

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 57292 Service: DTV Call WAAY-TV Channel: 17 (UHF)

ID:

Sign:

File **0000027628**

Number:

FRN: **0025852393** Date **03/22**

Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ALABAMA TV LICENSE COMPANY, LLC	3282 NORTHSIDE PARKWAY SUITE 275 ATLANTA, GA 30327 United States	+1 (470) 355- 1944	jburgett@wileyrein. com	Limited Liability Company

Reimbursement Contact Name and Information Reimbursement Contact 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	Yes
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.	
Briefly describe transition plan	WAAY (post ch.

waay (post ch. 17, Phase 2) & WZDX (pre ch. 41/post ch. 18, Phase 8) to re-use shared antenna. WAAY to install new transmitter & interim combiner for shared 17 /41 operations until Phase 8, then install mask filter for 17/18 operations. See

Attachment 1.

Transmitters

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

Auxiliary Transmitter

Add Transmitter Information

Section	Question	Response
Existing Transmitter Description	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
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	Ranger
	Year	2003
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.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?	No
	Manufacturer	
	Model	UAXTE1
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.6 kW
	Justification for New Transmitter	Existing aux /backup transmitter cannot be rechanneled to meet repack channel assignment and is no longer supported by manufacturer.

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	1.5 inches

	Length	1000.0 feet
	Other Electrical Service	Yes
	Description	Connect power panel to Aux transmitter
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	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 leashold 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

Auxiliary

Other Transmitter Cost Not Listed

Transmitter Information not provided.

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	
Manufacturer and Type	Model	Quantum
	Year	2002
	Туре	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	30 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	ULXTE-16
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	10.8 kW
	Justification for New Transmitter	Primary transmitter cannot be re- channeled to meet repack channel assignment and is no longer supported by manufacturer.

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	1.5 inches

Length	1000.0 feet
Other Electrical Service	Yes
Description	Connecting power panel to new transmitter
Does the replacement transmitter require HVAC Service?	No
Туре	N/A
Size	N/A
Other Size	N/A
Does the Transmitter Building require an addition, modification, other leashold improvement?	No
Size	N/A
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
	Other Electrical Service Description Does the replacement transmitter require HVAC Service? Type Size Other Size Does the Transmitter Building require an addition, modification, other leashold improvement? Size Is an RF Consulting Engineer needed? Is a channel 14 Mask Filer needed? Is additional field engineering time needed?

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Install Constant Impedance Mask Filter	In Phase 8, will replace interim combiner with constant impedance mask filter for final WAAY ch. 17 & WZDX ch. 18 operations. See Attachment 1.
Install Interim Combiner	Repack stations WAAY (post ch. 17, Phase 2) & WZDX (pre ch. 41/post ch. 18, Phase 8) share antenna. Interim combiner to allow 17/41 operations until Phase 8. See Attachment 1.

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

Transmission	n ^{Sention}	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	No

Outside Professional

Section	Question	Response	
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes	
	Number of Hours	193	
	Explanation	Manage combiner ordering, shipping, installation, and testing	
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	No
	Quantity	N/A
	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
Services	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No

RF exposure measurements	No
Additional Field Engineering Service	No
Number of Days	N/A
Justification	N/A

Outside
Professional Services Expenses Not Listed
Professional Services ©qstsided.

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	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	No
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?	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

Other Expenses Not Listed

Expenses 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).

			Estimated		
Description	Predetermined Cost Estimate	Estimated Cost	Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter ULXTE-16	\$617,570.00	\$593,070.00		\$393,455.77	
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$470,000.00	N/A	\$393,455.77	N/A
Install Constant Impedance Mask Filter	\$54,250.00	\$54,250.00	Estimated cost shown is 50% of total cost for shared constant impedance mask filter.	N/A	N/A
Other Electrical Service: Connecting power panel to new transmitter	\$3,000.00	\$3,000.00	N/A	N/A	N/A
Install Interim Combiner	\$62,820.00	\$62,820.00	Estimated cost shown is 50% of total cost for shared interim combiner.	N/A	N/A
1.5" Rigid Conduit and Wiring	\$3,000.00	\$3,000.00	N/A	N/A	N/A
Auxiliary Transmitter UAXTE1	\$89,957.35	\$89,957.35		\$71,907.11	

Other Electrical Service: Connect power panel to Aux transmitter	\$3,000.00	\$3,000.00	N/A	N/A	N/A
1.5" Rigid Conduit and Wiring	\$3,000.00	\$3,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter . 6 kW	\$83,957.35	\$83,957.35	See Attachment "WAAY - Gates Air UAXTE 1 Auxiliary Transmitter Invoice and Quote.pdf" showing total with estimated shipping and taxes included.	\$71,907.11	N/A
Sub-total	\$707,527.35	\$683,027.35	N/A	\$465,362.88	N/A
Total for all systems	\$795,996.35	\$768,122.35	N/A	\$465,362.88	N/A

Components

Actual Information		
Description	File Name	

UHF - Liquid Cooled Solid		
State Transmitter 8.2 - 13 kW	Component Description: Amount:	WAAY- Primary Transmitter (ULXTE-16). Request does not include cost for shipping and taxes, which will be requested when these expenses are incurred. See Attachment "WAAY - Gates Air ULXTE-16 Primary Transmitter Invoice and Quote pdf." \$393,455.77
Install Constant Impedance Mask Filter	Information not provided.	
Other Electrical Service: Connecting power panel to new transmitter	Information not provided.	
Install Interim Combiner	Information not provided.	
1.5" Rigid Conduit and Wiring	Information not provided.	
Other Electrical Service: Connect power panel to Aux transmitter	Information not provided.	

UHF - Air Cooled Solid State Transmitter .6 kW

Component Description: WAAY - Auxiliary

Transmitter
(UAXTE-1R37).
Request does not include costs for shipping and taxes, which will be requested when these expenses are incurred. See Attachment
"WAAY - Gates
Air UAXTE 1
Auxiliary

Invoice and Quote.

Transmitter

pdf."

Amount: \$71,907.11

Cost Antennas

Information Information not provided.

Cost Transmission Line

Information Information not provided.

Cost Tower Equipment and Rigging Costs

Information Information not provided.

Cost Outside Professional Services

Information

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	\$55,474.00	\$52,700.00		\$0.00	
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 FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A

Sub-total	\$55,474.00	\$52,700.00	N/A	\$0.00	N/A
		ФEО 700 00	NI/A	* 0.00	N1/A
Prepare and or review reimbursement form	\$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
Project management of the transition	\$30,494.00	\$28,950.00	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
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	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

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).

			F .41 4 1		
Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$32,995.00	\$32,395.00		\$0.00	
MVPD Notification of Channel Change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	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 - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A

Sub-total	\$32,995.00	\$32,395.00	N/A	\$0.00	N/A
Total for all systems	\$795,996.35	\$768,122.35	N/A	\$465,362.88	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$795,996.35	\$768,122.35	\$465,362.88

Reimbursem	envestiatus	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

Section Question Response

Submission of Estimated Expenses Statements

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.

- 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.

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.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Robert S.
Prather , Jr
.
CEO

03/22/2018

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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 certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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.

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 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.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Robert S. Prather , Jr

CEO

03/22/2018

Attachments