



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **27504** | Service: **DTV** | Call **WKPT-TV** | Channel: **32 (UHF)** |
ID:
File **0000026143** | Sign:
Number:
FRN: **0001770163** | Date **08/06**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|-------------------|-----------------|----------------|
| HOLSTON VALLEY BROADCASTING CORPORATION Doing Business As: HOLSTON VALLEY BROADCASTING CORPORATION | Nathan D. Widener 222 COMMERCE STREET KINGSPORT, TN 37660 United States | +1 (423) 723-6134 | davidw@wtfm.com | Corporation |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

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

Broadcaster Information and Transition Plan

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|--|--|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | Yes |
| Briefly describe transition plan | To keep our current channels on the air while we build our new assigned channels we will have to remove the old 65.5 foot UHF analog antenna replacing it with a 65.5 pole to have room for the new antennas for channel 16 & 36, since our tower is full. |

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? | Yes |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | |
| | Model | TAU 2-5K00AA |
| | Year | 2003 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 4 kW |

**Facility ID's and Call Signs of
all stations with whom the
transmitter is shared.**

| Facility ID | Call Sign |
|-------------|-----------|
| 77677 | WAPK-CD |

**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 | EC706HP- BB |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 5.24 kW |
| | Justification for New Transmitter | We need to keep our existing channel 27 operation on the air while we build our new channel 32 facility. Our existing transmitter will not produce the power needed to feed our new channel 32 antenna system. It will only produce 4kW of digital power. |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|--|---|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | No |
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | 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 leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

**Primary
Transmitter**

Other Transmitter Cost Not Listed

| Name | Description |
|-------------------------------|--|
| Remote Control Upgrade | Upgrade Burk remote control to be compatible with new Comark transmitter |

Antennas

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

Auxiliary Antenna

Add Antenna Information

| Section | Question | Response |
|--|---|---|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Auxiliary (Backup) |
| | Description of Use | Emergency backup low power 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? | Yes |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Middle |
| | Polarization | Horizontal |
| | Type | Other |
| | 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 | Para-slot |
| | | |

| | |
|--|-----------------|
| ERP: (Effective Radiated Power) | 13.8 kW |
| Manufacturer | |
| Model | SCA- SL8CH27 |
| Year | 2000 |

Auxiliary Antenna

New Antenna Costs

| Section | Question | Response |
|------------------------------------|--|------------------------------------|
| New Antenna Description | Use | Auxiliary (Backup) |
| | Description of Use | Emergency low power backup antenna |
| | 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 | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Bottom |
| | Polarization | Circular |
| | 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) | 13.8 kW |

| | |
|-------------------------------|--|
| Manufacturer | |
| Model | SCA-SL8CH32 |
| Year | 2017 |
| Justification for New Antenna | It is a channel specific antenna and our current emergency backup antenna will not work on our new assigned channel, |

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.

Primary Antenna

Add Antenna Information

| Section | Question | Response |
|---|---|--------------------|
| Existing Antenna Description | Type of change | Purchase New |
| | Antenna Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this antenna currently shared with any other stations? | No |
| | Is this antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | Yes |
| Existing Antenna Manufacturer and Type | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Middle |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 16 |
| | Design power capacity in use | 100.0 % |
| | Lower Limit | 548.00 MHz |
| | Upper Limit | 554.00 MHz |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 200.0 kW |

| | |
|--------------|---------|
| Manufacturer | |
| Model | TLP-16E |
| Year | 2005 |

**Primary
Antenna**

New Antenna Costs

| Section | Question | Response |
|---|--|-----------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | Yes |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Top |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 16 |
| | Lower Limit | 578.00 MHz |
| | Upper Limit | 584.00 MHz |
| | Design power capacity in use | 100.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 222.0 kW |
| | Manufacturer | |
| | Model | TLP-16E |

| | |
|-------------------------------|---|
| Year | 2017 |
| Justification for New Antenna | Our new assigned channel is 32. We need a new antenna because our existing antenna is not multiple channel, plus we need to keep channel 27 on the air while we build channel 32. |

