Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: **35584** | Service: **DTV** | Call Sign: **KSAX** | Channel: **24 (UHF)**

File Number: **0000025416**

FRN: **0002629566** | Date Submitted: **09/06/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **KSAX-TV, INC.**<br>Doing Business As:<br>KSAX-TV, INC. | David A. Jones<br>3415 UNIVERSITY AVE., WEST<br>ST. PAUL, MN 55114<br>United States | +1 (651) 642-4334 | DJONES@HBI.COM | Corporation |

## 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 |
|---|---|---|---|
| **Charles R. Naftalin**<br>*LEGAL COUNSEL*<br>*HOLLAND & KNIGHT LLP* | Charles Naftalin<br>Holland & Knight, 800 17th Street, NW<br>Suite 1100<br>Washington, DC 20006<br>United States | +1 (202) 955-3000 | charles.naftalin@hklaw.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. | No |
| Briefly describe transition plan | The station will replace its owned antenna on its existing tower with a new antenna on a top-mounted omni-directional pylon on a supporting pole. The station also expects to require an interim antenna to avoid notable service disruptions. See Exhibit 1. |

## 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 | DHD-15P1 |
| | Year | 2002 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 15 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 | UAXTE-12R44 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 7.2 kW |
| | Justification for New Transmitter | Current primary air-cooled solid state transmitter has been classified by manufacturer as unable to be re-tuned to new UHF channel. Price includes new exciters and mask filter. See Exhibit 1. |

## Primary Transmitter

### Other Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **Electrical Service** | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |

| | | |
|---|---|---|
| | Transformer (480V) | No |
| | Power | N/A |
| | Rigid Conduit and Wiring | No |
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |
| | Description | N/A |
| **HVAC Service** | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| **Transmitter Building Addition/Modification or Leasehold Improvement** | Does the Transmitter Building require an addition, modification, other leashold 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

Information not provided.

**Interim Transmitter**

### New Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **New Transmitter** | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase |
| | Manufacturer | |
| | Model | Maxiva UAXTE-12R44 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 7.2 kW |
| | Justification for New Transmitter | Because the catalog doesn't list a 7-8 kW air-cooled solid state transmitter, a GatesAir quote has been provided. See Exhibit 1. |

**Interim Transmitter**

### Other Transmitter Costs

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

| | | |
|---|---|---|
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |
| | Description | N/A |
| **HVAC Service** | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| **Transmitter Building Addition/Modification or Leasehold Improvement** | Does the Transmitter Building require an addition, modification, other leashold 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 |
| **Inside RF System** | Is an additional interior RF system required to support this interim transmitter? | Yes |

## Interim Transmitter

### Other Transmitter Cost Not Listed

Information not provided.

## 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? | 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 |
| | 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) | 80.0 kW |
| | | |

| | |
|---|---|
| Manufacturer | |
| Model | TFU-25J |
| Year | 1985 |

## 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? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| **New Antenna Manufacturer and Types** | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels/Bays | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Design power capacity in use | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 55.3 kW |
| | Manufacturer | |

| | | |
|---|---|---|
| | Model | TFU-12JTH /VP-R 04 |
| | Year | 2017 |
| | Justification for New Antenna | Existing antenna is unable to be re-tuned to new repacked channel. See Exhibit 1. |

**Primary Antenna**

### Other Antenna Costs

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

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

**Primary Antenna**

### Other Antenna Cost Not Listed

Information not provided.

## 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 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/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) | 55.3 kW |
| | Manufacturer | |
| | Model | TLP32A |
| | Year | 2017 |

| | | |
|---|---|---|
| | Justification for New Antenna | Interim antenna is necessary to avoid loss of broadcast service during transition to new (repacked) channel. See Exhibit 1. |

**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? | Yes |
| **Pattern Scatter Analysis** | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | Yes |
| **Sweep Test** | Do you require the sweep testing of transmission line and antenna? | Yes |

**Interim Antenna**

### Other Antenna Cost Not Listed

Information not provided.

