



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **62354** | Service: **DTV** | Call **KTLM** | Channel: **14 (UHF)**  
ID: | Sign:  
File **0000028223**  
Number:  
FRN: **0019509470** | Date **03/21**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NBC TELEMUNDO LICENSE LLC</b>	Margaret L. Tobey 300 NEW JERSEY AVENUE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524- 6401	MARGARET. TOBEY@NBCUNI. COM	Limited Liability Company

## 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
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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	Install broadband side mount antenna below existing main antenna to allow main antenna to be removed and replaced. Antenna will work on new channel if tower work is delayed. Use existing IOT as interim on old channel, install new for new channel.

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DCX-2
	Year	2009
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	40 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU-9/20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	31 kW
	Justification for New Transmitter	New transmitter required as the vendor no longer supports Comark DCX, non- paragon. Additionally by buying a new main transmitter we not need to purchase and install an auxiliary transmitter for use during repack. See attachment for power justification.

**Primary  
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)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Electrical installation costs will be included in transmitter install
<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

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
RF system modifications	RF system modification and proof necessary to use current main IOT transmitter on pre-repack channel with interim antenna

**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?	No
<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)	355.0 kW



Manufacturer	
Model	TFU-31- ETT-R 06
Year	2011

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?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	201.0 kW
	Manufacturer	

Model	TFU-23ETT /VP-R O6
Year	2018
Justification for New Antenna	Current antenna will not work on new channel (Ch 14)

## 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?	Single Channel
	Feed Line Size	6 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?	No

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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?	Yes
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	
	Model	TBD
	Year	2017

	Justification for New Antenna	New antenna required to support station during transition
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**Interim  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	S
	Feed Line Size	4 1/16 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an 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?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No

**Interim  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

Transmission Line

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

Primary  
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	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	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1960 feet per run



**Primary** **New Transmission Line**  
**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?	No
	Type	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	1960 feet per run
	Justification for New Transmission Line	Current wave guide is not suitable for new channel (ch 14)

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	
	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	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1056488
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	26° 31' 02.0" N-
	Longitude (NAD83)	098° 39' 08.0" W-
	Overall Structure Height	1915.99 feet
	Support Structure Height	1915.99 feet
	Ground Elevation Above Mean Sea Level (AMSL)	410.10 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Telemundo Rio Grande Valley, LLC
	Date Constructed	10/09/1999

**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
60885	KQBO	FM
62354	KTLM	DTV

## Primary Tower

### Tower Rigging Costs

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

## Primary Tower

### Other Tower Expenses Not Listed

Name	Description
Removal of old antenna and waveguide	removal of old antenna and waveguide
Interim Antenna Install	Interim Antenna install

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	1040
	Explanation	Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	40

	Justification	Ground level RF system design
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Outside  
Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Channel 14 Coordination	Hire resource to send out notifications to land mobile services for channel 14 coordination.

## 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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## 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
<b>Primary Transmitter THU-9/20</b>	<b>\$1,328,851.60</b>	<b>\$848,254.00</b>		<b>\$9,000.00</b>
Channel 14 Mask Filter	\$189,500.00	\$104,042.40	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$568,410.00	Transmitter cost from attached proposal. Installation and RF system costs have been subtracted as they are reflected elsewhere	N/A
Other Electrical Service: Electrical installation costs will be included in transmitter install	<i>\$143,501.60</i>	\$143,501.60	Cost to install transmitter, electrical circuits, and RF ground level RF system.	N/A
RF system modifications	<i>\$23,300.00</i>	\$23,300.00	This is the cost for RF system components to use the current Comark channel 40 IOT transmitter into an interim antenna on ch 40. It is shown in the "KTLM_Repack_cost_estimates.pdf" attachment as Item 3, "Comark mod kit, RF parts, Proof into Aux antenna"	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$9,000.00	See attachment "KTLM Transformer Quote"	\$9,000.00
<b>Sub-total</b>	<b>\$1,328,851.60</b>	<b>\$848,254.00</b>	N/A	<b>\$9,000.00</b>

<b>Total for all systems</b>	\$3,174,349.99	\$2,328,639.06	N/A	\$35,646.37
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## Components

Actual Information		
Description	File Name	
Channel 14 Mask Filter	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	Information not provided.	
Other Electrical Service: Electrical installation costs will be included in transmitter install	Information not provided.	
RF system modifications	Information not provided.	
Transformer 3 phase/480v - 150 KVA	<b>Component Description:</b>  <b>Amount:</b>	Transformers for 2 cabinet DTV transmitter \$9,000.00

## 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>Interim Antenna TBD</b>	<b>\$99,830.00</b>	<b>\$99,100.00</b>		<b>\$0.00</b>	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
UHF - High Power, Side Mount, basic slot antenna, 15 kW input, directional,, horizontally polarized	<i>\$85,000.00</i>	\$85,000.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$9,100.00	N/A	N/A	N/A
<b>Primary Antenna TFU-23ETT /VP-R O6</b>	<b>\$259,300.00</b>	<b>\$246,700.00</b>		<b>\$0.00</b>	

Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$235,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$359,130.00	\$345,800.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,174,349.99	\$2,328,639.06	N/A	\$35,646.37	N/A

## 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	\$395,920.00	\$376,200.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8"	\$395,920.00	\$376,200.00	N/A	N/A	N/A
Sub-total	\$395,920.00	\$376,200.00	N/A	\$0.00	N/A
Total for all systems	\$3,174,349.99	\$2,328,639.06	N/A	\$35,646.37	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	\$662,583.33	\$385,500.00		\$0.00	
Removal of old antenna and waveguide	<i>\$125,416.67</i>	\$125,416.67	cost to remove current antenna and waveguide	N/A	N/A
Interim Antenna Install	<i>\$116,166.66</i>	\$116,166.66	N/A	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$143,916.67	N/A	N/A	N/A
Sub-total	\$662,583.33	\$385,500.00	N/A	\$0.00	N/A
Total for all systems	\$3,174,349.99	\$2,328,639.06	N/A	\$35,646.37	N/A

Components

Information not provided.

