



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **83965** | Service: **DTV** | Call **WNBW-DT** | Channel:  
ID: | Sign:  
**8 (High VHF)** | File **0000028843**  
Number:  
FRN: **0017998352** | Date **02/23**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>MPS MEDIA OF GAINESVILLE LICENSE, LLC</b> Doing Business As: MPS MEDIA OF GAINESVILLE LICENSE, LLC	1181 HIGHWAY 315 WILKES BARRE, PA 18702 United States	+1 (570) 970-5600	genebrownsc@gmail.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>Paul A. Cicelski , Esq .</b> <i>Lerman Senter PLLC</i>	2001 L Street NW Suite 400 Washington, DC 21030 United States	+1 (202) 416-6756	pcicelski@lermansenter.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	See Exhibit A.

**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	Retune Existing
	Use	Primary (Main)
	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	GatesAir
	Model	VAX3D-8R44
	Year	2016
	Type	Solid State

	Solid State Cooling	Air Cooled
	Solid State Power capacity	3 kW

**Primary  
Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	7 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**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	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A

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

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

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

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Backup
	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	DT435B
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.4 kW

**Auxiliary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-3
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.66 kW
	Justification for New Transmitter	The current auxiliary transmitter cannot be retuned because the manufacturer is no longer in business.

**Auxiliary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	600.0 feet

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

**Auxiliary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.

**Antennas**

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

**Primary  
Antenna****Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	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	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	4
	Design power capacity in use	11.9 %
	Lower Limit	174.00 MHz



Upper Limit	230.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	4.9 kW
Manufacturer	Systems With Reliability Inc.
Model	SWDDP1-1- 1-1/9
Year	2008

**Primary  
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

**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	

**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
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	980 feet per run

Primary Transmission Line	Other Transmission Line Expenses Not Listed
Information not provided.	

**Tower  
Equipment  
And  
Rigging  
Costs**

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

**Primary  
Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1242355
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	29° 37' 47.7" N-
	Longitude (NAD83)	082° 34' 24.0" W-
	Overall Structure Height	962.91 feet
	Support Structure Height	962.91 feet
	Ground Elevation Above Mean Sea Level (AMSL)	85.96 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	BUDD BROADCASTING COMPANY, INC.
	Date Constructed	01/20/2006

**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
7727	WGFL	DTV

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	No study needed
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	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	400
	Explanation	Outside consulting engineering, legal work, and accounting services, as well as project management for regional and comprehensive repack execution.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A

<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	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	2
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** 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	No
	Non-zoning permits	No
	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?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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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 VAX3D-8R44</b>	<b>\$111,410.00</b>	<b>\$105,900.00</b>		<b>\$0.00</b>	
UHF and VHF - minor banding issues	\$105,200.00	\$100,000.00	N/A	N/A	N/A
7 kW mask filter	\$6,210.00	\$5,900.00	N/A	N/A	N/A
<b>Auxiliary Transmitter UAXTE-3</b>	<b>\$168,100.00</b>	<b>\$160,000.00</b>		<b>\$0.00</b>	
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	\$152,500.00	\$145,000.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$15,600.00	\$15,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$279,510.00</b>	<b>\$265,900.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$772,696.00</b>	<b>\$737,181.00</b>	N/A	<b>\$9,209.82</b>	N/A

Components

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 SWDDP1-1-1-1 /9</b>	<b>\$6,730.00</b>	<b>\$6,400.00</b>		<b>\$0.00</b>	
High VHF - High Power Side Mount Broadband Panel antenna --One Station horizontally polarized	<i>\$0.00</i>	\$0.00	The current antenna will only need to be re-swept.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$6,730.00</b>	<b>\$6,400.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$772,696.00</b>	<b>\$737,181.00</b>	<b>N/A</b>	<b>\$9,209.82</b>	<b>N/A</b>

### 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	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$772,696.00	\$737,181.00	N/A	\$9,209.82	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
Primary Tower TOWER	\$210,500.00	\$200,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Sub-total	\$210,500.00	\$200,000.00	N/A	\$0.00	N/A
Total for all systems	\$772,696.00	\$737,181.00	N/A	\$9,209.82	N/A

Components

Information not provided.

## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$192,260.00</b>	<b>\$181,750.00</b>		<b>\$9,209.82</b>	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$122.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,463.49	N/A
Project management of the transition	\$63,200.00	\$60,000.00	N/A	\$4,931.83	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	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
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,290.00	N/A



Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,402.50	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
<b>Sub-total</b>	\$192,260.00	\$181,750.00	N/A	\$9,209.82	N/A
<b>Total for all systems</b>	\$772,696.00	\$737,181.00	N/A	\$9,209.82	N/A

## Components

Actual Information		
Description	File Name	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<b>Component Description:</b>  <b>Amount:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations. #461289 \$122.00