## Transmission Line

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

## Primary Transmission Line

### Existing Transmission Line

| Section | Question | Response |
|---|---|---|
| **Existing Transmission Line Description** | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| **Existing Transmission Line Manufacturer and Type** | Manufacturer | |
| | Type | Waveguide |
| | Diameter | N/A |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | 11.95 feet |
| | Number of parallel runs | 1 |
| | Length | 1250 feet per run |

## Primary Transmission Line

### New Transmission Line

| Section | Question | Response |
|---|---|---|
| **New Transmission Line Costs** | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1200 feet per run |
| | Justification for New Transmission Line | Current transmission line could not be used due to frequency change. See Exhibit 1. |

## Primary Transmission Line

### Other Transmission Line Expenses Not Listed

Information not provided.

## Interim Transmission Line

### New Transmission Line

| Section | Question | Response |
|---|---|---|
| **New Transmission Line Costs** | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Segment Length | 20' |
| | Other Segment Length | |
| | Number of parallel runs | 1 |
| | Length | 1100 feet per run |
| | Justification for New Transmission Line | Additional transmission line needed for interim facility to facilitate smooth transition to new channel. See Exhibit 1. |

## Interim 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 | 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? | No |
| | Is tower compliant with Rev G? | Unknown |
| **Existing Tower Structure Registration** | Do you have a tower registration number? | Yes |
| | ASR Number | 1025694 |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 45° 41' 59.0" N- |
| | Longitude (NAD83) | 095° 10' 36.0" W- |
| | Overall Structure Height | 1191.91 feet |
| | Support Structure Height | 1139.75 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 1356.94 feet |

| | |
|---|---|
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | KSAX-TV, INC. |
| Date Constructed | 09/01/1987 |

**Primary Tower**

### Tower Modification Costs

| Section | Question | Response |
|---|---|---|
| **Engineering Study** | Please what type of engineering study is required, if any: | Study needed for undocumented /poorly 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

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 | 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 | Yes |
| | RF exposure measurements | Yes |
| | 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 |
|---|---|
| **Coverage Verification, Interim Antenna** | Coverage verification (field study) for interim antenna operations. See Exhibit 1. |
| **Internal Staff Work** | See Exhibit 1. |
| **RF exposure measurements, interim antenna** | RF exposure measurements for interim antenna operations. See Exhibit 1. |
| **Outside Legal Analysis and Advice** | Analysis and guidance provided by outside legal counsel with respect to repacking deadlines and other FCC requirements. See Exhibit 2 (Jan 2018). |

## 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 | 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? | 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 |
| --- | --- |
| **Transmitter control** | Remote control needed to comply with FCC requirements for main studio control of transmitters. |

## 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 |
|---|---|---|---|---|---|
| **Interim Transmitter Maxiva UAXTE-12R44** | **$396,812.39** | **$389,312.39** | | **$0.00** | |
| UHF - Air Cooled Solid State Transmitter 7.2 kW | ***$249,312.39*** | $249,312.39 | See Exhibit 1 (and including estimated state sales tax). | $0.00 | N/A |
| UHF inside RF system including switching | $147,500.00 | $140,000.00 | N/A | N/A | N/A |
| **Primary Transmitter UAXTE-12R44** | **$249,312.39** | **$249,312.39** | | **$0.00** | |
| UHF - Air Cooled Solid State Transmitter 7.2 kW | ***$249,312.39*** | $249,312.39 | See Exhibit 1 (and including estimated state sales tax). | N/A | N/A |
| **Sub-total** | $646,124.78 | $638,624.78 | N/A | $0.00 | N/A |
| **Total for all systems** | $2,214,322.78 | $2,031,667.82 | N/A | $25,193.87 | N/A |

### Components

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 |
|---|---|---|---|---|---|
| **Interim Antenna TLP32A** | **$124,540.00** | **$91,377.54** | | **$0.00** | |
| UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized | $89,400.00 | $67,500.54 | N/A | N/A | N/A |
| Sweep test of existing antenna | $6,730.00 | $6,400.00 | N/A | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | $23,150.00 | $14,977.00 | N/A | N/A | N/A |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | $5,260.00 | $2,500.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| **Primary Antenna TFU-12JTH /VP-R 04** | **$266,030.00** | **$223,763.00** | | **$0.00** | |
| UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized | $247,000.00 | $208,180.00 | N/A | N/A | N/A |
| Sweep test of existing antenna | $6,730.00 | $6,400.00 | N/A | N/A | N/A |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | $12,300.00 | $9,183.00 | N/A | N/A | N/A |
| **Sub-total** | $390,570.00 | $315,140.54 | N/A | $0.00 | N/A |
| **Total for all systems** | $2,214,322.78 | $2,031,667.82 | N/A | $25,193.87 | N/A |

## Components

Information not provided.