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 | 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? | Yes |

| | | |
|---------------------------------|---|-----|
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | Yes |

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

Transmission Line

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

Auxiliary **Add Transmission Line**
Transmission Line

| Section | Question | Response |
|---|--|-----------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Backup |
| | 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 | |
| | Type | Flexible Foam |
| | Diameter | 1 5/8 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 158 feet per run |

Auxiliary **New Transmission Line**
Transmission Line **Section**

| | Question | Response |
|------------------------------------|---|--|
| New Transmission Line Costs | Use | Auxiliary (Backup) |
| | Description of Use | Backup |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Flexible Foam |
| | Diameter | 1 5/8 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 175 feet per run |
| | Justification for New Transmission Line | The line length is not sufficient for the new mounting location. |

Auxiliary **Other Transmission Line Expenses Not Listed**
Transmission Line **Information not provided.**

Primary
Transmission Line

Existing Transmission Line

| Section | Question | Response |
|---|--|------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Flexible Air |
| | Diameter | 3 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 150 feet per run |

Primary
Transmission Line

New Transmission Line

| Section | Question | Response |
|------------------------------------|---|--|
| New Transmission Line Costs | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Flexible Air |
| | Diameter | 3 inches |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 250 feet per run |
| | Justification for New Transmission Line | We need a new antenna installed and operating while our existing station is on the air. The mounting position of the new antenna and the proximity of the new transmitter requires additional length of transmission line. |

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

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 | 360 feet per run |
| | Justification for New Transmission Line | Needed for interim operation on pre-transition channel on nearby rental tower using existing primary antenna |

Interim
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**

Add Tower

| Section | Question | Response |
|--|---|------------------------|
| Existing Tower Description | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Is this tower consider Complex? | Terrain Constrained |
| | 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 | Yes |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1054538 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 36° 25' 53.0" N- |
| | Longitude (NAD83) | 082° 08' 15.0" W- |
| | Overall Structure Height | 225.72 feet |
| | Support Structure Height | 169.29 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 4172.85 feet |
| | | |

| | |
|------------------|--|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | HOLSTON VALLEY BROADCASTING CORPORATION |
| Date Constructed | 10/01/1994 |

**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 |
|-------------|-----------|---------|
| 77677 | WAPK-CD | DTV |
| 27489 | WTFM | FM |
| 27490 | WOPI-CD | DTV |

Other Types of Users

| Users |
|----------------|
| 2 ghz receive |
| 7ghz receive |
| FM translator |
| FM Translator |
| 7 ghz transmit |
| 950 mhz STL |

**Primary
Tower**

Tower Modification Costs

| Section | Question | Response |
|-------------------|--|-----------------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | Study needed for documented tower |

| | | |
|-----------------------------|--|-------------------------------|
| Tower Reinforcements | Please select whether tower reinforcements are needed: | Serious Reinforcements needed |
|-----------------------------|--|-------------------------------|

**Primary
Tower**

Tower Rigging Costs

| Section | Question | Response |
|-------------------------------------|-----------------------------------|---------------------|
| Tower Rigging Costs | Complex Tower | Terrain constrained |
| Helicopter Services Required | Are helicopter services required? | No |

**Primary
Tower**

Other Tower Expenses Not Listed

| Name | Description |
|---------------------|---|
| Tower Rental | Rental of nearby tower for 9 months through the end of the transition |

**Outside
Professional Services Costs**

| Section | Question | Response |
|---|--|--|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 8 |
| | Explanation | We have received a quote from Stainless, Inc. of Cedar Hill, Texas for a package including (a) the tower engineering study; (b) replacing the top 65 feet of the tower; (c) tower rigging; and (d) remove replace existing antennas and transmission lines |
| 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 |
| | 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 | Yes |
| | 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 | No |
| 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

Other Professional Services Expenses Not Listed
Services Costs

| Name | Description |
|----------------------------|--|
| Other Engineering Services | Engineering services not included in any other 399 section |

