



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **64984** | Service: **DTV** | Call **KTMD** | Channel: **22 (UHF)**  
ID: | Sign:  
File **0000028246**  
Number:  
FRN: **0019509470** | Date **06/28**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NBC</b>	300 NEW	+1 (202)	MARGARET.	Limited
<b>TELEMUNDO</b>	JERSEY AVE,	524-	TOBEY@NBCUNI.	Liability
<b>LICENSE LLC</b>	N.W. WASHINGTON, DC 20001 United States	6401	COM	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
<b>Margaret L Tobey</b> <i>NBCUniversal, LLC</i>	300 New Jersey Ave. NW Suite 700 Washington, DC 20001 United States	+1 (202) 524- 6401	Margaret.Tobey@nbcuni. com

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Use existing transmitter and aux antenna as interim facility on old channel.. Remove old antenna. Install new transmitter and replacement top mount antenna for new channel. After transition remove old transmitter and channel 48 aux antenna.

**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-2H
	Year	2002
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	40 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-36
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	50 kW
	Justification for New Transmitter	New Transmitter required as the current transmitter is not longer supported (see attached note) Solid State transmitter chosen as it is less expensive then a new solid state (see attached proposal) and will allow old transmitter to be used as interim

**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 Connectivity to new transmitter
<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 Filter 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
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<b>RF Filter</b>	RF Filter for new channel (ch 22)
<b>Transmitter Installation</b>	Installation of Transmitter, Filter, and ground level RF components

**Antennas**

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

**Auxiliary  
Antenna****Add Antenna Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	To maintain coverage when primary antenna is unavailable
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	No
	Is this antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	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) .....	676.0 kW
Manufacturer	
Model	TFU- 24DSB-C
Year	2004

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**Auxiliary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when main antenna is unavailable
	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?	Yes
	<b>New Antenna Manufacturer and Types</b>	Class
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)	600.0 kW
Manufacturer	
Model	TFU-16DSB-D
Year	2019
Justification for New Antenna	New antenna required because existing auxiliary is single channel and will not work on new channel.

**Auxiliary 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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<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?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Auxiliary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Reducer	4-50 to 3-50 antenna input reducer

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Elliptical
	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)	1000.0 kW

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Manufacturer	
Model	ATW26HS6- ETCXL-47M
Year	2002

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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?	Yes
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	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)	592.0 kW
	Manufacturer	

Model	ATW19HS6-ETCX-22H
Year	2019
Justification for New Antenna	A new antenna is required as the current antenna is designed for channel 48 will not work on the new channel (Ch 22)

**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	8 3/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No



<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Antenna Mount</b>	Tower Stub, 6 ft., 42" face triangular tower, structural mount for antenna

**Transmission  
Line**

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

**Primary  
Transmission  
Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2045 feet per run

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

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2045 feet per run
	Justification for New Transmission Line	New line is required because the existing GLW1500 waveguide will not work on channel 22.

**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
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Candelabra
	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	Yes
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1064696
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	29° 34' 16.0" N-
	Longitude (NAD83)	095° 30' 38.0" W-
	Overall Structure Height	1973.07 feet
	Support Structure Height	1842.17 feet
	Ground Elevation Above Mean Sea Level (AMSL)	76.77 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Towers, LLC
Date Constructed	11/19/2001

**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
12895	KETH-TV	DTV
58835	KPXB-TV	DTV
53847	KXLN-DT	DTV
35524	KRBE	FM
47749	KHMX	FM
60537	KFTH-DT	DTV
70492	KUBE-TV	DTV
25439	KILT-FM	FM
24436	KLTJ	DTV
18516	KTBZ-FM	FM
35337	KODA	FM
66790	KUGB-CD	DTV
35073	KLOL	FM
25449	KKHH	FM

**Other Types of Users**

**Users**

KVQT-LD

KPBX-LD

KDHU-LD

KVVV-LD

**Primary Tower****Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for tower with candelabra
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

**Primary Tower****Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	Candelabra
<b>Helicopter Services Required</b>	Are helicopter services required?	Yes

**Primary Tower****Other Tower Expenses Not Listed**

Name	Description
<b>Ground and Building Permit Drawing Package</b>	Ground & Building A&E Permit Drawing Package (Cost per customer of ATC)
<b>Tower Drawing Package</b>	Tower Permit Drawing Package (Cost per customer of ATC)

**Outside Professional Services Costs**

Section	Question	Response
<p><b>Outside Project Management Services</b></p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>1040</p>
	<p>Explanation</p>	<p>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</p>
<p><b>Outside RF consulting Engineering Services</b></p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>No</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>No</p>
	<p>For Auxiliary Facility</p>	<p>N/A</p>
	<p>For Main Facility</p>	<p>N/A</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>No</p>
	<p>For Auxiliary Facility</p>	<p>N/A</p>
	<p>For Main Facility</p>	<p>N/A</p>
	<p>Prepare request for Special Temporary Authority</p>	<p>No</p>
	<p>Quantity</p>	<p>N/A</p>



	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	Yes
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	Yes	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	20

Justification	Ground Level RF Engineering
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Information not provided.

