



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility	<b>35487</b>	Service:	<b>LPT</b>	Call	<b>K26OD-D</b>	Channel:	<b>26 (UHF)</b>
ID:				Sign:			
File	<b>0000089565</b>						
Number:							
FRN:	<b>0001887363</b>	Eligibility	<b>Eligible</b>	Date	<b>01/14</b>		
		Status:		Submitted:	<b>/2022</b>		

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MULTIMEDIA HOLDINGS CORPORATION	Denise Branson, Sr. Paralegal TEGNA, Inc. 8350 Broad Street, Suite 2000 Tysons, VA 22102 United States	+1 (703) 873-6606	dbranson@TEGNA.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
Gary Davis Regional Head of Technology and Operat TEGNA, Inc.	Gary Davis 8350 Broad Street, Suite 2000 Tysons, VA 22102 United States	+1 (404) 873-9199	gadavis@tegna.com

**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	Retune transmitter and replace mask filter

**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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Technalogix
	Model	TLUD-250
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled

	Solid State Power capacity	300 W
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**Primary  
Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New Mask Filter</b>	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Full Service
	Power	500-750W
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

**Primary  
Transmitter**

**Other Transmitter Cost Not Listed**

Information not provided.

**Antennas**

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

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

**Tower Equipment And Rigging Costs**

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

**Outside Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	12
	Explanation	Review progress, prepare and submit Form 387 quarterly, as well as three special FCC required reports
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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
	Prepare Form 601	No
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

Outside  
Professional

Other Professional Services Expenses Not Listed

Services Costs

Name	Description
ASR	ASR Amendment
FAA	FAA 7460-1 Notification of height and/or location as well as frequency and power changes
Other Engineering Services	Engineering services not specifically listed in Form 399

**Other  
Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
<b>Point to Point Microwave (STL/ICR)</b>	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**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 TLUD-250	\$13,650.00	\$13,650.00		\$0.00	
Retune - UHF and VHF - minor re- channel issues	\$11,000.00	\$11,000.00	N/A	N/A	N/A
500-750W w mask filter Full Service	\$2,650.00	\$2,650.00	N/A	N/A	N/A
Sub-total	\$13,650.00	\$13,650.00	N/A	\$0.00	N/A
Total for all systems	\$70,798.50	\$74,731.50	N/A	\$10,099.00	N/A

Components

Information not provided.



**Cost Information**      **Antennas**  
Information not provided.

**Cost Information**      **Transmission Line**  
Information not provided.

**Cost Information**      **Tower Equipment and Rigging Costs**  
Information not provided.

**Cost Information**      **Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$37,148.50</b>	<b>\$41,081.50</b>		<b>\$10,099.00</b>	
Prepare/ Review 399 reimbursement form	\$1,710.00	\$5,493.00	See attached / uploaded pdf file titled, "Osborn 37040 v210325pmv1"	\$5,493.00	N/A
Other Engineering Services	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
FAA	<i>\$550.00</i>	\$550.00	N/A	N/A	N/A
ASR	<i>\$550.00</i>	\$550.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$2,235.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	\$1,550.00	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,280.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,950.00	See attached invoice & quote.	\$1,950.00	N/A
Form 399 assistance or other Program Management costs	<b>\$10,000.00</b>	\$10,000.00	N/A	N/A	N/A

Project management of the transition	\$1,266.00	\$1,266.00	N/A	\$1,106.00	N/A
<b>Sub-total</b>	\$37,148.50	\$41,081.50	N/A	\$10,099.00	N/A
<b>Total for all systems</b>	\$70,798.50	\$74,731.50	N/A	\$10,099.00	N/A

## Components

Actual Information Description	File Name
Prepare/ Review 399 reimbursement form	<p><b>Component Description:</b> Osborn 38627 v200715pmv1</p> <p><b>Amount:</b> \$50.00</p> <p><b>Component Description:</b> Osborn 41742 v210325pmv1</p> <p><b>Amount:</b> \$205.00</p> <p><b>Component Description:</b> Osborn 39695 v201211pmv1</p> <p><b>Amount:</b> \$25.00</p> <p><b>Component Description:</b> Osborn 37936 v210325pmv1</p> <p><b>Amount:</b> \$195.00</p> <p><b>Component Description:</b> Osborn 40014 v201211pmv1</p> <p><b>Amount:</b> \$665.00</p> <p><b>Component Description:</b> Osborn 38330 v200723pmv1</p> <p><b>Amount:</b> \$75.00</p>

	<b>Component Description:</b>	Osborn 39388 v201116pmv1
	<b>Amount:</b>	\$25.00
	<b>Component Description:</b>	Osborn 38993 v200715pmv1
	<b>Amount:</b>	\$95.00
	<b>Component Description:</b>	Osborn 36553 V200427pmv1
	<b>Amount:</b>	\$225.00
	<b>Component Description:</b>	KGA 980-302 v220113pmv1
	<b>Amount:</b>	\$288.00
	<b>Component Description:</b>	Osborn 37040 v210325pmv1
	<b>Amount:</b>	\$3,585.00
	<b>Component Description:</b>	Osborn 41448 v210325pmv1
	<b>Amount:</b>	\$60.00
Other Engineering Services	Information not provided.	
FAA	Information not provided.	
ASR	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 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> <b>Component Description:</b> </div> <div> Osborn 32446 v211222pmv2b </div> </div> <div> <div> <b>Amount:</b> </div> <div> \$1,550.00 </div> </div>
Prepare request for Special Temporary Authorization	Information not provided.
Perform engineering study for displacement application	<div> <div> <b>Component Description:</b> </div> <div> Osborn 32446 v211222pmv2b </div> </div> <div> <div> <b>Amount:</b> </div> <div> \$1,950.00 </div> </div>
Form 399 assistance or other Program Management costs	Information not provided.

Project management of the transition

**Component Description:** Osborn 38627  
v200715pmv1  
**Amount:** \$79.00

**Component Description:** Osborn 39695  
v201211pmv1  
**Amount:** \$158.00

**Component Description:** Osborn 40014  
v201211pmv1  
**Amount:** \$237.00

**Component Description:** Osborn 38330  
v200723pmv1  
**Amount:** \$237.00

**Component Description:** Osborn 39388  
v201116pmv1  
**Amount:** \$158.00

**Component Description:** Osborn 38993  
v200715pmv1  
**Amount:** \$158.00

**Component Description:** Osborn 40301  
v201211pmv1  
**Amount:** \$79.00

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	\$20,000.00	\$20,000.00		\$0.00	
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Sub-total	\$20,000.00	\$20,000.00	N/A	\$0.00	N/A
Total for all systems	\$70,798.50	\$74,731.50	N/A	\$10,099.00	N/A

Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$70,798.50	\$74,731.50
			\$10,099.00

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No



Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

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

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Jeffrey C Gehman</b>  <i>Engineering Associate</i></p> <p>01/14/2022</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Jeffrey C Gehman</b>  <i>Engineering Associate</i></p> <p>01/14/2022</p>

## Attachments