



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **53313** | Service: **DTV** | Call **KSRE** | Channel: **15 (UHF)** |
ID: | Sign:
File **0000027079**
Number:
FRN: **0002476091** | Date **03/14**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
PRAIRIE PUBLIC BROADCASTING, INC.	Jack Anderson	+1 (701)	janderson@prairiepublic.org	Not-for-Profit
Doing Business As:	PO Box 3240	241-6900		
PRAIRIE PUBLIC BROADCASTING, INC.	FARGO, ND 58108			
	United States			

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	Total replacement of existing single channel RF system consisting of 942 ft guyed tower, side-mounted antenna and 3-1/8 rigid line with new equal height tower, line size and top-mounted antenna. See attached.

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	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	DHD20P1
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5.5 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?	No
	Manufacturer	
	Model	Maxiva UAXTE-6R44
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3.6 kW
	Justification for New Transmitter	The existing transmitter and mast filter is channel-specific and must be replaced to accommodate the channel change. Proposed KW size based on top-mounted antenna and 3-1/8 rigid transmission line.

**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	Yes
	Description	Relocation of main building transformer.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A tons
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
Electrician - TX	Funding for labor and materials to install new transmitter and associated surge suppressor.

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?	No
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)	146.0 kW

Manufacturer	
Model	881-24
Year	2003

**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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	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/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)	36.2 kW
	Manufacturer	
	Model	TFU-15JTH- R-C250

Year	2017
Justification for New Antenna	The existing side mounted antenna is channel-specific and must be replaced to accommodate the channel change. Proposed top mounted antenna allows for minimal outage times during testing and transition periods.

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	3 1/8 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

**Primary
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	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	0
	Length	800 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	3 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1000 feet per run
	Justification for New Transmission Line	Proposed rigid transmission line allows for minimal outage times during testing and transition periods. Line and antenna will be installed concurrently with replacement tower.

Primary Transmission Line	Other Transmission Line Expenses Not Listed
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	Construct New
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	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?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1037968
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	48° 03' 02.0" N-
	Longitude (NAD83)	101° 23' 27.0" W-
	Overall Structure Height	1030.83 feet
	Support Structure Height	943.89 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2118.08 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	PRAIRIE PUBLIC BROADCASTING INC
Date Constructed	11/08/1983

**Primary
Tower**

Tower Construction Costs

Section	Question	Response
Construct New Tower	Use	Primary (Main)
	Description of Use	N/A
	Is this a request for upgraded equipment?	No
	Height	944.00 feet
	Justification for New Tower	Results of structural analysis of the existing tower built in 1983 determined it was not feasible to perform upgrades necessary to comply with the EIA /TIA 222-G national standard. Best-case antenna loading was used, with removal of the top mounted antenna

**Primary
Tower**

Tower Rigging Costs

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

**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?	No
	Number of Hours	N/A
	Explanation	N/A
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	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
Project Management	Consideration for Inside project management labor cost.
Tower Soil Analysis	Soil testing performed to determine type and design of replacement tower foundations.
Tower Structural Analysis	Tower analysis performed on existing tower to determine if upgrading structure was feasible.

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	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
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
	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 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	Actual Cost Justification
Primary Transmitter Maxiva UAXTE-6R44	\$217,076.00	\$216,076.00		\$115,647.15	
UHF - Air Cooled Solid State Transmitter 3.6 kW	<i>\$177,826.00</i>	\$177,826.00	N/A	\$115,647.15	N/A
Electrician - TX	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
Other Electrical Service: Relocation of main building transformer.	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$19,250.00	N/A	N/A	N/A
Sub-total	\$217,076.00	\$216,076.00	N/A	\$115,647.15	N/A
Total for all systems	\$3,569,746.00	\$3,503,554.00	N/A	\$1,300,800.85	N/A

Components

Actual Information	
Description	File Name

UHF - Air Cooled Solid State Transmitter 3.6 kW	<div> <div> Component Description: </div> <div> Transmitter Initial Payment - Adjusted For Upgraded Equipment </div> </div> <div> Amount: </div> <div> \$57,244.83 </div> <div> Component Description: </div> <div> Initial down- payment for transmitter package. </div> <div> Amount: </div> <div> \$58,402.32 </div>
Electrician - TX	Information not provided.
Other Electrical Service: Relocation of main building transformer.	Information not provided.
5 Ton system	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-15JTH-R-C250	\$261,330.00	\$214,845.00		\$92,401.65	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$201,069.00	The existing side mounted antenna is channel-specific and must be replaced to accommodate the channel change. Proposed top mounted antenna allows for minimal outage times during testing and transition periods.	\$86,360.85	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$2,880.00	N/A
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,376.00	N/A	\$3,160.80	N/A
Sub-total	\$261,330.00	\$214,845.00	N/A	\$92,401.65	N/A