**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?	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**

Name	Description
Public Hearing	Public Hearing (cost per customer) as per ATC documentation

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter THU9-36</b>	<b>\$1,706,141.80</b>	<b>\$1,268,584.80</b>		<b>\$11,200.00</b>	
Transmitter Installation	<i>\$168,340.00</i>	\$168,340.00	New transmitter installation with filter and electrical	N/A	N/A
RF Filter	<i>\$39,251.80</i>	\$39,251.80	N/A	N/A	N/A
Other Electrical Service: Electrical Connectivity to new transmitter	<i>\$0.00</i>	\$0.00	Electrical connection costs are reflected in the installation cost estimate	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,049,793.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$11,200.00	N/A	\$11,200.00	N/A
<b>Sub-total</b>	<b>\$1,706,141.80</b>	<b>\$1,268,584.80</b>	<b>N/A</b>	<b>\$11,200.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$4,671,831.80</b>	<b>\$3,314,026.50</b>	<b>N/A</b>	<b>\$466,684.21</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Transmitter Instillation	Information not provided.
RF Filter	Information not provided.
Other Electrical Service: Electrical Connectivity to new transmitter	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	Information not provided.
Transformer 3 phase/480v - 150 KVA	<p><b>Component Description:</b> Transformers for 3 cabinet DTV transmitter.</p> <p><b>Amount:</b> \$11,200.00</p>

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna ATW19HS6-ETCX-22H</b>	<b>\$329,480.00</b>	<b>\$258,150.00</b>		<b>\$77,046.94</b>	
Antenna Mount	<i>\$18,000.00</i>	\$18,000.00	N/A	\$5,845.50	N/A
Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed)	\$15,250.00	\$14,500.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$219,250.00	See attached quote from ERI.	\$71,201.44	N/A
<b>Auxiliary Antenna TFU-16DSB-D</b>	<b>\$51,890.00</b>	<b>\$49,000.00</b>		<b>\$19,170.00</b>	

Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$2,700.00	N/A	\$1,215.00	N/A
UHF - High Power, Side Mount, basic slot antenna, 600 kW input, directional,, horizontally polarized	<b><i>\$39,032.00</i></b>	\$39,032.00	N/A	\$17,564.40	N/A
Reducer	<b><i>\$868.00</i></b>	\$868.00	N/A	\$390.60	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	\$381,370.00	\$307,150.00	N/A	\$96,216.94	N/A
<b>Total for all systems</b>	\$4,671,831.80	\$3,314,026.50	N/A	\$466,684.21	N/A

## Components

Actual Information	
Description	File Name
Antenna Mount	<p><b>Component Description:</b> 30% of line 2, plus 8.25% sales tax.</p> <p><b>Amount:</b> \$5,845.50</p>



Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed)	Information not provided.	
Sweep test of existing antenna	Information not provided.	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<b>Component Description:</b>  <b>Amount:</b>	30% of line 1, plus 8.25% sales tax. \$71,201.44
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	<b>Component Description:</b>  <b>Amount:</b>	See line 2 of invoice \$1,215.00
UHF - High Power, Side Mount, basic slot antenna, 600 kW input, directional,, horizontally polarized	<b>Component Description:</b>  <b>Amount:</b>	See line 1 of invoice \$17,564.40
Reducer	<b>Component Description:</b>  <b>Amount:</b>	See line 3 of invoice \$390.60
Sweep test of existing antenna	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
<b>Primary Transmission Line</b>	<b>\$709,615.00</b>	<b>\$578,704.23</b>		<b>\$173,611.27</b>	
Rigid Transmission Line - copper, 8 3/16"	\$709,615.00	\$578,704.23	Line, adapters, and deign services from attached Antenna Proposal	\$173,611.27	N/A
<b>Sub-total</b>	<b>\$709,615.00</b>	<b>\$578,704.23</b>	N/A	<b>\$173,611.27</b>	N/A
<b>Total for all systems</b>	<b>\$4,671,831.80</b>	<b>\$3,314,026.50</b>	N/A	<b>\$466,684.21</b>	N/A

**Components**

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 8 3/16"	<p><b>Component Description:</b> 30% of lines 4-23, plus 8.25% sales tax.</p> <p><b>Amount:</b> \$173,611.27</p>