## Cost Information

### Transmission Line

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|---|---|---|---|---|
| **Interim Transmission Line** | **$222,200.00** | **$177,998.00** | | **$0.00** | |
| Rigid Transmission Line - copper, 6 1/8" | $222,200.00 | $177,998.00 | N/A | N/A | N/A |
| **Primary Transmission Line** | **$242,400.00** | **$202,273.00** | | **$0.00** | |
| Rigid Transmission Line - copper, 6 1/8" | $242,400.00 | $202,273.00 | N/A | N/A | N/A |
| **Sub-total** | $464,600.00 | $380,271.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $2,214,322.78 | $2,031,667.82 | N/A | $25,193.87 | N/A |

### Components

Information not provided.

## Cost Information

### Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|---|---|---|---|---|
| **Primary Tower TOWER** | **$394,800.00** | **$375,000.00** | | **$0.00** | |
| Tall Tower (greater than 500') | $210,500.00 | $200,000.00 | N/A | N/A | N/A |
| Minor tower reinforcement /modifications | $158,000.00 | $150,000.00 | N/A | N/A | N/A |
| Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study | $26,300.00 | $25,000.00 | N/A | N/A | N/A |
| **Sub-total** | $394,800.00 | $375,000.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $2,214,322.78 | $2,031,667.82 | N/A | $25,193.87 | N/A |

### Components

Information not provided.

## Cost Information

### Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justificatio |
|---|---|---|---|---|---|
| **Outside Professional Services** | **$254,122.00** | **$259,090.50** | | **$25,193.87** | |
| Outside Legal Analysis and Advice | ***$118.00*** | $118.00 | These costs were incurred in obtaining advice from outside counsel regarding the FCC requirements other than the Form 2100 or reimbursement, including periodic progress reports, repacking deadlines and other FCC requirements. See Exhibit 2. | $118.00 | See Exhibi |
| RF exposure measurements, interim antenna | ***$20,000.00*** | $20,000.00 | See Exhibit 1. | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Internal Staff Work | ***$20,674.00*** | $20,674.00 | See Exhibit 1. | $4,027.37 | Although subtotal is r greater tha approved estimates additiona explanation provided i Exhibit 2 ar 2a. Exhibit links trave expenses w the correc Internal Lab Invoice (355841) |
| RF Exposure Measurements | $21,050.00 | $20,000.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | $2,630.00 | $12,592.25 | See Exhibit 2 (January 2018). | $12,592.25 | See Exhibit Costs includ significan revisions t reimbursem form due t changes i repacked facility desi and responding FCC reque (and changi contact informatio |
| Perform engineering study for new channel assignment and antenna development | $7,360.00 | $7,000.00 | N/A | $1,000.00 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | $3,155.00 | $3,000.00 | N/A | $500.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | $1,580.00 | $1,500.00 | N/A | $0.00 | 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 | $6,956.25 | See Exhibit 2. Unexpected additional costs resulted from necessary changes in repacked facility and post-filing follow-up with the FCC to address issues in online database. | $6,956.25 | See Exhibit Necessar changes included revisions t initial repacked facility as w as follow-u regarding appearance application FCC syste among oth matters. |
| 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 |
| Comprehensive coverage verification via field study, if needed | $84,200.00 | $80,000.00 | N/A | N/A | N/A |
| Coverage Verification, Interim Antenna | ***$80,000.00*** | $80,000.00 | See Exhibit 1. | N/A | N/A |
| **Sub-total** | $254,122.00 | $259,090.50 | N/A | $25,193.87 | N/A |
| **Total for all systems** | $2,214,322.78 | $2,031,667.82 | N/A | $25,193.87 | N/A |

