

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

Facility 72358 Service: DTV Call KSNW Channel: 15 (UHF)

ID:

Sign:

File **0000028606** 

Number:

FRN: **0009961889** Date **09/07** 

Submitted: /2018

## Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
NEXSTAR BROADCASTING, INC. Doing Business As:	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar. tv	Corporation

## Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### Preparer Contact Information

#### **Preparer Contact Name and Information**

1	Applicant	Address	Phone	Email
•	Elizabeth Ryder General Counsel Nexstar Broadcasting, Inc.	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373- 8800	eryder@nexstar. tv

## Broadcaster Information and Transition Plan

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	See attached Transition Plan document.

## **Transmitters**

S 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	
Manufacturer and Type	Model	Unknown
	Year	2004
	Туре	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 kW

## Primary Transmitter

## **New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-72
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	47.2 kW
	Justification for New Transmitter	See attached quotes. Upgrade to an SS transmitter at one power level above what's required for TPO.

## Primary Transmitter

## **Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes

Size   3 inches			
Other Electrical Service No  Description N/A  HVAC Service  Does the replacement transmitter require HVAC Service?  Type N/A  Size N/A  Other Size N/A  Transmitter Building Addition/Modification or Leasehold Improvement  Size 100.0 square feet  Channel 14 Costs  Is an RF Consulting Engineer needed? N/A  Is additional field engineering time needed? N/A		Size	3 inches
HVAC Service  Does the replacement transmitter require HVAC Service?  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 leashold improvement?  Size 100.0 square feet  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		Length	75.0 feet
HVAC Service  Does the replacement transmitter require HVAC Service?  Type  N/A  Size  N/A  Other Size  N/A  Transmitter Building Addition/Modification or Leasehold Improvement  Size  Does the Transmitter Building require an addition, modification, other leashold improvement?  Size  100.0 square feet  Channel 14 Costs  Is an RF Consulting Engineer needed?  N/A  Is additional field engineering time needed?  N/A		Other Electrical Service	No
HVAC Service?  Type N/A  Size N/A  Other Size N/A  Transmitter Building Addition/Modification or Leasehold Improvement  Size 100.0 square feet  Channel 14 Costs Is an RF Consulting Engineer needed? N/A  Is additional field engineering time needed? N/A		Description	N/A
Size  Other Size  N/A  Transmitter Building Addition/Modification or Leasehold Improvement  Does the Transmitter Building require an addition, modification, other leashold improvement?  Size  100.0 square feet  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	HVAC Service		No
Other Size  N/A  Transmitter Building Addition/Modification or Leasehold Improvement  Size  Size  Is an RF Consulting Engineer needed?  Is a channel 14 Mask Filer needed?  N/A  Is additional field engineering time needed?  N/A		Туре	N/A
Transmitter Building Addition/Modification or Leasehold Improvement  Size  Size  Size  100.0 square feet  Channel 14 Costs  Is an RF Consulting Engineer needed?  N/A  Is additional field engineering time needed?  N/A		Size	N/A
Addition/Modification or Leasehold Improvement  Size  Size  100.0 square feet  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		Other Size	N/A
Channel 14 Costs  Is an RF Consulting Engineer needed?  Is a channel 14 Mask Filer needed?  N/A  Is additional field engineering time needed?  N/A	Addition/Modification or	addition, modification, other leashold	Yes
Is a channel 14 Mask Filer needed?  N/A  Is additional field engineering time needed?  N/A		Size	
Is additional field engineering time needed? N/A	Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
		Is a channel 14 Mask Filer needed?	N/A
Number of Days N/A		Is additional field engineering time needed?	N/A
		Number of Days	N/A

Primary

**Other Transmitter Cost Not Listed** 

**Transmitter** Information not provided.

#### **Antennas**

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

## **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?	No
	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	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	900.0 kW

Manufacturer	
Model	DIELECTRIC TFU-30GTH- R 04
Year	2004

## **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?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	1000.0 kW
	Manufacturer	
		'

Model	TFU- 20GTH O4
Year	2017
Justification for New Antenna	Existing coaxial slot antenna is not designed to operate on repacked channel.

## **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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	Yes
	transmission line and antenna?	

**Other Antenna Cost Not Listed** 

#### Interim Antenna

## **New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	200.0 kW
	Manufacturer	
	Model	RFS-RD4 or Equivalent

Year	2017
Justification for New Antenna	No backup antenna exists.

## Interim Antenna

#### **Other Antenna Costs**

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an 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

## Interim Antenna

**Other Antenna Cost Not Listed** 

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

## Primary Transmission

## **Existing Transmission Line**

n Line Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	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	Manufacturer	DIELECTRIC
Line Manufacturer and Type	Туре	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1330 feet per run

#### **Primary**

## Other Transmission Line Expenses Not Listed

Transmission	n <mark>Line</mark>	Description	
	Line Sweep	Need to confirm operation of new line.	

## Interim

#### **New Transmission Line**

Transmission Line Costs  New Transmission Line Costs	n Line Section	Question	Response
		Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Rigid
		Diameter	6 1/8 inches
		Segment Length	19 ¾ '
		Other Segment Length	
		Number of parallel runs	1
		Length	1000 feet per run
		Justification for New Transmission Line	Needed for interim antenna.

