



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **50182** | Service: **DTV** | Call **KAUT-TV** | Channel: **19 (UHF)**  
ID:  
File **0000028244**  
Number:  
FRN: **0022824668** | Date **06/29**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Tribune Broadcasting Company II LLC</b>	Elizabeth Ryder	+1 (972)	eryder@nexstar. tv	Limited Liability Company
Doing Business As: TRIBUNE BROADCASTING OKLAHOMA CITY LICENSE,LLC	545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	373- 8800		

## 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>Bill Vanduyndhoven , Vanduyndhov . Sr Director of Engineering RF Systems NEXSTAR BROADCASTING, INC.</b>	Bill Vanduyndhoven 2211 Rabbit Hill Cir Dacula, GA 30019 United States	+1 (404) 312-8693	Bvanduyndhoven@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.	Yes
Briefly describe transition plan	Move KAUT to a an existing Tribune owned site and install a Broadband antenna. Site requires renovation to support the operation. KOPX also repacked will be a tenant on the new antenna. KFOR a non repacked station will also move to this site.

**Transmitters**

Section	Question	Response
Transmitter Related Expenses	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	Sigma CD P3
	Year	2006
	Type	Inductive Output Tube
	IOT Power Type	Three
	Power Capacity	90 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-60
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	36 kW
	Justification for New Transmitter	Current transmitter has be stated by Manufacturer as not re-tunable. KAUT is moving to another tower and will install replacement transmitter at new site.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA

	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	New electrical distribution
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	30 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	2000.0 square feet
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Ice protection</b>	Ice shield over critical equipment
<b>Asbestos abatement</b>	Clean building and make safe for new system
<b>Removal Disposal</b>	Clear Suite at current site

**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	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) .....	1000.0 kW

Manufacturer	
Model	TFU-30DSC-R03
Year	2006



Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	Yes
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels/Bays	25
	Lower Limit	490.00 MHz
	Upper Limit	590.00 MHz
	Design power capacity in use	60.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	2000.0 kW
	Manufacturer	

Model	TUM25-04-16/64H-2-R-T
Year	2018
Justification for New Antenna	Current antenna will not work on assigned channel. Moving to different site

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	Yes
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	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?	
<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
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Enter a list of RF channel numbers.

RF Channel Number
27
18
19

Primary  
Antenna

Other Antenna Cost Not Listed

Name	Description
KAUT Combiner install	Install of KAUT combiner

**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	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1600 feet per run

**Primary** **New Transmission Line**  
**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	Broadband
	Other Segment Length	N/A
	Number of parallel runs	2
	Length	1900 feet per run
	Justification for New Transmission Line	Moving to different site. Current line would not support power or channel required. Tower would not support operation from the original site

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

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**

**Add 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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1043710
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	35° 34' 07.0" N-
	Longitude (NAD83)	097° 29' 21.0" W-
	Overall Structure Height	1602.01 feet
	Support Structure Height	1508.84 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1146.97 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Local TV Oklahoma, LLC
	Date Constructed	04/06/1965

**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
69175	KROU	FM

## 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:	Serious Reinforcements needed

## Primary Tower

### Tower Rigging Costs

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



Primary Tower	Other Tower Expenses Not Listed
	Information not provided.

## Primary Tower

### Existing Tower

Section	Question	Response
<b>Existing Tower Description</b>	Type of change	Move Equipment
	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	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1045226
<b>Coordinates (NAD83 (North American Datum of 1983))</b>	Latitude (NAD83)	35° 35' 52.1" N-
	Longitude (NAD83)	097° 29' 23.2" W-
	Overall Structure Height	1646.96 feet
	Support Structure Height	1549.85 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1102.02 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
	Tower Owner	American Towers, LLC.

