Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: **6568** | Service: **DTV** | Call Sign: **WBGU-TV** | Channel: **22 (UHF)**

File Number: **0000027984**

FRN: **0002914638** | Date Submitted: **06/21/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **BOWLING GREEN STATE UNIVERSITY** | Anthony Short, General Manager<br>245 TROUP STREET<br>BOWLING GREEN, OH 43402<br>United States | +1 (419) 372-2700 | ashort@bgsu.edu | Government Entity |

## 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 | Purchase/install an aux antenna, a new transmitter (current one cannot be re-used) and we will use a spare transmission line to test our new channel (22) during the phase one testing period. Upon cutover we'll transition the above to permanent 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 | Ultimate |
| | Year | 2003 |
| | Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power Capacity | 10 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 | Ultimate |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 7.5 kW |
| | Justification for New Transmitter | Vendor will not re-tune the current transmitter due to parts availability |

## Primary Transmitter

### Other Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **Electrical Service** | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | Yes |
| | Power | 300 kVA |
| | Rigid Conduit and Wiring | Yes |
| | Size | 1.5 inches |
| | Length | 100.0 feet |
| | Other Electrical Service | No |

| | | |
|---|---|---|
| | Description | N/A |
| **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 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 |

## Primary 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

### Add 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 this antenna currently shared with any other stations? | No |
| | Is this antenna directional? | No |
| | 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 | Top Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 56 |
| | Design power capacity in use | 40.0 % |
| | Lower Limit | 470.00 MHz |

| | |
|---|---|
| Upper Limit | 728.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 153.0 kW |
| Manufacturer | Dielectric |
| Model | TUF-04-14 /56 H-I-T-R |
| Year | 2003 |

**Primary Antenna**

### Adjustment to Existing Antenna

| Section | Question | Response |
|---|---|---|
| **Sweep Test of Existing Antenna** | Do you need a sweep test of existing antenna? | Yes |

**Primary Antenna**

### Other Antenna Costs

| Section | Question | Response |
|---|---|---|
| **Combiner for Shared Antenna** | 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

| Name | Description |
|---|---|
| **retune elbox complex** | retuning elbox complex for new channel |

## Auxiliary Antenna

### Add Antenna Information

| Section | Question | Response |
|---|---|---|
| **Existing Antenna Description** | Type of change | Purchase New |
| | Antenna Use | Auxiliary (Backup) |
| | Description of Use | Used for transition testing, then becomes backup antenna |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this antenna currently shared with any other stations? | No |
| | Is this antenna directional? | No |
| | 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 | Class A |
| | 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) | 61.0 kW |
| Manufacturer | |
| Model | AL8PLUS |
| Year | 2002 |

## Auxiliary Antenna

### New Antenna Costs

| Section | Question | Response |
|---|---|---|
| **New Antenna Description** | Use | Auxiliary (Backup) |
| | Description of Use | Aux/backup antenna to replace existing. Will be used for testing new channel prior to cutover |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | 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 |
| **New Antenna Manufacturer and Types** | Class | Class A |
| | 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) | 61.0 kW |
| | Manufacturer | |
| | Model | AL8PLUS |
| | Year | 2002 |
| | Justification for New Antenna | Current auxiliary antenna is not capable of new channel. Will install new auxiliary antenna for testing in phase 1 while not interrupting current channel /service |

## Auxiliary Antenna

### Other Antenna Costs

| Section | Question | Response |
|---|---|---|
| **Combiner for Shared Antenna** | 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 |
| **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 |

## Auxiliary 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 | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 2 |
| | Length | 1000 feet per run |

## Primary Transmission Line

### Other Transmission Line Expenses Not Listed

| Name | Description |
|---|---|
| **Primary Line sweep and tuning bullets** | Current transmission line is compatible with new channel, just needs swept and tuned |

## Auxiliary Transmission Line

### Add Transmission Line

| Section | Question | Response |
|---|---|---|
| **Existing Transmission Line Description** | Type of change | Utilize Existing |
| | Use | Auxiliary (Backup) |
| | Description of Use | Backup transmission line to side mount antenna |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmission currently shared with any other stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| **Existing Transmission Line Manufacturer and Type** | Manufacturer | Andrew |
| | Type | Flexible Air |
| | Diameter | 1 5/8 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 560 feet per run |

## Auxiliary 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 | Move Equipment |
| | 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? | Yes |
| **Existing Tower Structure Registration** | Do you have a tower registration number? | Yes |
| | ASR Number | 1016071 |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 41° 08' 12.0" N- |
| | Longitude (NAD83) | 083° 54' 24.0" W- |
| | Overall Structure Height | 1089.55 feet |
| | Support Structure Height | 1030.83 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 727.03 feet |

| | |
|---|---|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | BOWLING GREEN STATE UNIVERSITY |
| Date Constructed | 08/13/2004 |

**Primary Tower**

### Tower Rigging Costs

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

**Primary Tower**

### Other Tower Expenses Not Listed

Information not provided.

## Outside Professional Services Costs

| Section | Question | Response |
|---|---|---|
| **Outside Project Management Services** | Do you require outside project management services? | No |
| | Number of Hours | N/A |
| | Explanation | N/A |
| **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 | 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 | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

## Outside Professional Services Costs

### Other Professional Services Expenses Not Listed

Information not provided.