**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
<b>Primary Tower GTOWER</b>	<b>\$1,502,400.00</b>	<b>\$857,022.47</b>		<b>\$129,134.24</b>	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$430,447.47	See proposal from ERI for antenna installation services	\$129,134.24	N/A
Tower Helicopter Lift	<i>\$0.00</i>	\$0.00	As per M. Rhodes: cost reflected in "Complex Tower" line item	N/A	N/A
Ground and Building Permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	see attached American Tower cost estimate form	N/A	N/A
Tower Drawing Package	<i>\$4,700.00</i>	\$4,700.00	see attached American Tower cost estimate form	N/A	N/A
Structural engineering tower load study for a documented tower with candelabra	\$20,000.00	\$22,175.00	Price for tower mapping and structural engineering, as per ATC documentation	N/A	N/A

Serious tower reinforcement /modifications	\$1,052,000.00	\$395,000.00	see attached American Tower cost estimate form	N/A	N/A
<b>Sub-total</b>	\$1,502,400.00	\$857,022.47	N/A	\$129,134.24	N/A
<b>Total for all systems</b>	\$4,671,831.80	\$3,314,026.50	N/A	\$466,684.21	N/A

## Components

Actual Information	
Description	File Name
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<p><b>Component Description:</b> 30% of lines 3 and 24, plus 8.25% sales tax.</p> <p><b>Amount:</b> \$129,134.24</p>
Tower Helicopter Lift	Information not provided.
Ground and Building Permit Drawing Package	Information not provided.
Tower Drawing Package	Information not provided.
Structural engineering tower load study for a documented tower with candelabra	Information not provided.
Serious tower reinforcement /modifications	Information not provided.

**Cost Information**

**Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$312,975.00</b>	<b>\$250,550.00</b>		<b>\$56,521.76</b>	
Project management of the transition	\$164,320.00	\$156,000.00	N/A	\$45,751.45	N/A
Additional Field Engineering Service, 20 Days	<i>\$20,000.00</i>	\$20,000.00	N/A	\$10,000.00	N/A
RF Exposure Measurements	\$21,050.00	\$15,000.00	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
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$1,400.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$500.00	N/A	N/A	N/A

NEPA Section 106 environmental review, if needed	\$6,310.00	\$5,400.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$415.80	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$354.51	N/A
<b>Sub-total</b>	<b>\$312,975.00</b>	<b>\$250,550.00</b>	<b>N/A</b>	<b>\$56,521.76</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$4,671,831.80</b>	<b>\$3,314,026.50</b>	<b>N/A</b>	<b>\$466,684.21</b>	<b>N/A</b>

## Components

Actual Information	
Description	File Name
Project management of the transition	

**Component Description:** Project Management Services  
**Amount:** \$4,800.00

**Component Description:** Apr-18 Project Management  
**Amount:** \$6,150.00

**Component Description:** Jan 2018 Project Management  
**Amount:** \$9,750.00

**Component Description:** Project Management Services  
**Amount:** \$975.00

**Component Description:** Project Management Services  
**Amount:** \$2,405.00

**Component Description:** Project Management Services  
**Amount:** \$1,072.50

**Component Description:** Project Management Services  
**Amount:** \$348.95

**Component Description:** Project Management  
**Amount:** \$6,150.00

	<p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$8,250.00</p>
	<p><b>Component Description:</b> Project Management Services</p> <p><b>Amount:</b> \$3,380.00</p>
	<p><b>Component Description:</b> Project Management Services</p> <p><b>Amount:</b> \$2,470.00</p>
Additional Field Engineering Service, 20 Days	<p><b>Component Description:</b> Engineering site visit, inspection, measurements, drawing and planning for repack transmitter and RF installation, budgeting and planning.</p> <p><b>Amount:</b> \$10,000.00</p>
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.



NEPA Section 106 environmental review, if needed	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b></p> <p><b>Amount:</b></p> <p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>See lines 1 &amp; 2 of invoice, less 10% vendor discount. \$189.00</p> <p>See lines 1 &amp; 2 of invoice, less 10% vendor discount. See explanation of variance for line 3. \$226.80</p>
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	<p><b>Component Description:</b></p> <p><b>Amount:</b></p> <p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>See lines 3-5 of invoice, less 10% vendor discount. \$310.86</p> <p>Review of Form 399 \$43.65</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
<b>Other Expenses</b>	<b>\$59,330.00</b>	<b>\$52,015.00</b>		<b>\$0.00</b>	
Public Hearing	<i>\$2,000.00</i>	\$2,000.00	see attached ATC documentation	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>\$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>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Local Zoning	<i>\$750.00</i>	\$750.00	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	\$4,250.00	N/A	N/A	N/A
<b>Sub-total</b>	\$59,330.00	\$52,015.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$4,671,831.80	\$3,314,026.50	N/A	\$466,684.21	N/A

### Components

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$4,671,831.80	\$3,314,026.50	\$466,684.21

**Reimbursement Status**

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

Certification	Section	Question	Response
	<b>Submission of Estimated Expenses Statements</b>	<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*

06/28/2018

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



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

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*

06/28/2018

## Attachments