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)? | No |
| | 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 EC706HP-BB | \$239,421.75 | \$226,577.75 | | \$120,660.08 | |
| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | \$236,500.00 | \$223,656.00 | New quote from Comark for one step up based on headroom greater than 10 percent | \$119,059.56 | N/A |
| Remote Control Upgrade | \$2,921.75 | \$2,921.75 | 50 percent split with WAPK for Burk remote control upgrade | \$1,600.52 | N/A |
| Sub-total | \$239,421.75 | \$226,577.75 | N/A | \$120,660.08 | N/A |
| Total for all systems | \$2,039,240.75 | \$607,793.25 | N/A | \$244,397.28 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | <p>Component Description: 50 pct down payment for new transmitter for WKPT</p> <p>Amount: \$119,059.56</p> |

Remote Control Upgrade

Component Description:

WKPT Share of
50 pct down
payment. See
cover letter for
rounding and
splitting
calculations

Amount:

\$1,600.52

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 TLP-16E | \$219,380.00 | \$36,872.00 | | \$36,872.00 | |
| Side mount brackets for high power antennas (if not included in antenna base cost) | \$23,150.00 | \$9,180.00 | Dielectric quote | \$9,180.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | \$6,400.00 | N/A |
| UHF - Lower Power Side Mount, One station - 200- 500 kW, horizontally polarized | \$189,500.00 | \$21,292.00 | Dielectric quote | \$21,292.00 | N/A |
| Auxiliary Antenna SCA- SL8CH32 | \$11,230.00 | \$10,900.00 | | \$0.00 | |

| | | | | | |
|---|-------------------|--------------|--|--------------|-----|
| UHF - High Power, Side Mount, basic slot antenna, 14 kW input, elliptically or circularly polarized | \$4,500.00 | \$4,500.00 | We currently have an emergency backup antenna and they are channel specific so we will need one for our new assigned channel 32. Katrein Scala SL8 quote | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$230,610.00 | \$47,772.00 | N/A | \$36,872.00 | N/A |
| Total for all systems | \$2,039,240.75 | \$607,793.25 | N/A | \$244,397.28 | N/A |

Components

| Actual Information | |
|--|--|
| Description | File Name |
| Side mount brackets for high power antennas (if not included in antenna base cost) | <p>Component Description: Custom Mounting brackets for the antenna</p> <p>Amount: \$9,180.00</p> |
| Sweep test of existing antenna | <p>Component Description: Sweep of the antenna</p> <p>Amount: \$6,400.00</p> |

| | |
|---|--|
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | <p>Component Description: TLP-16E primary antenna</p> <p>Amount: \$21,292.00</p> |
| UHF - High Power, Side Mount, basic slot antenna, 14 kW input, elliptically or circularly polarized | Information not provided. |
| Sweep test of existing antenna | 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 | \$8,640.00 | \$8,640.00 | | \$0.00 | |
| Flexible Foam Transmission Line - dielectric, 1 5 /8" | \$8,640.00 | \$8,640.00 | To serve the existing primary antenna while on a nearby rental tower | N/A | N/A |
| Primary Transmission Line | \$14,750.00 | \$14,000.00 | | \$0.00 | |
| Flexible Air Transmission Line - dielectric, 3" | \$14,750.00 | \$14,000.00 | N/A | N/A | N/A |
| Auxiliary Transmission Line | \$4,200.00 | \$4,200.00 | | \$0.00 | |
| Flexible Foam Transmission Line - dielectric, 1 5 /8" | \$4,200.00 | \$4,200.00 | To replace the existing line which must be removed to accommodate welding reinforcements on the tower legs | N/A | N/A |
| Sub-total | \$27,590.00 | \$26,840.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,039,240.75 | \$607,793.25 | N/A | \$244,397.28 | 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 | \$1,492,350.00 | \$279,353.50 | | \$80,977.70 | |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$2,000.00 | see attached estimate from Stainless, inc. 50 percent of cost split with WAPK | \$2,000.00 | N/A |
| Tower Rental | <i>\$6,750.00</i> | \$6,750.00 | 13,500 for 9 months split 50 percent with WAPK | N/A | N/A |
| Serious tower reinforcement /modifications | \$1,052,000.00 | \$232,668.00 | 50 percent of the modifications cost shared with WAPK | \$69,800.40 | N/A |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00 | \$37,935.50 | See estimates from Stainless, Inc. for installing antennas and line on primary and nearby rental tower for interim operation | \$9,177.30 | N/A |
| Sub-total | \$1,492,350.00 | \$279,353.50 | N/A | \$80,977.70 | N/A |
| Total for all systems | \$2,039,240.75 | \$607,793.25 | N/A | \$244,397.28 | N/A |

