data-bbox="713 1104 826 1140">Amount:</td><td data-bbox="1158 1104 1278 1140">\$7,500.00</td></tr> <tr> <td data-bbox="713 1243 1023 1279">Component Description:</td><td data-bbox="1158 1243 1374 1359">Antenna assembly and installation. #07292018-TP</td></tr> <tr> <td data-bbox="713 1368 826 1404">Amount:</td><td data-bbox="1158 1368 1278 1404">\$7,225.00</td></tr> </table>	Component Description:	Crane rental to install antenna. #07162018-ERE	Amount:	\$7,500.00	Component Description:	Antenna assembly and installation. #07292018-TP	Amount:	\$7,225.00
Component Description:	Crane rental to install antenna. #07162018-ERE								
Amount:	\$7,500.00								
Component Description:	Antenna assembly and installation. #07292018-TP								
Amount:	\$7,225.00								
<p>Sweep test of existing antenna</p>	<p>Information not provided.</p>								

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	\$9,716.22	\$13,495.57		\$13,495.57	
Feedline Connectors	\$3,716.22	\$3,716.22	N/A	\$3,716.22	N/A
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$6,000.00	\$9,779.35	Please see the attached invoice.	\$9,779.35	N/A
Sub-total	\$9,716.22	\$13,495.57	N/A	\$13,495.57	N/A
Total for all systems	\$3,887,384.27	\$366,894.42	N/A	\$290,458.32	N/A

Components

Actual Information	
Description	File Name
Feedline Connectors	<div><div>Component Description:</div><div>Clamping field flange, anchor connectors, etc. #123787</div><div>Amount:</div><div>\$2,419.84</div></div> <div><div>Component Description:</div><div>Myat elbow flanged reinforced inside and outside. #124046</div><div>Amount:</div><div>\$1,296.38</div></div>

Flexible Foam Transmission
Line - dielectric, 1 5/8"

Component Description:
Amount:

TL costs. #122417
\$9,779.35

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	\$0.00	\$0.00		\$0.00	
Primary Tower	\$3,447,090.00	\$36,950.00		\$6,950.00	
Tower Structural Analysis	\$6,950.00	\$6,950.00	N/A	\$6,950.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	N/A	N/A	N/A
New tower between 1000' and 1500' without elevator, presumptive soil conditions	\$3,229,640.00	\$30,000.00	N/A	N/A	N/A
Sub-total	\$3,447,090.00	\$36,950.00	N/A	\$6,950.00	N/A
Total for all systems	\$3,887,384.27	\$366,894.42	N/A	\$290,458.32	N/A

Components

Actual Information	
Description	File Name
Tower Structural Analysis	<div>Component Description: Tower structural analysis. #170521.00</div> <div>Amount: \$6,950.00</div>

Tall Tower (greater than 500')	Information not provided.
New tower between 1000' and 1500' without elevator, presumptive soil conditions	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	\$135,774.07	\$112,954.07		\$86,102.97	
Internal Employee Time Costs	<i>\$592.40</i>	\$592.40	N/A	\$592.40	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,000.00	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	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$370.00	N/A
Project management of the transition	\$47,400.00	\$30,000.00	N/A	\$29,843.90	N/A
Additional Field Engineering Service, 27 Days	\$52,861.67	\$52,861.67	N/A	\$52,861.67	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,435.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$5,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$2,500.00	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
Sub-total	\$135,774.07	\$112,954.07	N/A	\$86,102.97	N/A
Total for all systems	\$3,887,384.27	\$366,894.42	N/A	\$290,458.32	N/A

Components

Actual Information	
Description	File Name
Internal Employee Time Costs	Component Description:
	Internal time costs. #IL-HC2-10012021-RI
	Amount:
	\$565.36
	Component Description:
	Internal time costs. #IL-HC2-09302021-PD
	Amount:
	\$27.04
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Component Description: Amount:	Discussion re application and 399 form, review quotes. #008409 \$370.00
Project management of the transition	Component Description: Amount:	Legal services costs. #664268 \$54.00
	Component Description: Amount:	Legal services costs. #695142 \$2,316.50
	Component Description: Amount:	Legal services costs. #651073 \$1,412.65
	Component Description: Amount:	Legal services costs. #648174 \$2,430.00
	Component Description: Amount:	Legal services costs. #667300 \$270.00
	Component Description: Amount:	Legal services costs. #672011 \$540.00

Component Description:	Portion of general repack matter invoice attributable to this station - divided by 8 stations. #321
Amount:	\$605.00