	Date Constructed	02/01/1999
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**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
58389	KXXY-FM	FM
38214	KSBI	DTV
66222	KFOR-TV	DTV
58390	KTST	FM
11918	KJYO	FM
11964	KBRU	FM
84225	KOCM	DTV
2566	KOPX-TV	DTV
25382	KWTV-DT	DTV

**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
Removal of current	Lease requirement to remove the current antenna and line

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	1000
	Explanation	Construction supervision by Manhattan construction. Extensive site work required
<b>Outside RF consulting Engineering Services</b>	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
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A

	Prepare and file Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	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	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	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
Binding and insurance	Insurance for the construction

## 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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<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?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name		Description
Design fees		Architectural design fees
Security		Armed Security

## 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 ULXTE-60</b>	<b>\$2,488,400.00</b>	<b>\$2,260,700.00</b>		<b>\$832,863.86</b>	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,275,000.00	N/A	\$832,863.86	N/A
Removal Disposal	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Asbestos abatement	<i>\$0.00</i>	\$0.00	N/A	\$0.00	N/A
Ice protection	<i>\$300,000.00</i>	\$300,000.00	N/A	N/A	N/A
Other -- Building Addition Size: 2000.0	<i>\$150,000.00</i>	\$150,000.00	N/A	N/A	N/A
30 Ton system	\$166,000.00	\$162,000.00	N/A	N/A	N/A
Other Electrical Service: New electrical distribution	<i>\$285,000.00</i>	\$285,000.00	N/A	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$30,000.00	N/A	N/A	N/A



Switchgear - industrial 800 amp	\$38,200.00	\$20,000.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
<b>Sub-total</b>	\$2,488,400.00	\$2,260,700.00	N/A	\$832,863.86	N/A
<b>Total for all systems</b>	\$7,490,575.00	\$5,591,150.00	N/A	\$2,473,577.16	N/A

## Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<b>Component Description:</b>
	ULXTE-60 Primary Transmitter - 3rd payment
	<b>Amount:</b>
	\$182,433.72
	<b>Component Description:</b>
	ULXTE-60 payment
	<b>Amount:</b>
	\$67,722.70
	<b>Component Description:</b>
	ULXTE-60 Primary Transmitter - 2nd payment
	<b>Amount:</b>
	\$291,353.72
	<b>Component Description:</b>
	ULXTE-60 Primary Transmitter - deposit
	<b>Amount:</b>
	\$291,353.72
Removal Disposal	Information not provided.

Asbestos abatement	Information not provided.
Ice protection	Information not provided.
Other -- Building Addition Size: 2000.0	Information not provided.
30 Ton system	Information not provided.
Other Electrical Service: New electrical distribution	Information not provided.
Transformer 3 phase/480v - 300 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
Service entrance 3 phase /800 amp/208 volt	Information not provided.

## Cost Information

### Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TUM25-04-16/64H-2-R-T	\$1,063,880.00	\$935,700.00		\$609,687.14	
UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, elliptically or circularly polarized	\$768,000.00	\$690,000.00	N/A	\$472,772.33	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$96,000.00	CIF Combiner with Mask Filter	\$86,321.70	N/A
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	\$18,950.00	\$33,300.00	This quote has a quantity of 2 elbow complexes	\$19,780.20	N/A
KAUT Combiner install	<i>\$60,000.00</i>	\$60,000.00	N/A	\$27,011.31	N/A

Combiner output splitting /switching for dual feed lines, if applicable	\$126,000.00	\$50,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$3,801.60	N/A
<b>Sub-total</b>	\$1,063,880.00	\$935,700.00	N/A	\$609,687.14	N/A
<b>Total for all systems</b>	\$7,490,575.00	\$5,591,150.00	N/A	\$2,473,577.16	N/A

## Components

**Actual Information**  
**Description**

**File Name**

UHF - High Power Top Mount (200-1000 kW), Two Station broadband panel antenna, elliptically or circularly polarized		
	<b>Component Description:</b>	66% Antenna 3rd payment
	<b>Amount:</b>	\$65,806.29
	<b>Component Description:</b>	66% of Antenna - 2nd payment
	<b>Amount:</b>	\$203,483.02
	<b>Component Description:</b>	66% of Antenna - deposit
	<b>Amount:</b>	\$203,483.02
	<b>Component Description:</b>	TUM25-O4-16 /64H-2-R-T Omni antenna
	<b>Amount:</b>	\$308,307.60
	<b>Component Description:</b>	TUM25-O4-16 /64H-2-R-T Omni antenna
	<b>Amount:</b>	\$308,307.60

