



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **6124** | Service: **DTV** | Call **KPBS** | Channel: **19 (UHF)** |  
ID: | Sign:  
File **0000028658**  
Number:  
FRN: **0002968360** | Date **07/12**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>BD. OF TRUSTEES, CAL. STATE UNIV. FOR SAN DIEGO STATE UNIV.</b> Doing Business As: BD. OF TRUSTEES, CAL. STATE UNIV. FOR SAN DIEGO STATE UNIV.	Leon Messenie 5200 CAMPANILE DRIVE SAN DIEGO, CA 92182 United States	+1 (619) 594-1515	lmessenie@kpbs.org	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	See Attachment - "KPBS Repack Project Plan ver2"

**Transmitters**

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

**Primary  
Transmitter****Add Transmitter Information**

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 and Type	Manufacturer	ROHDE AND SCHWARZ
	Model	NV8620V
	Year	2010

	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	20 kW

**Primary Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	30 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

**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
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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
<b>Proof of Performance - Two Exciters</b>	Transmitter Manufacturer to perform a Proof of Performance on the primary transmitter with two exciters operation on CH-19.
<b>Inside RF System - Interconnection</b>	Inside RF System interconnection components to connect transmitter to mask filter I/O, power monitor, and 4 port switch. Includes 4 port switch with switch controller.

### Auxiliary Transmitter

#### Add Transmitter Information

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Retune Existing
	Use	Auxiliary (Backup)
	Ownership	Owned
	Owner	N/A
	Is this transmitter currently shared with another station?	No

	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	ROHDE AND SCHWARZ
	Model	NV8610V
	Year	2010
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	10 kW

## Auxiliary Transmitter

### Retuning Transmitter Costs

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	30 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

## Auxiliary Transmitter

### Other Transmitter Costs

Section	Question	Response
<b>Electrical Service</b>	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
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

## Auxiliary Transmitter

### Other Transmitter Cost Not Listed

Name	Description
<b>Proof Of Performance - One Exciter</b>	Transmitter Manufacturer to perform a Proof of Performance on the auxiliary transmitter with one exciter operating on CH-19.
<b>Inside RF System - Interconnection</b>	Inside RF System interconnection components to connect transmitter to mask filter I/O, RF Power Monitor, to 4 port switch.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top 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) .....	350.0 kW



Manufacturer	
Model	TFU- 18GTH-R C170SP
Year	2001

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?	Yes
	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	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	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) .....	285.0 kW
	Manufacturer	

Model	TFU18GTH /VP-R C170SP
Year	2017
Justification for New Antenna	The current DTV Antenna cannot be re-tuned from CH30 to CH19

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	3 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No

<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes
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**Primary  
Antenna**

**Other Antenna Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Adapter plate to match tower top</b>	Adapter plate need to mount new antenna to top of tower

**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
<b>Existing Transmission Line Description</b>	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	185 feet per run

**Primary**  
**Transmission Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	185 feet per run
	Justification for New Transmission Line	The current transmission line at 19'6" for CH30 is not recommended for use at CH19. 20 foot lengths is recommended

**Primary**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
<b>Dehydrator System</b>	Dehydrator needed to keep transmission line dry current system is limited in capacity and will not be able to keep new line pressurized.

**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	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	Candelabra
	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?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1213483
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	32° 41' 52.7" N-
	Longitude (NAD83)	116° 56' 06.3" W-
	Overall Structure Height	214.00 feet
	Support Structure Height	150.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2495.00 feet



	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	KPBS
	Date Constructed	07/17/2001

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for tower with candelabra
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

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

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	260
	Explanation	See Attachment " KPBS Further Justification for Form 399"
<b>Outside RF consulting Engineering Services</b>	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
<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	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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
<b>RF Field Engineering Services</b>	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**

Name	Description
<b>Additional Legal Expenses</b>	Additional legal expenses for University-license public TV station
<b>Quarterly Progress Reports</b>	FCC-required Quarterly Progress Reports

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	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
<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?	Yes
	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**

Name	Description
<b>California Sales Tax</b>	California Sales Tax at 7.75 percent on all tangible items
<b>Shipping Freight</b>	Shipping Antenna, Mask Filters, and other RF Componets to the WIS Storage Yard