Components

| Actual Information | File Name | |
|---|-------------------------------|---|
| Description | | |
| Structural engineering tower load study for well documented tower | Component Description: | One half down payment for tower structural analysis for WKPT |
| | Amount: | \$1,000.00 |
| | Component Description: | One half balance due for tower Structural analysis for WKPT |
| | Amount: | \$1,000.00 |
| Tower Rental | Information not provided. | |
| Serious tower reinforcement /modifications | Component Description: | 30 pct down payment for 50% of the total cost of tower reinforcement modifications |
| | Amount: | \$69,800.40 |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | Component Description: | 30 pct down payment of 50 pct of the total rigging and antenna and line installation cost, shared with WAPK |
| | Amount: | \$9,177.30 |

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 | \$35,719.00 | \$22,000.00 | | \$5,887.50 | |
| Other Engineering Services | <i>\$10,000.00</i> | \$10,000.00 | Engineering services not included in any other 399 section | \$3,437.50 | N/A |
| ASR modification (prepare FCC Form 854) | \$2,105.00 | \$1,500.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$3,000.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,000.00 | N/A | N/A | N/A |

| | | | | | |
|--|-----------------------|---------------------|---|---------------------|------------|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$2,300.00 | Invoice for engineering CP application was greater than estimated | \$2,300.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$0.00 | Included in CP application charges | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$1,000.00 | N/A | N/A | N/A |
| Project management of the transition | \$1,264.00 | \$1,200.00 | N/A | \$150.00 | N/A |
| Sub-total | \$35,719.00 | \$22,000.00 | N/A | \$5,887.50 | N/A |
| Total for all systems | \$2,039,240.75 | \$607,793.25 | N/A | \$244,397.28 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| Other Engineering Services | <p>Component Description: RF Design for revised transition plan and 399 amendment for WKPT</p> <p>Amount: \$3,437.50</p> |
| ASR modification (prepare FCC Form 854) | Information not provided. |

| | |
|--|---|
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. |
| Prepare 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 | <div> <div> Component Description: </div> <div> Engineering for CP Application for WKPT </div> </div> <div> <div> Amount: </div> <div> \$2,300.00 </div> </div> |
| Perform engineering study for new channel assignment and antenna development | Information not provided. |
| Prepare and or review reimbursement form | Information not provided. |
| Project management of the transition | <div> <div> Component Description: </div> <div> FCC 387 progress report 2Q18 WKPT </div> </div> <div> <div> Amount: </div> <div> \$150.00 </div> </div> |

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 | \$13,550.00 | \$5,250.00 | | \$0.00 | |
| MVPD Notification of Channel Change | <i>\$2,000.00</i> | \$2,000.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$3,250.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$0.00</i> | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$13,550.00 | \$5,250.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$2,039,240.75 | \$607,793.25 | N/A | \$244,397.28 | N/A |

Components

Information not provided.

| | | | |
|-----------------------------|------------------------------|--|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$2,039,240.75 | \$607,793.25 |
| | | | \$244,397.28 |

| | | |
|-----------------------------|--|-----------------|
| 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"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

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

| | |
|---|---|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Robert Gehman <i>Consulting Engineer</i></p> <p>08/06/2018</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"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

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

| | |
|--|---|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Robert Gehman <i>Consulting Engineer</i></p> <p>08/06/2018</p> |

Attachments