



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **81458** | Service: **DTV** | Call **KTAZ** | Channel: **29 (UHF)**
ID: | Sign:
File **0000028228**
Number:
FRN: **0019509470** | Date **04/03**
Submitted: **/2018**

Applicant Information Applicant Name, Type, and Contact Information

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

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Name and Information

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

Broadcaster Information and Transition Plan

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Use current main antenna as interim, install new antenna in reserved space above it for new channel. Retune transmitter and filter for new channel. Replace no longer supported backup transmitter to use to stay on air during retuning.

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
	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 & Schwarz

Model	THU9-24
Year	2014
Type	Solid State
Solid State Cooling	Liquid Cooled
Solid State Power capacity	25 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
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Primary Transmitter Retune	Retuning, Filter, proofing and reroute of RF for primary transmitter

**Auxiliary
Transmitter****Add Transmitter Information**

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage during transiton
	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	Ultimate
	Year	2001
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	5 kW

**Auxiliary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THU9-12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19 kW
	Justification for New Transmitter	Existing transmitter is no longer supported by vendor. See attached notice.

**Auxiliary
Transmitter**

Other Transmitter Costs

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

Auxiliary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Auxiliary Transmitter Installation Costs	Installation, RF, and electrical work associated with auxiliary transmitter install

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is 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
Existing Antenna Manufacturer and Type	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	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)	550.0 kW

Manufacturer	
Model	TFU-16JSC C165 SP
Year	2005

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	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)	425.0 kW
Manufacturer		

Model	TFU-14ETT /VP-R 4C165
Year	2018
Justification for New Antenna	Current antenna (ch 39) will not work on new channel (ch 29)

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No

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

Other Antenna Cost Not Listed

Name	Description
Antenna Mounting Equipment	Adapter and support pole required to mount antenna to 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
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	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	370 feet per run

**Primary
Transmission
Line** **New Transmission Line**

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	400 feet per run
	Justification for New Transmission Line	Current line will not work on the channel (ch 29)

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

Name	Description
Line Adapters	Line Adapters

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	Leased
	Is this tower consider Complex?	No
	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	1204586
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	33° 20' 03.2" N-
	Longitude (NAD83)	112° 03' 40.5" W-
	Overall Structure Height	395.99 feet
	Support Structure Height	301.83 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2627.92 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	America 51, L.P.
Date Constructed	12/20/1998

**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
26655	KPPX-TV	DTV
81458	KTAZ	DTV

**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:	Serious Reinforcements needed

**Primary
Tower**

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	Yes

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	640
	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.
Outside RF consulting Engineering Services	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
Attorney and Other Outside Consulting Services	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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	Yes	
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	40

Justification	Transmitter and RF design at ground level
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**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

Information not provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	Yes
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	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
Removal of interim RF system	Removal of interim RF system upon cutover

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 THU9-24	\$219,389.29	\$81,589.29		\$0.00	
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	N/A	N/A	N/A
30 kW mask filter	\$32,600.00	\$0.00	costs included in retune	N/A	N/A
Primary Transmitter Retune	<i>\$81,589.29</i>	\$81,589.29	N/A	N/A	N/A
Auxiliary Transmitter THU9-12	\$875,790.16	\$413,980.51		\$330,860.43	
Other Electrical Service: Installation costs outlined below include electrical work	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A

UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$242,853.35	See attached quote from Rohde and Schwarz. Needed to remain on air during and after transmitter retune before final transition date. Replaces existing backup transmitter. 7.29% tax added	\$242,853.35	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$4,887.00	N/A	\$4,887.00	N/A
Auxiliary Transmitter Installation Costs	\$166,240.16	\$166,240.16	N/A	\$83,120.08	N/A
Sub-total	\$1,095,179.45	\$495,569.80	N/A	\$330,860.43	N/A
Total for all systems	\$3,263,539.13	\$2,757,150.39	N/A	\$1,126,000.52	N/A

Components

Actual Information	
Description	File Name
UHF and VHF - minor banding issues	Information not provided.
30 kW mask filter	Information not provided.
Primary Transmitter Retune	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
Primary Antenna TFU-14ETT /VP-R 4C165	\$426,877.00	\$306,852.00		\$216,352.82	
Antenna Mounting Equipment	<i>\$118,347.00</i>	\$118,347.00	See lines 1 and 2 in attachment "KTAZ Antenna Additional Proposal", as well as the attachment "KTAZ Mounting Brackets"	\$61,863.30	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$10,297.50	N/A	\$9,267.76	N/A
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	\$2,250.00	N/A

UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$173,707.50	N/A	\$142,971.76	N/A
Sub-total	\$426,877.00	\$306,852.00	N/A	\$216,352.82	N/A
Total for all systems	\$3,263,539.13	\$2,757,150.39	N/A	\$1,126,000.52	N/A