## Components

| Actual Information Description | File Name | |
|---|---|---|
| Outside Legal Analysis and Advice | **Component Description:**<br><br><br><br><br><br>**Amount:** | Fee for attorney work regarding FCC repacking requirements, including transition progress reports<br>$118.00 |
| RF exposure measurements, interim antenna | Information not provided. | |
| Internal Staff Work | **Component Description:**<br><br><br><br><br><br>**Amount:** | Including pay stubs from an entity that is commonly owned with the licensee of KSAX-TV, Inc.<br>$923.95 |

| | |
|---|---|
| **Component Description:** | Including pay stubs from an entity that is commonly owned with the licensee of KSAX-TV, Inc. |
| **Amount:** | $1,777.57 |
| **Component Description:** | Including pay stubs from an entity that is commonly owned with the licensee KSAX-TV, Inc. |
| **Amount:** | $1,097.94 |
| **Component Description:** | Cannot delete cost component section. Please disregard. |
| **Amount:** | N/A |
| **Component Description:** | This material document summarizes costs, as reimbursed by licensee parent, for travel expenses for trip to KSAX antenna site. Supporting documentation for all expenses reimbursed is also attached. See also Exhibit 2a per staff request. |
| **Amount:** | $222.91 |

| | | |
|---|---|---|
| | **Component Description:**<br><br><br><br><br><br><br>**Amount:** | Copy and document expenses for blueprint creation and transmission for new KSAX facility.<br>$5.00 |
| RF Exposure Measurements | Information not provided. | |

| | | |
|---|---|---|
| Prepare and or review reimbursement form | **Component Description:** | Portion of invoice relevant to preparation and review of reimbursement forms, including responding to further FCC requests. |
| | **Amount:** | $252.50 |
| | **Component Description:** | Portion of invoice relevant to review and preparation of reimbursement information, including responses to FCC requests. |
| | **Amount:** | $4,338.00 |
| | **Component Description:** | Portion of invoice relevant to preparation of reimbursement forms |
| | **Amount:** | $244.25 |
| | **Component Description:** | Portion of invoice relevant to preparation of reimbursement request |
| | **Amount:** | $7,757.50 |

| | | |
|---|---|---|
| Perform engineering study for new channel assignment and antenna development | **Component Description:**<br><br>**Amount:** | Portion allocable to relevant line item. The selected attachment also has requested detail. Please ignore other versions of Invoice 240733.<br>$1,000.00 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | **Component Description:**<br><br>**Amount:** | Portion allocable to relevant line item. The selected attachment has requested detail. Please ignore other versions of Invoice 240733.<br>$500.00 |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Prepare request for Special Temporary Authorization | Information not provided. | |

| | | |
|---|---|---|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | **Component Description:**<br><br><br><br><br><br><br>**Amount:** | Portion of invoice (as appropriately allocated and marked on invoice) relevant to construction permit work.<br>$513.50 |
| | **Component Description:**<br><br><br><br>**Amount:** | Portion of invoice relevant to construction permit work.<br>$1,356.25 |
| | **Component Description:**<br><br><br><br><br>**Amount:** | Portion of invoice (as appropriately allocated on invoice) relevant to construction permit work.<br>$447.00 |
| | **Component Description:**<br><br><br><br><br><br>**Amount:** | Portion of invoice (including allocations as marked on invoice) relevant to construction permit work.<br>$4,639.50 |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. | |
| Comprehensive coverage verification via field study, if needed | Information not provided. | |

| | |
|---|---|
| Coverage Verification, Interim Antenna | Information not provided. |

## 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** | **$64,106.00** | **$63,541.00** | | **$0.00** | |
| DTV Medical Facility Notification | $11,550.00 | $11,000.00 | 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 |
| FCC Filing Fees - Special Temporary Authorization request | $195.00 | $190.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | ***$7,146.00*** | $7,146.00 | See Exhibit 1. | N/A | N/A |
| Equipment Delivery and Handling Charges | ***$35,200.00*** | $35,200.00 | See Exhibit 1. | N/A | N/A |
| Develop and air announcement of upcoming channel change | ***$4,100.00*** | $4,100.00 | See Exhibit 1. | N/A | N/A |
| MVPD Notification of Channel Change | ***$1,000.00*** | $1,000.00 | See Exhibit 1. | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Transmitter control | ***$4,580.00*** | $4,580.00 | See Exhibit 1. | N/A | N/A |
| **Sub-total** | $64,106.00 | $63,541.00 | N/A | $0.00 | N/A |
| **Total for all systems** | $2,214,322.78 | $2,031,667.82 | N/A | $25,193.87 | N/A |

## Components

Information not provided.

## Cost Information

### Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|---|---|---|---|
| **Total for all systems** | $2,214,322.78 | $2,031,667.82 | $25,193.87 |

## 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** | 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.<br>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

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

| | | |
|---|---|---|
| | 8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **David A. Jones**<br>*Vice President*<br><br>09/06/2018 |

## Attachments