Cost  
Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$326,065.00	\$271,650.00		\$26,646.37	
Channel 14 Coordination	<i>\$9,400.00</i>	\$9,400.00	See attached quote "KTLM RF Notifications Land Mobile Communications Quote"	\$9,400.00	N/A
Additional Field Engineering Service, 40 Days	<i>\$30,000.00</i>	\$30,000.00	N/A	\$10,000.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$40,000.00	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
Project management of the transition	\$164,320.00	\$156,000.00	N/A	\$5,906.45	N/A

Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,150.92	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$189.00	N/A
<b>Sub-total</b>	\$326,065.00	\$271,650.00	N/A	\$26,646.37	N/A
<b>Total for all systems</b>	\$3,174,349.99	\$2,328,639.06	N/A	\$35,646.37	N/A

## Components

**Actual Information**  
**Description**

**File Name**



Channel 14 Coordination	<b>Component Description:</b>	Land Mobile Services notifications - phase 2: web site licensee results
	<b>Amount:</b>	\$4,700.00
	<b>Component Description:</b>	Land Mobile Services notifications - phase 1: web site development
	<b>Amount:</b>	\$4,700.00
Additional Field Engineering Service, 40 Days	<b>Component Description:</b>	Engineering site visit, inspection, measurements, drawing and planning for repack transmitter and RF installation, budgeting and planning.
	<b>Amount:</b>	\$10,000.00
RF Exposure Measurements	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	

Project management of the transition	<div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Project Management Services  \$2,145.00 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Project Management Services  \$975.00 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Project Management Services  \$1,365.00 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Project Management Services  \$348.95 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Project Management Services  \$1,072.50 </div> </div>
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 174 1023 210"><b>Component Description:</b></td><td data-bbox="1155 174 1358 246">Revision of Form 399.</td></tr> <tr> <td data-bbox="708 255 823 291"><b>Amount:</b></td><td data-bbox="1155 255 1254 291">\$726.66</td></tr> <tr> <td data-bbox="708 394 1023 430"><b>Component Description:</b></td><td data-bbox="1155 394 1358 506">See line 1 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="708 515 823 551"><b>Amount:</b></td><td data-bbox="1155 515 1254 551">\$113.40</td></tr> <tr> <td data-bbox="708 654 1023 689"><b>Component Description:</b></td><td data-bbox="1155 654 1358 766">See lines 2-4 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="708 775 823 810"><b>Amount:</b></td><td data-bbox="1155 775 1254 810">\$310.86</td></tr> </table>	<b>Component Description:</b>	Revision of Form 399.	<b>Amount:</b>	\$726.66	<b>Component Description:</b>	See line 1 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$113.40	<b>Component Description:</b>	See lines 2-4 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$310.86
<b>Component Description:</b>	Revision of Form 399.												
<b>Amount:</b>	\$726.66												
<b>Component Description:</b>	See line 1 of invoice, less 10% vendor discount.												
<b>Amount:</b>	\$113.40												
<b>Component Description:</b>	See lines 2-4 of invoice, less 10% vendor discount.												
<b>Amount:</b>	\$310.86												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>												
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="708 1097 1023 1133"><b>Component Description:</b></td><td data-bbox="1155 1097 1358 1209">See lines 2 &amp; 3 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="708 1218 823 1254"><b>Amount:</b></td><td data-bbox="1155 1218 1254 1254">\$151.20</td></tr> <tr> <td data-bbox="708 1357 1023 1393"><b>Component Description:</b></td><td data-bbox="1155 1357 1358 1469">See line 1 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="708 1478 823 1514"><b>Amount:</b></td><td data-bbox="1155 1478 1238 1514">\$37.80</td></tr> </table>	<b>Component Description:</b>	See lines 2 & 3 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$151.20	<b>Component Description:</b>	See line 1 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$37.80				
<b>Component Description:</b>	See lines 2 & 3 of invoice, less 10% vendor discount.												
<b>Amount:</b>	\$151.20												
<b>Component Description:</b>	See line 1 of invoice, less 10% vendor discount.												
<b>Amount:</b>	\$37.80												

## 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>\$101,800.06</b>	<b>\$101,235.06</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$30,000.00</i>	\$30,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
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>\$29,720.06</i>	\$29,720.06	N/A	N/A	N/A
Non-zoning permits	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Local Zoning	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A

FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$101,800.06	\$101,235.06	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,174,349.99	\$2,328,639.06	N/A	\$35,646.37	N/A

## Components

Information not provided.

**Cost  
Information**

**Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$3,174,349.99	\$2,328,639.06	\$35,646.37

**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"> <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.



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.

**Margaret L Tobey**  
*Assistant Secretary*

03/21/2018

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> <li>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.</li> </ol>	

5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.
8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

<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>Margaret L Tobey</b>  <i>Assistant Secretary</i></p> <p>03/21/2018</p>

## Attachments