Components

Actual Information	
Description	File Name
Antenna Mounting Equipment	<p>Component Description: Antenna mounting brackets</p> <p>Amount: \$8,607.15</p> <p>Component Description: Custom mounting brackets to relocate antenna</p> <p>Amount: \$8,607.15</p> <p>Component Description: See lines 1 and 2 of invoice.</p> <p>Amount: \$44,649.00</p>

Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Component Description:	See line 3 of invoice.
	Amount:	\$4,633.88
	Component Description:	See line 3 of invoice.
	Amount:	\$4,633.88
Sweep test of existing antenna	Component Description:	See 3rd item of invoice.
	Amount:	\$2,250.00
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	Component Description:	See line 1 of invoice. See attached explanation of variance for line 2.
	Amount:	\$71,485.88
	Component Description:	See line 1 of invoice. See attached explanation of variance for line 2.
	Amount:	\$71,485.88

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	\$151,448.70	\$143,281.40		\$97,161.36	
Rigid Transmission Line - copper, 6 1/8"	\$80,800.00	\$72,632.70	N/A	\$65,369.44	N/A
Line Adapters	<i>\$70,648.70</i>	\$70,648.70	See lines 3-12 in attachment "KTAZ Antenna Additional Proposal"	\$31,791.92	N/A
Sub-total	\$151,448.70	\$143,281.40	N/A	\$97,161.36	N/A
Total for all systems	\$3,263,539.13	\$2,757,150.39	N/A	\$1,126,000.52	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 6 1/8"	<p>Component Description: See line 4 of invoice.</p> <p>Amount: \$32,684.72</p> <p>Component Description: See line 4 of invoice.</p> <p>Amount: \$32,684.72</p>

Line Adapters

Component Description:

See lines 3-12 of
invoice.

Amount:

\$31,791.92

Cost Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$1,156,200.00	\$1,439,593.21		\$392,170.00	
Structural engineering tower load study for a documented tower with candelabra	\$20,000.00	\$33,180.00	Includes structural study and tower mods design study.	\$33,180.00	N/A
Serious tower reinforcement /modifications	\$1,052,000.00	\$1,008,994.81	After structural study, more tower modifications necessary. Attached "KTAZ ITI Additional Charges", all tower mod & other charges not included in 1st Marsand proposal. PO to be revised, & Marsand to credit what was paid on "estimated charges" originally	\$175,000.00	N/A

Short Tower (less than 500')	\$84,200.00	\$397,418.40	Tower crew to install antenna and line (cost includes helicopter lift)	\$183,990.00	N/A
Tower Helicopter Lift	<i>\$0.00</i>	\$0.00	included in rigging costs	N/A	N/A
Sub-total	\$1,156,200.00	\$1,439,593.21	N/A	\$392,170.00	N/A
Total for all systems	\$3,263,539.13	\$2,757,150.39	N/A	\$1,126,000.52	N/A

Components

Actual Information	
Description	File Name

Structural engineering tower load study for a documented tower with candelabra	<p>Component Description: Broadcast Tower Modification Design</p> <p>Amount: \$4,660.00</p>
	<p>Component Description: Mount Analysis</p> <p>Amount: \$1,330.00</p>
	<p>Component Description: Structural Analysis of an Existing Tower</p> <p>Amount: \$4,250.00</p>
	<p>Component Description: Broadcast Tower Modification Design</p> <p>Amount: \$4,500.00</p>
	<p>Component Description: Broadcast Tower Modification Design</p> <p>Amount: \$6,576.00</p>
	<p>Component Description: Broadcast Tower Modification Design</p> <p>Amount: \$9,864.00</p>
	<p>Component Description: Structural Analysis of existing tower (Add MW Dish)</p> <p>Amount: \$2,000.00</p>
Serious tower reinforcement /modifications	<p>Component Description: See "estimated tower modifications" on invoice</p> <p>Amount: \$175,000.00</p>

Short Tower (less than 500')	<p data-bbox="715 174 1018 208">Component Description:</p> <p data-bbox="1155 174 1356 286">See "Tower crew antenna/line install" on invoice</p> <p data-bbox="715 297 821 331">Amount:</p> <p data-bbox="1155 297 1302 331">\$183,990.00</p>
Tower Helicopter Lift	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	\$267,675.00	\$206,250.00		\$65,864.71	
Additional Field Engineering Service, 40 Days	<i>\$40,000.00</i>	\$40,000.00	Transmitter and RF design at ground level	\$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	\$30,000.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	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	\$101,120.00	\$96,000.00	N/A	\$55,100.25	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$480.96	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	\$283.50	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
Sub-total	\$267,675.00	\$206,250.00	N/A	\$65,864.71	N/A
Total for all systems	\$3,263,539.13	\$2,757,150.39	N/A	\$1,126,000.52	N/A

Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 40 Days	<p>Component Description: Engineering site visit, inspection, measurements, drawing and planning for repack transmitter and RF installation, budgeting and planning.</p> <p>Amount: \$10,000.00</p>

RF Exposure Measurements	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Project management of the transition	<p>Component Description:</p> <p>Amount:</p> <p>Component Description:</p> <p>Amount:</p> <p>Component Description:</p> <p>Amount:</p> <p>Component Description:</p> <p>Amount:</p>	<p>Permitting follow-up with City of Phoenix. Tower elevation verification. Project status meeting participation.</p> <p>\$760.00</p> <p>Jan 2018 Project Management</p> <p>\$14,025.00</p> <p>See "Project Management" portion of invoice, itemized with completed work</p> <p>\$21,246.30</p> <p>Project Management Services</p> <p>\$2,145.00</p>

Component Description: Project Management Services
Amount: \$4,290.00

Component Description: Project Management Services
Amount: \$3,510.00

Component Description: Project Management Services
Amount: \$6,630.00

Component Description: Project Management Services
Amount: \$2,145.00

Component Description: Project Management Services
Amount: \$348.95

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="703 174 1011 208">Component Description:</td> <td data-bbox="1145 174 1318 286">Additional information for Form 399.</td> </tr> <tr> <td data-bbox="703 297 815 331">Amount:</td> <td data-bbox="1145 297 1246 331">\$113.40</td> </tr> <tr> <td data-bbox="703 439 1011 472">Component Description:</td> <td data-bbox="1145 439 1353 551">See lines 2-4 of invoice, less 10% vendor discount.</td> </tr> <tr> <td data-bbox="703 562 815 595">Amount:</td> <td data-bbox="1145 562 1246 595">\$273.06</td> </tr> <tr> <td data-bbox="703 703 1011 736">Component Description:</td> <td data-bbox="1145 703 1353 815">See half of line 1, less 10% vendor discount.</td> </tr> <tr> <td data-bbox="703 826 815 860">Amount:</td> <td data-bbox="1145 826 1230 860">\$94.50</td> </tr> </table>	Component Description:	Additional information for Form 399.	Amount:	\$113.40	Component Description:	See lines 2-4 of invoice, less 10% vendor discount.	Amount:	\$273.06	Component Description:	See half of line 1, less 10% vendor discount.	Amount:	\$94.50
Component Description:	Additional information for Form 399.												
Amount:	\$113.40												
Component Description:	See lines 2-4 of invoice, less 10% vendor discount.												
Amount:	\$273.06												
Component Description:	See half of line 1, less 10% vendor discount.												
Amount:	\$94.50												
<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="703 1137 1011 1171">Component Description:</td> <td data-bbox="1145 1137 1353 1249">See line 1 of invoice, less 10% vendor discount.</td> </tr> <tr> <td data-bbox="703 1261 815 1294">Amount:</td> <td data-bbox="1145 1261 1230 1294">\$37.80</td> </tr> <tr> <td data-bbox="703 1402 1011 1435">Component Description:</td> <td data-bbox="1145 1402 1369 1547">See lines 2, 3, and half of line 1, less 10% vendor discount.</td> </tr> <tr> <td data-bbox="703 1559 815 1592">Amount:</td> <td data-bbox="1145 1559 1246 1592">\$245.70</td> </tr> </table>	Component Description:	See line 1 of invoice, less 10% vendor discount.	Amount:	\$37.80	Component Description:	See lines 2, 3, and half of line 1, less 10% vendor discount.	Amount:	\$245.70				
Component Description:	See line 1 of invoice, less 10% vendor discount.												
Amount:	\$37.80												
Component Description:	See lines 2, 3, and half of line 1, less 10% vendor discount.												
Amount:	\$245.70												
<p>Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application</p>	<p>Information not provided.</p>												

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	\$166,158.98	\$165,603.98		\$23,591.20	
Removal of interim RF system	<i>\$50,956.99</i>	\$50,956.99	N/A	N/A	N/A
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
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$50,956.99</i>	\$50,956.99	Disposal of Thales Auxiliary Transmitter and associated equipment	\$23,591.20	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
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A

Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	antenna shipment and delivery	N/A	N/A
BLM or NFS Coordination	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Sub-total	\$166,158.98	\$165,603.98	N/A	\$23,591.20	N/A
Total for all systems	\$3,263,539.13	\$2,757,150.39	N/A	\$1,126,000.52	N/A

Components

Actual Information Description	File Name
Removal of interim RF system	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Component Description: See 1st item of invoice Amount: \$23,591.20
Non-zoning permits	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
DTV Medical Facility Notification	Information not provided.
Equipment Storage	Information not provided.

Equipment Delivery and Handling Charges	Information not provided.
BLM or NFS Coordination	Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$3,263,539.13	\$2,757,150.39	\$1,126,000.52

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

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

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*

04/03/2018

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<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"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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.

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*

04/03/2018

Attachments