Component Description:	Legal services costs. #675458
Amount:	\$1,404.00

Component Description:	Legal services costs. #690585
Amount:	\$5,439.75

Component Description:	Legal services costs. #656311
Amount:	\$1,269.00

Component Description:	Legal services costs. #692622
Amount:	\$2,712.00

Component Description:	Legal services costs. #669555
Amount:	\$891.00

Component Description:	Legal services costs. #659089
Amount:	\$2,280.00

Component Description:	Legal services costs. #687781
Amount:	\$1,017.00

Component Description:	Legal services costs. #662040
Amount:	\$1,890.00

Component Description:	Legal services costs. #682936
Amount:	\$1,045.25

Component Description:	Legal services costs. #651059
Amount:	\$405.00

Component Description:	Legal services costs. #685778
Amount:	\$1,186.50

Component Description:	Legal services costs. #676886
Amount:	\$480.25

Component Description:	Legal services costs. #653715
Amount:	\$2,196.00

<p>Additional Field Engineering Service, 27 Days</p>	<table> <tr> <td data-bbox="694 168 1005 212">Component Description:</td><td data-bbox="1133 168 1364 246">Antenna inspection trip. #06122018-AB</td></tr> <tr> <td data-bbox="694 257 805 291">Amount:</td><td data-bbox="1133 257 1236 291">\$500.00</td></tr> <tr> <td data-bbox="694 392 1005 436">Component Description:</td><td data-bbox="1133 392 1316 470">Inspection trip. #06192017-AB</td></tr> <tr> <td data-bbox="694 481 805 515">Amount:</td><td data-bbox="1133 481 1252 515">\$5,564.31</td></tr> <tr> <td data-bbox="694 616 1005 660">Component Description:</td><td data-bbox="1133 616 1356 728">Field services. #WOST08062018-AB</td></tr> <tr> <td data-bbox="694 739 805 772">Amount:</td><td data-bbox="1133 739 1268 772">\$33,297.36</td></tr> <tr> <td data-bbox="694 873 1005 918">Component Description:</td><td data-bbox="1133 873 1316 952">Project design. #Andy Booth</td></tr> <tr> <td data-bbox="694 952 805 985">Amount:</td><td data-bbox="1133 952 1268 985">\$13,500.00</td></tr> </table>	Component Description:	Antenna inspection trip. #06122018-AB	Amount:	\$500.00	Component Description:	Inspection trip. #06192017-AB	Amount:	\$5,564.31	Component Description:	Field services. #WOST08062018-AB	Amount:	\$33,297.36	Component Description:	Project design. #Andy Booth	Amount:	\$13,500.00
Component Description:	Antenna inspection trip. #06122018-AB																
Amount:	\$500.00																
Component Description:	Inspection trip. #06192017-AB																
Amount:	\$5,564.31																
Component Description:	Field services. #WOST08062018-AB																
Amount:	\$33,297.36																
Component Description:	Project design. #Andy Booth																
Amount:	\$13,500.00																
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="694 1120 1005 1164">Component Description:</td><td data-bbox="1133 1120 1364 1232">Application for CP for channel change. #008452</td></tr> <tr> <td data-bbox="694 1243 805 1276">Amount:</td><td data-bbox="1133 1243 1252 1276">\$2,435.00</td></tr> </table>	Component Description:	Application for CP for channel change. #008452	Amount:	\$2,435.00												
Component Description:	Application for CP for channel change. #008452																
Amount:	\$2,435.00																
<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Information not provided.</p>																
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>																
<p>Attorney Fees - Negotiation of lease and other matters for shared locations</p>	<p>Information not provided.</p>																

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$34,240.96	\$24,909.71		\$5,324.71	
Local Zoning	<i>\$15,000.00</i>	\$15,000.00	See attached.	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	\$2,273.75	N/A	\$2,273.75	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	Legal counsel review of notices	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,050.96</i>	\$3,050.96	N/A	\$3,050.96	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	\$2,500.00	\$2,500.00	Estimate. Impossible to obtain a reasonably binding quote this far in advance.	N/A	N/A
Sub-total	\$34,240.96	\$24,909.71	N/A	\$5,324.71	N/A
Total for all systems	\$3,887,384.27	\$366,894.42	N/A	\$290,458.32	N/A

Components

Actual Information	
Description	File Name
Local Zoning	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	<p>Component Description: Notification of revised medical facilities. #INV-001836</p> <p>Amount: \$438.75</p> <p>Component Description: Notification of medical facilities. #INV-001832</p> <p>Amount: \$1,835.00</p>
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
MVPD Notification of Channel Change	Information not provided.

Develop and air announcement of upcoming channel change	<div> Component Description: Newspaper ads - channel change. #07232018-GFR </div> <div> Amount: \$3,050.96 </div>
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$3,887,384.27	\$366,894.42
			\$290,458.32

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Michael Voge <i>Director of Engineering Operations</i></p> <p>10/08/2021</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR 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).	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Michael Voge <i>Director of Engineering Operations</i></p> <p>10/08/2021</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Michael
Voge**
*Director of
Engineering
Operations*

10/08/2021

Attachments