Interim

Other Transmission Line Expenses Not Listed

Transmission loine tion 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	Modify Existing
	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?	Yes
Existing Tower Structure	Do you have a tower registration number?	Yes
Registration	ASR Number	1244913
Coordinates (NAD83 ( North American Datum	Latitude (NAD83)	37° 46' 26.0" N-
of 1983))	Longitude (NAD83)	097° 30' 53.0" W-
	Overall Structure Height	1070.85 feet
	Support Structure Height	1019.34 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1367.11 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Nexstar Broadcasting, Inc.
Date Constructed	08/27/2004

## Primary Tower

#### **Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

## 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

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	173
	Explanation	It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects.
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	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	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	2
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
		1

Number of Days	N/A
Justification	N/A

Outside
Professional Services Expenses Not Listed
Professional Services ©pstsided.

## 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	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	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 Not Listed

**Expenses** Information not provided.

#### **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 ULXTE-72	\$1,534,500.00	\$1,447,145.00		\$0.00	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,388,470.00	See attached Comark quote.	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$3,900.00	\$3,675.00	N/A	N/A	N/A
Other Building Addition Size: 100.0	\$5,000.00	\$5,000.00	Need to move walls, plumbing, electrical wiring, lighting fixtures, etc.	N/A	N/A
Sub-total	\$1,534,500.00	\$1,447,145.00	N/A	\$0.00	N/A
Total for all systems	\$2,765,984.00	\$2,688,260.00	N/A	\$1,487.50	N/A

## Components

#### **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
Interim Antenna RFS- RD4 or Equivalent	\$196,230.00	\$186,400.00		\$0.00	
UHF - Lower Power Side Mount, One station - 200- 500 kW, horizontally polarized	\$189,500.00	\$180,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Primary Antenna TFU- 20GTH O4	\$266,030.00	\$253,100.00		\$0.00	
Elbow complex, single channel, at antenna input, per 6 1 /8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
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, horizontally polarized	\$247,000.00	\$235,000.00	N/A	N/A	N/A

Sub-total	\$462,260.00	\$439,500.00	N/A	\$0.00	N/A
Total for all systems	\$2,765,984.00	\$2,688,260.00	N/A	\$1,487.50	N/A

## Components

#### **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
Interim Transmission Line	\$202,000.00	\$192,000.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8"	\$202,000.00	\$192,000.00	Needed to maintain interim operations while main antenna is rigged.	N/A	N/A
Primary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Line Sweep	\$6,400.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$208,400.00	\$198,400.00	N/A	\$0.00	N/A
Total for all systems	\$2,765,984.00	\$2,688,260.00	N/A	\$1,487.50	N/A

## Components

## **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	\$381,100.00	\$433,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$271,000.00	see Tower Rigging Estimate.	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	N/A	N/A
Sub-total	\$381,100.00	\$433,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,765,984.00	\$2,688,260.00	N/A	\$1,487.50	N/A

## Components

## **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	\$61,144.00	\$57,200.00		\$1,487.50	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$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 engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Project management of the transition	\$27,334.00	\$25,950.00	N/A	\$0.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$1,487.50	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$61,144.00	\$57,200.00	N/A	\$1,487.50	N/A
Total for all systems	\$2,765,984.00	\$2,688,260.00	N/A	\$1,487.50	N/A

## Components

Actual Information Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	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	Information not provided.

Prepare request for Special Temporary Authorization	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Project management of the		
transition	Component Description:	FCC Transition Study and Design
	Amount:	\$150.00
	Component Description:	FCC Transition
	Amount:	Study and Design \$900.00
Perform engineering study		
for new channel assignment and antenna development	Component Description:	Engineering study for new channel
	Amount:	assignment \$1,312.50
	Component Description:	Engineering study for new channel
	Amount:	assignment \$175.00

## **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	Actual Cost Justification
Other Expenses	\$118,580.00	\$113,015.00	Justinication	\$0.00	Justinication
Disposal Costs (for equipment and other waste, net of any salvage value)	\$25,000.00	\$25,000.00	N/A	\$0.00	N/A
MVPD Notification of Channel Change	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$3,500.00	\$3,500.00	Develop and produce crawls and spots for viewer notification.	N/A	N/A
Equipment Storage	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Non-zoning permits	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Local Zoning	\$1,000.00	\$1,000.00	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	\$6,000.00	N/A	N/A	N/A
Sub-total	\$118,580.00	\$113,015.00	N/A	\$0.00	N/A
Total for all systems	\$2,765,984.00	\$2,688,260.00	N/A	\$1,487.50	N/A

## Components

Actual Information Description	File Name	
Disposal Costs (for equipment and other waste, net of any salvage value)	Component Description: Amount:	Disposal costs \$23,000.00
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
Equipment Storage	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	
Non-zoning permits	Information not provided.	
Local Zoning	Information not provided.	
FCC Filing Fees - Special Temporary Authorization request	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	Information not provided.	
DTV Medical Facility Notification	Information not provided.	

## **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,765,984.00	\$2,688,260.00	\$1,487.50

Reimbursem	envestiatus	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

Section Question Response

## Submission of Estimated Expenses Statements

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.

- 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 abovenamed applicant for the Authorization(s) specified above. Elizabeth Ryder General Counsel

09/07/2018

Section Question Response

# Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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 abovenamed applicant for the Authorization(s) specified above. Elizabeth Ryder General Counsel

09/07/2018

#### **Attachments**