Total for all systems	\$3,569,746.00	\$3,503,554.00	N/A	\$1,300,800.85	N/A
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Components

Actual Information	
Description	File Name
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	<p>Component Description: Request partial payment that represents 45% of total antenna and shipping cost.</p> <p>Amount: \$86,360.85</p>
Sweep test of existing antenna	<p>Component Description: Request partial payment that represents 45% of total sweep test cost.</p> <p>Amount: \$2,880.00</p>
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	<p>Component Description: Request partial payment that represents 45% of total elbow complex cost.</p> <p>Amount: \$3,160.80</p>

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	\$104,000.00	\$98,383.00		\$41,739.48	
Rigid Transmission Line - copper, 3 1/8"	\$104,000.00	\$98,383.00	Shipping and 5% Use Tax included in pricing.	\$41,739.48	N/A
Sub-total	\$104,000.00	\$98,383.00	N/A	\$41,739.48	N/A
Total for all systems	\$3,569,746.00	\$3,503,554.00	N/A	\$1,300,800.85	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 3 1/8"	<div><div>Component Description:</div><div>Request partial payment that represents 45% of total transmission line package cost.</div><div>Amount:</div><div>\$41,739.48</div></div>

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	\$0.00	\$0.00		\$0.00	
Primary Tower	\$2,890,500.00	\$2,880,000.00		\$1,003,953.32	
New tower	<i>\$2,680,000.00</i>	\$2,680,000.00	N/A	\$1,003,953.32	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Sub-total	\$2,890,500.00	\$2,880,000.00	N/A	\$1,003,953.32	N/A
Total for all systems	\$3,569,746.00	\$3,503,554.00	N/A	\$1,300,800.85	N/A

Components

Actual Information	
Description	File Name
New tower	<div><div>Component Description:</div><div>Partial payment to begin tower fabrication. (Ehresmann Quotation & PO Uploaded as separate files)</div><div>Amount:</div><div>\$75,000.00</div></div>

Component Description:	New tower foundation installation. (Steeplejacks Quotations & PO Uploaded as separate files)
Amount:	\$693,500.00

Component Description:	Tower foundation site marking supplies. Resubmitted invoice to include PO & Invoice.
Amount:	\$28.18

Component Description:	Tower and foundation design cost. Resubmitted invoice to include PO/Quote/Invoice.
Amount:	\$7,500.00

Component Description:	On-site drone to provide independent video tower inspection and allow field verification of installation work performed during construction.
Amount:	\$2,949.00

Component Description:	Tower guy wire inspection scale required to field verify guy tensions.
Amount:	\$3,931.14

	Component Description:	Partial payment to continue tower fabrication.
	Amount:	\$200,000.00
	Component Description:	Tower rest platforms.
	Amount:	\$6,000.00
	Component Description:	Tower foundation guy anchor bolts and base pin. Resubmitted invoice to include PO/Quote/Invoice.
	Amount:	\$15,045.00
Tall Tower (greater than 500')	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	\$81,290.00	\$79,250.00		\$47,059.25	
Tower Structural Analysis	<i>\$3,000.00</i>	\$3,000.00	N/A	\$3,000.00	N/A
Tower Soil Analysis	<i>\$9,600.00</i>	\$9,600.00	N/A	\$9,557.50	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,065.50	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$9,197.25	A percentage of these costs could be allocated for FAA engineering services as noted on invoice.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	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 request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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	\$2,940.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	\$757.50	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	\$1,161.50	N/A
Project Management	\$36,400.00	\$36,400.00	Consideration for inside project management labor.	\$19,380.00	N/A
Sub-total	\$81,290.00	\$79,250.00	N/A	\$47,059.25	N/A
Total for all systems	\$3,569,746.00	\$3,503,554.00	N/A	\$1,300,800.85	N/A