## 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 | No |
| | FCC License to Cover Application | No |
| | 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? | 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 Ultimate** | **$441,800.00** | **$440,000.00** | | **$0.00** | |
| UHF - Liquid Cooled Solid State Transmitter 7.5 kW | ***$400,000.00*** | $400,000.00 | N/A | $0.00 | N/A |
| Transformer 3 phase/480v - 300 KVA | $36,800.00 | $35,000.00 | N/A | $0.00 | N/A |
| 1.5" Rigid Conduit and Wiring | ***$5,000.00*** | $5,000.00 | N/A | N/A | N/A |
| **Sub-total** | $441,800.00 | $440,000.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $1,123,670.00 | $727,400.00 | N/A | $24,200.00 | 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 |
|---|---|---|---|---|---|
| **Primary Antenna TUF-04-14/56 H-I-T-R** | **$265,430.00** | **$18,100.00** | | **$0.00** | |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | $247,000.00 | $0.00 | Do not need a new antenna, just retuning elbox complex of existing and line sweep | N/A | N/A |
| Sweep test of existing antenna | $6,730.00 | $6,400.00 | N/A | N/A | N/A |
| retune elbox complex | ***$11,700.00*** | $11,700.00 | estimated cost of elbow complex retuning | N/A | N/A |
| **Auxiliary Antenna AL8PLUS** | **$52,230.00** | **$51,900.00** | | **$21,750.00** | |
| Sweep test of existing antenna | $6,730.00 | $6,400.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| UHF - Lower Power, Side Mount, Class A, basic slot antenna, 60 - 65 kW input, horizontally polarized | ***$45,500.00*** | $45,500.00 | Cost of new aux antenna as current aux antenna isn't compatible with new channel 6-6-18 - added $500 to the $45,000 to cover extra shipping charges - see attached Alive Telecom quote | $21,750.00 | N/A |
| **Sub-total** | $317,660.00 | $70,000.00 | N/A | $21,750.00 | N/A |
| **Total for all systems** | $1,123,670.00 | $727,400.00 | N/A | $24,200.00 | N/A |

### Components

| Actual Information Description | File Name |
|---|---|
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | Information not provided. |
| Sweep test of existing antenna | Information not provided. |
| retune elbox complex | Information not provided. |
| Sweep test of existing antenna | Information not provided. |

| | | |
|---|---|---|
| UHF - Lower Power, Side Mount, Class A, basic slot antenna, 60 - 65 kW input, horizontally polarized | **Component Description:**<br><br><br><br><br>**Amount:** | This is for the 50% down payment for the new auxiliary antenna<br>$21,750.00 |

## 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** | **$5,000.00** | **$5,000.00** | | **$0.00** | |
| Primary Line sweep and tuning bullets | ***$5,000.00*** | $5,000.00 | N/A | $0.00 | N/A |
| **Auxiliary Transmission Line** | **$0.00** | **$0.00** | | **$0.00** | |
| **Sub-total** | $5,000.00 | $5,000.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $1,123,670.00 | $727,400.00 | N/A | $24,200.00 | N/A |

### Components

| Actual Information Description | File Name |
|---|---|
| Primary Line sweep and tuning bullets | **Component Description:** Primary line sweep test<br>**Amount:** N/A |

## 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** | **$80,000.00** | | **$0.00** | |
| Tall Tower (greater than 500') | $210,500.00 | $80,000.00 | N/A | N/A | N/A |
| **Sub-total** | $210,500.00 | $80,000.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $1,123,670.00 | $727,400.00 | N/A | $24,200.00 | 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 |
|---|---|---|---|---|---|
| **Outside Professional Services** | **$135,960.00** | **$128,750.00** | | **$0.00** | |
| Comprehensive coverage verification via field study, if needed | $84,200.00 | $80,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | $3,680.00 | $3,500.00 | 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 engineering section of FCC Form 2100 (main), Construction Permit Application | $3,155.00 | $3,000.00 | N/A | $0.00 | 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 | N/A | N/A |
| RF Exposure Measurements | $21,050.00 | $20,000.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | $7,360.00 | $7,000.00 | N/A | $0.00 | N/A |
| **Sub-total** | $135,960.00 | $128,750.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $1,123,670.00 | $727,400.00 | N/A | $24,200.00 | N/A |

## Components

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

| | | |
|---|---|---|
| Comprehensive coverage verification via field study, if needed | Information not provided. | |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. | |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | **Component Description:**<br><br>**Amount:** | Preparation of engineering portion of construction permit<br>N/A |
| 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 | Information not provided. | |
| RF Exposure Measurements | Information not provided. | |
| Perform engineering study for new channel assignment and antenna development | **Component Description:**<br><br>**Amount:** | Perform engineering evaluation for new Channel 22<br>N/A |

## 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** | **$12,750.00** | **$3,650.00** | | **$2,450.00** | |
| MVPD Notification of Channel Change | ***$200.00*** | $200.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | ***$500.00*** | $500.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | $11,550.00 | $2,450.00 | N/A | $2,450.00 | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | ***$500.00*** | $500.00 | N/A | N/A | N/A |
| **Sub-total** | $12,750.00 | $3,650.00 | N/A | $2,450.00 | N/A |
| **Total for all systems** | $1,123,670.00 | $727,400.00 | N/A | $24,200.00 | N/A |

### Components

| Actual Information Description | File Name |
|---|---|
| MVPD Notification of Channel Change | Information not provided. |

| | |
|---|---|
| Develop and air announcement of upcoming channel change | Information not provided. |
| DTV Medical Facility Notification | **Component Description:** Medical Notification mailing<br>**Amount:** $2,450.00 |
| 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** | $1,123,670.00 | $727,400.00 | $24,200.00 |

## 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** | 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.<br>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>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 above-named applicant for the Authorization(s) specified above. | **Tina Simon**<br>*General Manager*<br><br>06/21/2018 |

## 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 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.<br>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.<br>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.

| | | |
|---|---|---|
| | 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.<br>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 above-named applicant for the Authorization(s) specified above. | **Tina Simon**<br>*General Manager*<br><br>06/21/2018 |

## Attachments