

Federal Communications Commission

# (REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: File	I	Service: DTV	Call Sign:	WFXG	Channel: 36 (UHF)
File	000002	5076			
Number:					
FRN: <b>00</b> 2	28123180	Date	12/04		
		Submitted:	/2018		

## Applicant Name, Type, and Contact Information

# Applicant Information

Applicant	Address	Phone	Email	Applicant Type
WFXG LICENSE SUBSIDIARY, LLC Doing Business As: WFXG LICENSE SUBSIDIARY, LLC	201 MONROE STREET RSA TOWER, 20TH FLOOR MONTGOMERY, AL 36104 United States	+1 (334) 206- 1400	fcclms@raycommedia. com	Limited Liability Company

## Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information			
Contact Information	Applicant	Address	Phone	Email
	The Preparer is same as the reimbursement contact.			

Broadcaster	Question	Response
Information		
and		
Transition		
Plan		

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	Install interim antenna and line Install new top mounted antenna and connect to existing line Retune main and backup transmitters.

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

# **Existing Transmitter Information**

# Primary Transmit

ansmitter	Section	Question	Response
	Existing Transmitter Description	Type of change	Retune Existing
		Use	Primary (Main)
		Ownership	Owned
		Owner	N/A
		Is this transmitter currently shared with another station?	No
		Is this transmitter currently in operating condition?	Yes
	Existing Transmitter	Manufacturer	GatesAir
	Manufacturer and Type	Model	ULXT40AT
		Year	2016
		Туре	Solid State

Solid State Cooling	Liquid Cooled
Solid State Power capacity	31 kW

# Retuning Transmitter Costs

Primary Transmitter

er	Section	Question	Response
	New IOT Tubes	Number of Tubes (including accessories) needed	N/A
	New Mask Filter	Power	60 kW
		Other Power	N/A
	New Exciter	Is a new exciter needed?	No

# Primary Other Transmitter Costs

Transmitter			
Transmitter	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	Other Electrical Service	No
		Description	N/A
	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

# **Other Transmitter Cost Not Listed**

PrimaryOther Transmitter CoTransmitterInformation not provided.

### **Add Transmitter Information** Auxiliary

	Response
Existing TransmitterType of changeDescription	Retune Existing
Use	Auxiliary (Backup)
Ownership	Owned
Owner	N/A
Is this transmitter currently another station?	y shared with No
Is this transmitter currently condition?	v in operating Yes
Existing Transmitter Manufacturer	GatesAir
Manufacturer and Type Model	UAXT-3AT
Year	2016
Туре	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	y 2.5 kW

Auxiliary Transmitter	Retuning Transmitter Costs			
	Section	Question	Response	
	New IOT Tubes	Number of Tubes (including accessories) needed	N/A	
	New Mask Filter	Power	3 kW	
		Other Power	N/A	
	New Exciter	Is a new exciter needed?	No	

#### **Retuning Transmitter Costs** ~:I:

# **Other Transmitter Costs**

Auxiliary	Other Transmitter Costs			
Transmitter	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	
HV	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

# Other Transmitter Cost Not Listed

AuxiliaryOther Transmitter CoTransmitterInformation not provided.

Antennas Section		Question	Response
Antenna Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary	Existing Antenna Information			
Antenna	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 the existing antenna shared with another station or stations?	No	
		Is the existing antenna directional?	No	
		Is antenna in operating condition?	Yes	
		Is antenna located on or in close proximity to an antenna farm?	No	
	Existing Antenna	Class	Full Power	
	Manufacturer and Type	Mounting	Top Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Elliptical	
		Туре	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)	413.0 kW	

Manufacturer	
Model	TFU- 30GTH O4
Year	2016

Primary	New Antenna Costs			
Antenna	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?	No	
	New Antenna	Class	Full Power	
	Manufacturer and Types	Mounting	Top Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Elliptical	
		Туре	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)	27.5 kW	
		Manufacturer		
			1	

Model	TFU- 10DSC CT150
Year	2019
Justification for New Antenna	Existing antenna can not be retuned Station is licensed v- pol.

# Other Antenna Costs

# Primary Antenna

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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 or side mount brackets for a high power antenna?		No
Pattern Scatter Analysis	<b>ysis</b> Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

# PrimaryOther Antenna Cost Not ListedAntennaInformation not provided.

Interim	New Antenna Costs			
Antenna	Section	Question	Response	
	New Antenna Description	Use	Interim	
		Description of Use	N/A	
		Change Type	Purchase New	
		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	Class	Full Power	
	Manufacturer and Type	Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Horizontal	
		Туре	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)	413.0 kW	
		Manufacturer		
		Model	TFU-WB8	
		Year	2019	

Interim Antenna	Other Antenna Costs			
	Section	Question	Response	
	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 an 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	

Interim Other Antenna Cost Not Listed

Antenna Information not provided.