Components

Actual Information		
Description	File Name	
Tower Structural Analysis	Component Description: Amount:	Tower structural analysis on existing tower. Resubmitted to include PO/Quote /Invoice. \$3,000.00
Tower Soil Analysis	Component Description: Amount:	Soils analysis for foundation design. \$9,557.50

Prepare and or review reimbursement form	Component Description: Amount:	Legal review costs. \$409.50
	Component Description: Amount:	Project FCC legal review costs. \$50.50
	Component Description: Amount:	Project FCC legal review costs. \$151.50
	Component Description: Amount:	Project FCC legal review costs. \$303.00
	Component Description: Amount:	Legal review costs. \$151.00
Perform engineering study for new channel assignment and antenna development	Component Description: Amount:	Engineering consultant cost for construction permit. \$9,197.25
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare request for Special Temporary Authorization	Information not provided.	

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="713 100 1023 324">Component Description:</td><td data-bbox="1027 100 1428 324">Legal costs associated with construction permit.</td></tr> <tr> <td data-bbox="713 331 1023 376">Amount:</td><td data-bbox="1027 331 1428 376">\$773.50</td></tr> <tr> <td data-bbox="713 472 1023 696">Component Description:</td><td data-bbox="1027 472 1428 696">Legal costs associated with construction permit.</td></tr> <tr> <td data-bbox="713 703 1023 748">Amount:</td><td data-bbox="1027 703 1428 748">\$151.50</td></tr> <tr> <td data-bbox="713 844 1023 956">Component Description:</td><td data-bbox="1027 844 1428 956">Legal costs associated with construction permit.</td></tr> <tr> <td data-bbox="713 963 1023 1008">Amount:</td><td data-bbox="1027 963 1428 1008">\$2,015.00</td></tr> </table>	Component Description:	Legal costs associated with construction permit.	Amount:	\$773.50	Component Description:	Legal costs associated with construction permit.	Amount:	\$151.50	Component Description:	Legal costs associated with construction permit.	Amount:	\$2,015.00
Component Description:	Legal costs associated with construction permit.												
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Amount:	\$151.50												
Component Description:	Legal costs associated with construction permit.												
Amount:	\$2,015.00												
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>												
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>												
<p>ASR modification (prepare FCC Form 854)</p>	<table> <tr> <td data-bbox="713 1337 1023 1561">Component Description:</td><td data-bbox="1027 1337 1428 1561">Legal costs associated with ASR issues.</td></tr> <tr> <td data-bbox="713 1568 1023 1612">Amount:</td><td data-bbox="1027 1568 1428 1612">\$757.50</td></tr> </table>	Component Description:	Legal costs associated with ASR issues.	Amount:	\$757.50								
Component Description:	Legal costs associated with ASR issues.												
Amount:	\$757.50												
<p>FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase</p>	<table> <tr> <td data-bbox="713 1632 1023 1856">Component Description:</td><td data-bbox="1027 1632 1428 1856">Legal costs associated with FAA issues.</td></tr> <tr> <td data-bbox="713 1863 1023 1908">Amount:</td><td data-bbox="1027 1863 1428 1908">\$1,161.50</td></tr> </table>	Component Description:	Legal costs associated with FAA issues.	Amount:	\$1,161.50								
Component Description:	Legal costs associated with FAA issues.												
Amount:	\$1,161.50												

Project Management	<table><tr><td data-bbox="715 174 1023 210">Component Description:</td><td data-bbox="1157 174 1385 246">Inside project management labor.</td></tr><tr><td data-bbox="715 255 826 291">Amount:</td><td data-bbox="1157 255 1289 291">\$19,380.00</td></tr></table>	Component Description:	Inside project management labor.	Amount:	\$19,380.00
Component Description:	Inside project management labor.				
Amount:	\$19,380.00				

Cost
Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$15,550.00	\$15,000.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$2,000.00	\$2,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$15,550.00	\$15,000.00	N/A	\$0.00	N/A
Total for all systems	\$3,569,746.00	\$3,503,554.00	N/A	\$1,300,800.85	N/A

Components

Information not provided.

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$3,569,746.00	\$3,503,554.00	\$1,300,800.85

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"> 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.

<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>Jack William Anderson <i>Director of Engineering</i></p> <p>03/14/2018</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR 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).	
		<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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Jack William Anderson <i>Director of Engineering</i></p> <p>03/14/2018</p>

Attachments