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="722 174 1027 208"><b>Component Description:</b></td><td data-bbox="1163 174 1374 405"> Portion of general repack matter invoice attributable to this station - divided by 93 stations. </td></tr> <tr> <td data-bbox="722 416 831 450"><b>Amount:</b></td><td data-bbox="1163 416 1257 450">\$152.01</td></tr> <tr> <td data-bbox="722 555 1027 589"><b>Component Description:</b></td><td data-bbox="1163 555 1374 786"> Portion of general repack matter invoice attributable to this station - divided by 93 stations. </td></tr> <tr> <td data-bbox="722 797 831 831"><b>Amount:</b></td><td data-bbox="1163 797 1281 831">#461289 \$1,311.48</td></tr> </table>	<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.	<b>Amount:</b>	\$152.01	<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.	<b>Amount:</b>	#461289 \$1,311.48				
<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.												
<b>Amount:</b>	\$152.01												
<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.												
<b>Amount:</b>	#461289 \$1,311.48												
<p>Project management of the transition</p>	<table> <tr> <td data-bbox="722 1008 1027 1041"><b>Component Description:</b></td><td data-bbox="1163 1008 1374 1238"> Portion of general repack matter invoice attributable to this station - divided by 98 stations. </td></tr> <tr> <td data-bbox="722 1249 831 1283"><b>Amount:</b></td><td data-bbox="1163 1249 1246 1283">\$30.47</td></tr> <tr> <td data-bbox="722 1388 1027 1422"><b>Component Description:</b></td><td data-bbox="1163 1388 1374 1619"> Portion of general repack matter invoice attributable to this station - divided by 93 stations. </td></tr> <tr> <td data-bbox="722 1630 831 1664"><b>Amount:</b></td><td data-bbox="1163 1630 1262 1664">\$943.95</td></tr> <tr> <td data-bbox="722 1769 1027 1803"><b>Component Description:</b></td><td data-bbox="1163 1769 1374 2000"> Portion of general repack matter invoice attributable to this station - divided by 98 stations. </td></tr> <tr> <td data-bbox="722 2011 831 2045"><b>Amount:</b></td><td data-bbox="1163 2011 1262 2045">\$105.97</td></tr> </table>	<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 98 stations.	<b>Amount:</b>	\$30.47	<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.	<b>Amount:</b>	\$943.95	<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 98 stations.	<b>Amount:</b>	\$105.97
<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 98 stations.												
<b>Amount:</b>	\$30.47												
<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.												
<b>Amount:</b>	\$943.95												
<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 98 stations.												
<b>Amount:</b>	\$105.97												

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.
<b>Amount:</b>	\$20.64

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.
<b>Amount:</b>	\$716.28

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations. #461289
<b>Amount:</b>	\$91.50

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 93 stations.
<b>Amount:</b>	\$32.35

<b>Component Description:</b>	Portion of general repack matter invoice attributable to this station - divided by 98 stations.
<b>Amount:</b>	\$185.10

**Component Description:** Portion of general  
repack matter  
invoice  
attributable to this  
station - divided  
by 93 stations.

**Amount:** \$86.88

**Component Description:** Portion of general  
repack matter  
invoice  
attributable to this  
station - divided  
by 93 stations.

**Amount:** \$818.59

**Component Description:** Portion of general  
repack matter  
invoice  
attributable to this  
station - divided  
by 93 stations.

**Amount:** \$836.44

**Component Description:** Portion of general  
repack matter  
invoice  
attributable to this  
station - divided  
by 93 stations.

**Amount:** \$999.04

**Component Description:** Portion of general  
repack matter  
invoice  
attributable to this  
station - divided  
by 93 stations.

**Amount:** \$43.71

	<p><b>Component Description:</b></p> <p>Portion of general repack matter invoice attributable to this station - divided by 93 stations.</p> <p><b>Amount:</b></p> <p>\$20.91</p>
Comprehensive coverage verification via field study, if needed	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	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.
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b></p> <p>Consulting engineering cost.</p> <p><b>Amount:</b></p> <p>\$1,290.00</p>

Perform engineering study for new channel assignment and antenna development	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Consulting engineering cost.</div> <div>\$1,402.50</div> </div>
Address transition timing and coordination issues w/ other stations and wireless	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>\$83,696.00</b>	<b>\$83,131.00</b>		<b>\$0.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	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
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	See Exhibit J.	N/A	N/A
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	See Exhibit J.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$28,566.00</i>	\$28,566.00	See Response to August 27 Inquiry.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$28,050.00</i>	\$28,050.00	See Response to August 27 Inquiry.	N/A	N/A

<b>Sub-total</b>	\$83,696.00	\$83,131.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$772,696.00	\$737,181.00	N/A	\$9,209.82	N/A

## Components

Information not provided.



<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$772,696.00	\$737,181.00
			\$9,209.82

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

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

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

<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>Eugene Brown</b> <i>Sole Member</i></p> <p>02/23/2018</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"> <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>Eugene Brown</b> Sole Member</p> <p>02/23/2018</p>

## Attachments