Transmission <sup>Seffien</sup>		Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Add Transmission Line Transmission Line

nsmissio	n 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 this transmission currently shared with any other stations?	No
		Is Transmission Line in operating condition?	Yes
	Existing Transmission	Manufacturer	Dielectric
	Line Manufacturer and Type	Туре	Rigid
		Diameter	6 1/8 inches
		Other Diameter	N/A
		Segment Length	20 inches
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	1250 feet per run

# Other Transmission Line Expenses Not Listed Transmission to provided.

Interim	New Transmission Line					
Transmissio	on Line Section	Question	Response			
	New Transmission Line Costs	Use	Interim			
		Description of Use	N/A			
		Change Type	Purchase New			
		Type Diameter	Rigid			
			4 1/16 inches			
		Segment Length	20'			
		Other Segment Length				
		Number of parallel runs	1			
		Length	980 feet per run			
		Justification for New Transmission Line	interim line to be used during new antenna installation and connection to existing line			

# Interim Other Transmission Line Expenses Not Listed

Transmissionntoimetion not provided.

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

# **Existing Tower**

Primary	Existing Tower	xisting Tower				
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?	Modify Existing Primary (Main) N/A NA Owned Owned No Source Sourc			
		Is this tower currently shared with any other stations?	Modify Existing Primary (Main) N/A No Owned Owned No Owned No No No No No NA NA NA NA NA NA NA NA NA NA NA NA NA			
		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	Do you have a tower registration number?	(Main) N/A Owned No No No N/A N/A Yes Yes Yes 1045869 33° 25' 01.0" N- 081° 50' 05.0" W- 1154.84 feet 1099.07 feet			
	Registration	ASR Number	1045869			
	Coordinates (NAD83 ( North American Datum	Latitude (NAD83)				
	of 1983))	Longitude (NAD83)				
			Overall Structure Height	1154.84 feet		
		Support Structure Height	1099.07 feet			
		Ground Elevation Above Mean Sea Level (AMSL)	400.26 feet			

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Southeastern Media Holdings, Inc.
Date Constructed	09/14/1990

# Primary Tower Modification Costs

Tower

Tower

# SectionQuestionResponseEngineering StudyPlease what type of engineering study is<br/>required, if any:Study needed<br/>for documented<br/>towerTower ReinforcementsPlease select whether tower reinforcements<br/>are needed:Minor<br/>Reinforcements<br/>needed

# Primary Tower Rigging Costs

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

# Primary Other Tower Expenses Not Listed

**Tower** Information not provided.

Outside Professional	Section	Question	Response
	Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
		Number of Hours	300
		Explanation	Pattern analysis Antenna Spec Transmitter Spec Building drawings Installation Supervision Accounting Internal Legal
	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	Installation Supervision Accounting Internal Legal
		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	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	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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Other Professional Services Expenses Not Listed Professional Services roostsided.

Other Expenses	Section	Question	Response
	AM Pattern Disturbance	Is an Impact Study needed?	No
		Is Remediation needed?	No
	Facility Expenses	Name	N/A
		e Is an Impact Study needed? No Is Remediation needed? No 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?	N/A
		Name	N/A
			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
			No
	Other Miscellaneous Expenses	Disposal Costs (for equipment and other	No
		Delivery or Handling Charges not otherwise	Yes
			Yes
		Development and Airing of an Announcement regarding an upcoming	Yes
		Does this relocation require MVPD Notification of a Channel Change?	Yes

# Other Expenses Not Listed

**Expenses** Information not provided.

# Transmitters

# Cost 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
Primary Transmitter ULXT40AT	\$194,600.00	\$69,317.36		\$16,045.84	
UHF and VHF - minor banding issues	\$105,200.00	\$69,317.36	Quote attached (GA- 00021679)	\$16,045.84	N/A
60 kW mask filter	\$89,400.00	\$0.00	included in main tx quote	N/A	N/A
Auxiliary Transmitter UAXT-3AT	\$109,355.00	\$11,141.60		\$2,785.40	
3 kW mask filter	\$4,155.00	\$0.00	included in backup tx quote	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$11,141.60	Quote attached	\$2,785.40	N/A
Sub-total	\$303,955.00	\$80,458.96	N/A	\$18,831.24	N/A
Total for all systems	\$1,513,725.00	\$860,384.86	N/A	\$43,711.18	N/A

Actual Information	
Description	File Name

banding issues	Component Description:	Channel change ULXT-40AT
	Amount:	\$6,418.34
	Component Description:	Channel change ULXT-40AT
	Amount:	\$9,627.50
60 kW mask filter	Information not provided.	
3 kW mask filter	Information not provided.	
UHF and VHF - minor		
banding issues	Component Description:	channel change UAXT-3AT
	Amount:	\$1,114.16
	Component Description:	Channel Change
		& Proof
	Amount:	\$1,671.24

