



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **67190** | Service: **DTV** | Call **WVSN** | Channel: **23 (UHF)** |  
ID: | Sign:  
File **0000026619**  
Number:  
FRN: **0006610976** | Date **03/13**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>LA CADENA DEL MILAGRO, INC.</b> Doing Business As: LA CADENA DEL MILAGRO, INC.	Esteban Paredes P.O. BOX 949 CAMUY, PR 00627 United States	+1 (787) 262-5400	montero@fhhlaw.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
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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	The main transmitter and the main antenna will be replaced according to the schedule of equipment delivery and tower modifications necessary.

## Transmitters

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

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

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Backup used when Main transmitter fail or needs repair /maintenance
	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	Affinity
	Year	2000
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.5 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?	Yes
	Manufacturer	
	Model	EC702HP- BB
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW
	Justification for New Transmitter	To be used when the main transmitter fails or needs maintenance.

**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	1 inches
	Length	30.0 feet
	Other Electrical Service	Yes

	Description	Panel breaker, ground system, connecting cables.
<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

Name	Description
Shipping and Crating	Shipping and crating to San Juan
Installation of LPTV	Installation of EC702 HP
Transmitter	System, WWSN EC702HP

**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	Ultimate TDU2 5K00
	Year	2004
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	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	Parallax
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	5 kW
	Justification for New Transmitter	Existing transmitter manufacturer no longer on the market. We are requesting a replacement transmitter with the same "headroom" transmitter capacity as the existing transmitter.

**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	Yes
	Size	2 inches
	Length	30.0 feet
	Other Electrical Service	Yes
	Description	Additional panel breaker, safety switches for liquid pumps, electrical conduits and cables, ground system, etc.
<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?	Yes
	Size	400.0 square feet
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**      **Other Transmitter Cost Not Listed**

Name	Description
Transmitter Proof of Performance	Performance of Parlux U4 D23

<b>Transmitter Installation</b>	Installation of Parallax U4 D23
<b>Shipping and Crating</b>	Shipping of Parallax U4 D23

**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	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) .....	46.0 kW

Manufacturer	
Model	JA/MS-AW-12
Year	2008

## Primary Antenna

### New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	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	Side 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) .....	27.4 kW
	Manufacturer	
	Model	PSILPD12AW- 23-EP

Year	2017
Justification for New Antenna	Existing antenna can't be frequency change. Upgrading to an elliptically polarized antenna to improve coverage due to the new reduced ERP.

## 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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	1
	Lower Limit	470.00 MHz
	Upper Limit	806.00 MHz
	Design power capacity in use	60.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	10.0 kW
	Manufacturer	
	Model	75010068
	Year	2017

	Justification for New Antenna	This antenna will be used during new main antenna installation and could be used later with the new assigned frequency for backup purposes.
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## Interim Antenna

### Other Antenna Costs

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

## Interim Antenna

### Other Antenna Cost Not Listed

Name	Description
<b>Connectors Adapters</b>	To be used to couple the antenna and transmission line

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

**Interim Transmission Line**

**New Transmission Line**

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	250 feet per run
	Justification for New Transmission Line	Line to feed the interim antenna during main antenna installation.

**Interim Transmission Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
Connectors Adapters	Used to interconnect antenna, line and transmitter

**Tower  
Equipment  
And  
Rigging  
Costs**

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

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	160
	Explanation	It is a religious station with limited operating costs and do not have personnel with the expertise and qualifications to manage a complicated project like this.
<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	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	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	10

	Justification	Transmitter related RF components connections, test coordination with Arecibo Observatory and other local entities.
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

If provided, please provide details.

## 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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
Station Personnel	Extra time incurred by station personnel and travel expenses.

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 Parallax	\$340,876.00	\$327,346.00		\$138,146.00	
Transmitter Proof of Performance	<i>\$6,550.00</i>	\$6,550.00	N/A	\$6,550.00	N/A
Transmitter Installation	<i>\$9,317.50</i>	\$9,317.50	N/A	\$9,317.50	N/A
Shipping and Crating	<i>\$5,728.50</i>	\$5,728.50	N/A	\$5,728.50	N/A
Other -- Building Addition Size: 400.0	<i>\$40,000.00</i>	\$40,000.00	\$100 per foot	\$0.00	N/A
Other Electrical Service: Additional panel breaker, safety switches for liquid pumps, electrical conduits and cables, ground system, etc.	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$780.00	\$750.00	N/A	N/A	N/A

UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$260,000.00	N/A	\$116,550.00	N/A
<b>Auxiliary Transmitter EC702HP-BB</b>	<b>\$170,927.50</b>	<b>\$84,927.50</b>		<b>\$43,027.50</b>	
Installation of LPTV	<b>\$6,774.50</b>	\$6,774.50	N/A	\$6,774.50	N/A
Shipping and Crating	<b>\$2,670.00</b>	\$2,670.00	N/A	\$2,670.00	N/A
Transmitter	<b>\$33,583.00</b>	\$33,583.00	N/A	\$33,583.00	N/A
Other Electrical Service: Panel breaker, ground system, connecting cables.	<b>\$1,500.00</b>	\$1,500.00	N/A	N/A	N/A
1" Rigid Conduit and Wiring	<b>\$400.00</b>	\$400.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$40,000.00	Amount adjusted according to an e-mail received : 2017-07-25 14:23:52 EDT by Geoffrey Mendenhall	N/A	N/A
<b>Sub-total</b>	<b>\$511,803.50</b>	<b>\$412,273.50</b>	N/A	<b>\$181,173.50</b>	N/A
<b>Total for all systems</b>	<b>\$837,383.50</b>	<b>\$728,758.50</b>	N/A	<b>\$181,173.50</b>	N/A

## Components

Actual Information		
Description	File Name	
Transmitter Proof of Performance	<b>Component Description:</b>  <b>Amount:</b>	First 50 % Payment of TV Transmitter Proof Performance  \$6,550.00
Transmitter Installation	<b>Component Description:</b>  <b>Amount:</b>	First 50 % Payment of TV transmitter Installation  \$9,317.50
Shipping and Crating	<b>Component Description:</b>  <b>Amount:</b>	First 50 % Payment of Shipping and Crating TV transmitter  \$5,728.50
Other -- Building Addition Size: 400.0	Information not provided.	
Other Electrical Service: Additional panel breaker, safety switches for liquid pumps, electrical conduits and cables, ground system, etc.	Information not provided.	
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	<b>Component Description:</b>  <b>Amount:</b>	first 50% Payment of UHF TV transmitter  \$116,550.00

Installation of LPTV	<p><b>Component Description:</b></p> <p>First 50% payment of Auxiliary TV Transmitter installation</p> <p><b>Amount:</b></p> <p>\$6,774.50</p>
Shipping and Crating	<p><b>Component Description:</b></p> <p>First Payment of 50% of shipping and crating</p> <p><b>Amount:</b></p> <p>\$2,670.00</p>
Transmitter	<p><b>Component Description:</b></p> <p>First 50% Payment of Auxiliary TV Transmitter</p> <p><b>Amount:</b></p> <p>\$33,583.00</p>
Other Electrical Service: Panel breaker, ground system, connecting cables.	Information not provided.
1" Rigid Conduit and Wiring	Information not provided.
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	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
Interim Antenna 75010068	\$57,380.00	\$55,900.00		\$0.00	
UHF - High Power, Side Mount, basic slot antenna, 1 bay,, 8 - 10 kW input, horizontally polarized	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Connectors Adapters	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Primary Antenna PSILPD12AW- 23-EP	\$85,140.00	\$83,400.00		\$0.00	

UHF - High Power, Side Mount, basic slot antenna, 27 kW input, directional,, elliptically or circularly polarized	<b>\$50,000.00</b>	\$50,000.00	Cost adjusted according to an e-mail received on 2017-07-25 14:23:52 EDT by Geoffrey Mendenhall	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$142,520.00	\$139,300.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$837,383.50	\$728,758.50	N/A	\$181,173.50	N/A

## Components

Information not provided.

Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$8,500.00	\$8,250.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$6,000.00	\$5,750.00	N/A	N/A	N/A
Connectors Adapters	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Sub-total	\$8,500.00	\$8,250.00	N/A	\$0.00	N/A
Total for all systems	\$837,383.50	\$728,758.50	N/A	\$181,173.50	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	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$837,383.50	\$728,758.50	N/A	\$181,173.50	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>\$87,770.00</b>	<b>\$82,750.00</b>		<b>\$0.00</b>	
Additional Field Engineering Service, 10 Days	<i>\$5,000.00</i>	\$5,000.00	\$500 per day (10 days)	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

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 request for Special Temporary Authorization	\$4,100.00	\$3,000.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Project management of the transition	\$25,280.00	\$24,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$87,770.00	\$82,750.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$837,383.50	\$728,758.50	N/A	\$181,173.50	N/A

## Components

Information not provided.

## Cost Information

### Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$86,790.00</b>	<b>\$86,185.00</b>		<b>\$0.00</b>	
Station Personnel	<i>\$21,100.00</i>	\$21,100.00	See attachment	N/A	N/A
MVPD Notification of Channel Change	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	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 - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
<b>Sub-total</b>	\$86,790.00	\$86,185.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$837,383.50	\$728,758.50	N/A	\$181,173.50	N/A

## Components

Information not provided.

**Cost  
Information**

**Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$837,383.50	\$728,758.50	\$181,173.50

**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>Esteban Paredes</b>  <i>General Manager</i></p> <p>03/13/2018</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>Esteban Paredes</b>  <i>General Manager</i></p> <p>03/13/2018</p>

## Attachments