New combiner, cost per channel (without antenna)	<b>Component Description:</b> <b>Amount:</b>	2 Channel combiner - deposit \$43,160.85
	<b>Component Description:</b> <b>Amount:</b>	2 Channel combiner - 2nd payment \$43,160.85
	<b>Component Description:</b> <b>Amount:</b>	2 channel combiner \$43,160.85
	<b>Component Description:</b> <b>Amount:</b>	2 channel combiner 2nd payment \$43,160.85
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	<b>Component Description:</b> <b>Amount:</b>	66% of elbow complex \$9,890.10
	<b>Component Description:</b> <b>Amount:</b>	66% of elbow complex \$9,890.10
	<b>Component Description:</b> <b>Amount:</b>	Elbow complex 8- 3/16" 75 OHM \$14,985.00
	<b>Component Description:</b> <b>Amount:</b>	Elbow complex 8- 3/16" 75 OHM \$1,665.00

KAUT Combiner install	<b>Component Description:</b>		combiner
			installation
	<b>Amount:</b>		\$6,657.57
	<b>Component Description:</b>		combiner
			installation parts
	<b>Amount:</b>		\$20,353.74
Combiner output splitting /switching for dual feed lines, if applicable	Information not provided.		
Sweep test of existing antenna	<b>Component Description:</b>		66% of sweep test
	<b>Amount:</b>		\$1,900.80
	<b>Component Description:</b>		66% of sweep test
	<b>Amount:</b>		\$1,900.80
	<b>Component Description:</b>		Eng on site
	<b>Amount:</b>		\$2,880.00
	<b>Component Description:</b>		Eng on site
	<b>Amount:</b>		\$2,880.00

Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$1,516,200.00	\$900,000.00		\$552,623.24	
Rigid Transmission Line - copper, 8 3/16" broadband	\$1,516,200.00	\$900,000.00	N/A	\$552,623.24	N/A
Sub-total	\$1,516,200.00	\$900,000.00	N/A	\$552,623.24	N/A
Total for all systems	\$7,490,575.00	\$5,591,150.00	N/A	\$2,473,577.16	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 8 3/16" broadband	Component Description: 66% of \$4687.50 for cut pieces lines 1 and 2
	Amount: \$3,093.75
	Component Description: 66% cut pieces
	Amount: \$56,688.89
	Component Description: 66% transmission line
	Amount: \$237,621.68



<b>Component Description:</b>	66% transmission line
<b>Amount:</b>	\$237,621.68

<b>Component Description:</b>	66% TLSCR'S
<b>Amount:</b>	\$8,798.62

<b>Component Description:</b>	66% TLSCR'S
<b>Amount:</b>	\$8,798.62

<b>Component Description:</b>	8-3/16" 75 OHM EIA Digit Dual Lines
<b>Amount:</b>	\$360,032.85

<b>Component Description:</b>	TLSCR'S T/L8-75 EIA 15'to 20' fixed flg
<b>Amount:</b>	\$13,331.25

<b>Component Description:</b>	8-3/16" 75 OHM EIA Digit Dual Lines
<b>Amount:</b>	\$40,003.65

<b>Component Description:</b>	TLSCR'S T/L8-75 EIA 15'to 20' fixed flg
<b>Amount:</b>	\$13,331.25

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Cost  
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$1,408,800.00	\$805,000.00		\$420,936.12	
Tall Tower (greater than 500')	\$210,500.00	\$100,000.00	N/A	\$64,814.64	N/A
Serious tower reinforcement /modifications	\$1,052,000.00	\$560,000.00	N/A	\$356,121.48	N/A
Tower Helicopter Lift	<i>\$120,000.00</i>	\$120,000.00	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
Primary Tower GTOWER	\$601,000.00	\$305,000.00		\$0.00	
Removal of current	<i>\$100,000.00</i>	\$100,000.00	N/A	N/A	N/A
Tower Helicopter Lift	<i>\$80,000.00</i>	\$80,000.00	Only if joint operation with other stations	N/A	N/A

Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$125,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$2,009,800.00	\$1,110,000.00	N/A	\$420,936.12	N/A
<b>Total for all systems</b>	\$7,490,575.00	\$5,591,150.00	N/A	\$2,473,577.16	N/A