## 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
<b>Primary Transmitter NV8620V</b>	<b>\$173,921.25</b>	<b>\$167,121.25</b>		<b>\$0.00</b>	
UHF and VHF - minor banding issues	\$105,200.00	\$100,000.00	N/A	N/A	N/A
30 kW mask filter	\$32,600.00	\$31,000.00	N/A	N/A	N/A
Inside RF System - Interconnection	<i>\$27,521.25</i>	\$27,521.25	N/A	N/A	N/A
Proof of Performance - Two Exciters	<i>\$8,600.00</i>	\$8,600.00	N/A	N/A	N/A
<b>Auxiliary Transmitter NV8610V</b>	<b>\$163,786.25</b>	<b>\$156,986.25</b>		<b>\$0.00</b>	
UHF and VHF - minor banding issues	\$105,200.00	\$100,000.00	N/A	N/A	N/A
30 kW mask filter	\$32,600.00	\$31,000.00	N/A	N/A	N/A
Proof Of Performance - One Exciter	<i>\$4,300.00</i>	\$4,300.00	N/A	N/A	N/A
Inside RF System - Interconnection	<i>\$21,686.25</i>	\$21,686.25	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$337,707.50</b>	<b>\$324,107.50</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,461,063.53</b>	<b>\$1,128,468.53</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

### 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
<b>Primary Antenna TFU18GTH/VP-R C170SP</b>	<b>\$323,870.00</b>	<b>\$308,580.00</b>		<b>\$0.00</b>	
Adapter plate to match tower top	<i>\$18,300.00</i>	\$18,300.00	N/A	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$275,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 3 1/8. feedline (if needed)	\$9,340.00	\$8,880.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$323,870.00</b>	<b>\$308,580.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,461,063.53</b>	<b>\$1,128,468.53</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

### Components

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
Primary Transmission Line	\$24,054.25	\$26,669.25		\$0.00	
Rigid Transmission Line - copper, 3 1/8"	\$19,240.00	\$21,855.00	Dielectric proposal for 185' of 3-1/8" transmission line with hangers and braces is \$21,855.00. FCC Catalog estimate of \$99 per foot is based on a 1000' tower. Shorter towers will cost a bit more.	N/A	N/A
Dehydrator System	\$4,814.25	\$4,814.25	Required to keep moisture out of inside the new transmission line.	N/A	N/A
Sub-total	\$24,054.25	\$26,669.25	N/A	\$0.00	N/A
Total for all systems	\$1,461,063.53	\$1,128,468.53	N/A	\$0.00	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	\$441,000.00	\$144,000.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and /or stacked antennas)	\$421,000.00	\$125,000.00	N/A	N/A	N/A
Structural engineering tower load study for a documented tower with candelabra	\$20,000.00	\$19,000.00	N/A	N/A	N/A
Sub-total	\$441,000.00	\$144,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,461,063.53	\$1,128,468.53	N/A	\$0.00	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
<b>Outside Professional Services</b>	<b>\$190,520.00</b>	<b>\$181,750.00</b>		<b>\$0.00</b>	
Quarterly Progress Reports	<i>\$5,000.00</i>	\$5,000.00	Prepare and file FCC- required progress reports for repacked station throughout transition.	N/A	N/A
Additional Legal Expenses	<i>\$10,000.00</i>	\$10,000.00	Legal cost for advice and consultation and assistance for University- owned public TV station at complex multi-tenant antenna farm site.	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	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	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	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
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
Project management of the transition	\$41,080.00	\$39,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$190,520.00	\$181,750.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,461,063.53	\$1,128,468.53	N/A	\$0.00	N/A

## Components

Information not provided.

## Cost Information

### Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$143,911.78</b>	<b>\$143,361.78</b>		<b>\$0.00</b>	
Shipping Freight	<i>\$16,000.00</i>	\$16,000.00	Estimate Freight cost from Dielectric to deliver antenna, mask filters, transmission line and support items to tower rigger storage yard.	N/A	N/A
California Sales Tax	<i>\$33,016.78</i>	\$33,016.78	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$55,345.00</i>	\$55,345.00	Please see attached KPBS Rate Card, KPBS Production Estimate, and Calculation Document	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$7,500.00</i>	\$7,500.00	N/A	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$12,000.00</b>	\$12,000.00	N/A	N/A	N/A
Equipment Storage	<b>\$7,500.00</b>	\$7,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$143,911.78	\$143,361.78	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,461,063.53	\$1,128,468.53	N/A	\$0.00	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>	\$1,461,063.53	\$1,128,468.53
			\$0.00

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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"> <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>Agnes Wong Nickerson</b>  <i>Associate Vice President, SDSU</i></p> <p>07/12/2017</p>

## Attachments