# Antennas

# Cost 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
Interim Antenna TFU- WB8	\$196,230.00	\$62,147.50		\$6,214.75	
UHF - Lower Power Side Mount, One station - 200- 500 kW, horizontally polarized	\$189,500.00	\$55,747.50	N/A	\$5,574.75	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$640.00	N/A
Primary Antenna TFU- 10DSC CT150	\$296,230.00	\$223,590.00		\$0.00	
UHF - High Power Top Mount (200- 1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$217,190.00	Quote attached	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$492,460.00	\$285,737.50	N/A	\$6,214.75	N/A
Total for all systems	\$1,513,725.00	\$860,384.86	N/A	\$43,711.18	N/A

Actual Information Description	File Name	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	Component Description: Amount:	Interim Antenna, Elbow Complex, Reducer \$5,574.75
Sweep test of existing antenna	Component Description: Amount:	Interim Antenna \$640.00
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	Information not provided.	
Sweep test of existing antenna	Information not provided.	

# **Transmission Line**

# Cost 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
Interim Transmission Line	\$139,160.00	\$107,668.40		\$10,766.84	
Rigid Transmission Line - copper, 4 1/16"	\$139,160.00	\$107,668.40	Attached quote to be modified to reflect 20' sections as opposed to broadband	\$10,766.84	N/A
Primary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$139,160.00	\$107,668.40	N/A	\$10,766.84	N/A
Total for all systems	\$1,513,725.00	\$860,384.86	N/A	\$43,711.18	N/A

Actual Information Description	File Name	
Rigid Transmission Line - copper, 4 1/16"	Component Description:	Interim Transmission Line
	Amount:	\$10,766.84

# **Tower Equipment and Rigging Costs**

## Cost 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
Primary Tower TOWER	\$381,100.00	\$206,500.00		\$0.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$6,500.00	N/A	\$0.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$100,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$100,000.00	N/A	N/A	N/A
Sub-total	\$381,100.00	\$206,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,513,725.00	\$860,384.86	N/A	\$43,711.18	N/A

Actual Information Description	File Name	
Structural engineering tower load study for well documented tower	Component Description: Amount:	POL \$3,500.00
Tall Tower (greater than 500')	Information not provided.	
Minor tower reinforcement /modifications	Information not provided.	

# **Outside Professional Services**

# Cost 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	\$159,680.00	\$151,250.00		\$5,898.35	
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
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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,250.00	N/A
Project management of the transition	\$47,400.00	\$45,000.00	N/A	\$4,648.35	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$159,680.00	\$151,250.00	N/A	\$5,898.35	N/A
Total for all systems	\$1,513,725.00	\$860,384.86	N/A	\$43,711.18	N/A

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.	
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.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description:	Preparation of Engineering Section FCC form 2100
	Amount:	\$2,000.00

Perform engineering study for new channel assignment and antenna development	Component Description:	RF Eng - Engineering Study for New Channel
	Amount:	Assignment \$1,000.00
	Component Description:	Engineering study work for new channel assignment and antenna development; Preparation of the engineering section of FCC Form 2100 (90 day construction permit application). \$250.00
Draiget management of the		
Project management of the transition	Component Description: Amount:	Project Management \$2,484.65
	Component Description: Amount:	Project Management \$2,163.70
Prepare and or review reimbursement form	Information not provided.	

# **Other Expenses**

# Cost 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
Other Expenses	\$37,370.00	\$28,770.00		\$0.00	
MVPD Notification of Channel Change	\$0.00	\$0.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$2,850.00	\$2,850.00	estimate for on air rescan announcement production Quote attached	N/A	N/A
Equipment Storage	\$20,000.00	\$20,000.00	Estimate for Dielectric on site antenna storage Dielectric letter attached	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,950.00	Group quote attached	N/A	N/A
Equipment Delivery and Handling Charges	\$2,970.00	\$2,970.00	On site forklift rental estimate Representative quote attached	N/A	N/A
Sub-total	\$37,370.00	\$28,770.00	N/A	\$0.00	N/A
Total for all systems	\$1,513,725.00	\$860,384.86	N/A	\$43,711.18	N/A

# Components

Information not provided.

Cost Information	Grand Total				
		Predetermined Cost Estimate	Estimated Cost	Actual Cost	
	Total for all systems	\$1,513,725.00	\$860,384.86	\$43,711.18	

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

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.	
		<ol> <li>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>The above-named</li> </ol>	
		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).
- 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.	Robert Thurber VP, Engineering
	12/04/2018

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).	
		<ol> <li>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> </ol>	
		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).
- 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.

I declare, under penalty of perjury, that I am an authorized representative of the above- named applicant for the Authorization(s) specified above.		The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 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.	
	an aut named	horized representative of the above- d applicant for the Authorization(s)	Thurber

# Attachments