## Components

Actual Information		
Description	File Name	
Tall Tower (greater than 500')	<b>Component Description:</b>	Final balance for rigging costs
	<b>Amount:</b>	\$32,407.32
	<b>Component Description:</b>	Deposit on rigging costs
	<b>Amount:</b>	\$32,407.32

Serious tower reinforcement /modifications	<b>Component Description:</b>		3rd payment for tower modifications
	<b>Amount:</b>		\$35,612.15
	<b>Component Description:</b>		2nd payment for tower modifications
	<b>Amount:</b>		\$213,672.89
	<b>Component Description:</b>		down-payment for tower modifications
	<b>Amount:</b>		\$106,836.44
Tower Helicopter Lift	Information not provided.		
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Information not provided.		
Removal of current	Information not provided.		
Tower Helicopter Lift	Information not provided.		
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	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>\$255,245.00</b>	<b>\$235,500.00</b>		<b>\$0.00</b>	
Binding and insurance	<i>\$60,000.00</i>	\$60,000.00	Required by Manhattan construction	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$11,000.00	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	\$158,000.00	\$150,000.00	N/A	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$255,245.00	\$235,500.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$7,490,575.00	\$5,591,150.00	N/A	\$2,473,577.16	N/A

### Components

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
<b>Other Expenses</b>	<b>\$157,050.00</b>	<b>\$149,250.00</b>		<b>\$57,466.80</b>	
Security	<i>\$35,000.00</i>	\$35,000.00	N/A	\$33,264.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	N/A	\$3,750.00	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Local Zoning	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Design fees	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$20,500.00</i>	\$20,500.00	N/A	\$20,452.80	N/A
<b>Sub-total</b>	<b>\$157,050.00</b>	<b>\$149,250.00</b>	<b>N/A</b>	<b>\$57,466.80</b>	<b>N/A</b>

<b>Total for all systems</b>	\$7,490,575.00	\$5,591,150.00	N/A	\$2,473,577.16	N/A
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## Components

Actual Information Description	File Name
Security	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div>Security for transmitter site \$5,940.00</div> <div>Component Description:</div> <div>Amount:</div> <div>Security for transmitter site \$6,138.00</div> <div>Component Description:</div> <div>Amount:</div> <div>Security for transmitter site \$5,544.00</div> <div>Component Description:</div> <div>Amount:</div> <div>Security for transmitter site \$6,930.00</div> <div>Component Description:</div> <div>Amount:</div> <div>Security for transmitter site \$7,722.00</div> <div>Component Description:</div> <div>Amount:</div> <div>Security for transmitter site \$990.00</div>
DTV Medical Facility Notification	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div>medical testing \$3,750.00</div>



Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.								
Local Zoning	Information not provided.								
Equipment Storage	Information not provided.								
MVPD Notification of Channel Change	Information not provided.								
Design fees	Information not provided.								
Equipment Delivery and Handling Charges	<table> <tr> <td><b>Component Description:</b></td><td>66% of Freight costs</td></tr> <tr> <td><b>Amount:</b></td><td>\$19,069.23</td></tr> <tr> <td><b>Component Description:</b></td><td>66% of \$2,096.32 freight charges lines 3 and 4</td></tr> <tr> <td><b>Amount:</b></td><td>\$1,383.57</td></tr> </table>	<b>Component Description:</b>	66% of Freight costs	<b>Amount:</b>	\$19,069.23	<b>Component Description:</b>	66% of \$2,096.32 freight charges lines 3 and 4	<b>Amount:</b>	\$1,383.57
<b>Component Description:</b>	66% of Freight costs								
<b>Amount:</b>	\$19,069.23								
<b>Component Description:</b>	66% of \$2,096.32 freight charges lines 3 and 4								
<b>Amount:</b>	\$1,383.57								

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$7,490,575.00	\$5,591,150.00
			\$2,473,577.16

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <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.

**Teri Ann  
Guillory**  
*Broadcasting  
Operations*

06/29/2020

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<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.

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|--|--|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> |  |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>  | <p><b>Teri Ann Guillory</b><br/><i>Broadcasting Operations</i></p> <p>06/29/2020</p> |



Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>2. 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>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Teri Ann  
Guillory**  
*Broadcasting  
Operations*

06/29/2020

**Attachments**