



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **592** | Service: **DTV** | Call **KFVS-TV** | Channel:
ID: | Sign:
11 (High VHF) | File **0000024795**
Number:
FRN: **0018223693** | Date **02/27**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------|---------------------------------|---------------------------------|
| RAYCOM MEDIA LICENSEE, LLC Doing Business As: RAYCOM MEDIA LICENSEE, LLC | Robert Folliard 4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States | +1 (202) 750- 1585 | robert. folliard@gray. tv | Limited Liability Company |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------------------------------------------|---------|-------|-------|
| The Preparer is same as the reimbursement contact. | | | |

Broadcaster Information and Transition Plan

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No |
| Briefly describe transition plan | Install interim antenna and connect to existing tx line Remove and replace top mounted existing antenna Install new transmission line to top mounted antenna Install new main and backup transmitters |

Transmitters

| Section | Question | Response |
|-------------------------------------|-------------------------------------------|----------|
| Transmitter Related Expenses | Do you have transmitter related expenses? | Yes |

**Auxiliary
Transmitter****Add Transmitter Information**

| Section | Question | Response |
|-------------------------------------------------------|------------------------------------------------------------|-----------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Emergency Backup |
| | 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 | HTEL |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 1.1 kW |

**Auxiliary
Transmitter****New Transmitter Costs**

| Section | Question | Response |
|------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|
| New Transmitter | Use | Auxiliary (Backup) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | VAXTE-3 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 2.2 kW |
| | Justification for New Transmitter | Existing transmitter cannot be retuned Manufacturers letter attached |

**Auxiliary
Transmitter****Other Transmitter Costs**

| Section | Question | Response |
|---------------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | Yes |
| | 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 leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Auxiliary Transmitter **Other Transmitter Cost Not Listed**
Information not provided.

**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 | HTEL |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 1.1 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 | VAXTE-3 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 2.2 kW |
| | Justification for New Transmitter | Existing transmitter can not be retuned Manufacturers letter attached Headroom chart attached |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|----------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | Yes |
| | 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 leasehold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | Is an RF Consulting Engineer needed? | N/A |
| | Is a channel 14 Mask Filer needed? | N/A |
| | Is additional field engineering time needed? | N/A |
| | Number of Days | N/A |

Primary Transmitter **Other Transmitter Cost Not Listed**
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 | Other |
| | 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 | Traveling Wave |
| | ERP: (Effective Radiated Power) | 6.8 kW |

| | |
|--------------|----------|
| Manufacturer | |
| Model | TW12B12R |
| Year | 2009 |

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? | 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 | Not in Stack |
| | Polarization | Elliptical |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels/Bays | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Design power capacity in use | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 6.8 kW |
| | Manufacturer | |
| | | |

| | |
|-------------------------------|-----------------------------------------------------------------------|
| Model | THV-10A11 /VP-R 04 |
| Year | 2019 |
| Justification for New Antenna | Existing antenna can not be retuned E-Pol premium is not reimbursable |

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? | 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 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? | No |

**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) | 6.8 kW |
| | Manufacturer | |
| | Model | TLS-V WB |
| | Year | 2019 |
| | | |

| | | |
|--|-------------------------------|-------------------------------------------------------|
| | Justification for New Antenna | Interim antenna while changing out top mount antenna. |
|--|-------------------------------|-------------------------------------------------------|

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

Information not provided.

Transmission Line

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

Primary
Transmission Line

Existing Transmission Line

| Section | Question | Response |
|---------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| Existing Transmission Line Description | Type of change | Purchase New |
| | Use | Primary (Main) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing transmission line shared with another station or stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Rigid |
| | Diameter | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1700 feet per run |

Primary **New Transmission Line**
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 | 4 1/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1700 feet per run |
| | Justification for New Transmission Line | Existing line is Marman Clamp line. Dielectric no longer produces this line. Existing line used as interim. Replacing 6" with 4" |

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**

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? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | No |
| | ASR Number | |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 37° 25' 46.0" N- |
| | Longitude (NAD83) | 089° 30' 14.0" W- |
| | Overall Structure Height | 1676.82 feet |
| | Support Structure Height | 1594.80 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 809.70 feet |
| | | |

| | |
|------------------|-------------------------------------------------------------------------|
| Structure Type | GTOWER - Guyed Structure Used for Communication Purposes |
| Tower Owner | KFVS, LLC |
| Date Constructed | 08/31/1960 |

**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

Information not provided.

**Outside
Professional Services Costs**

| Section | Question | Response |
|---------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 300 |
| | Explanation | Pattern analysis Antenna Spec Transmitter Spec Building drawings Installation Supervision Accounting Internal Legal |
| 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 | No |
| | 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 | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Other Professional Services Expenses Not Listed
Professional Services Costs Services not provided.

Other Expenses

| Section | Question | Response |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Facility Expenses | Name | N/A |
| | Other Distributed Transmission System Expenses Not listed | N/A |
| | Name | N/A |
| | Is Notification of a Medical Facility required as a result of DTV broadcasting? | Yes |
| Permit and Filing Costs | Local Zoning | No |
| | Non-zoning permits | No |
| | BLM or NFS Coordination | No |
| | FCC Construction Permit Minor Change | No |
| | FCC License to Cover Application | No |
| | FCC Special Temporary Authority Application | No |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | No |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | 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 | Other Expenses Not Listed Information not provided. |
|-----------------------|---------------------------------------------------------------|

Cost Information

Transmitters

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|------------------------------------------------------------|-----------------------------|-----------------------|--------------------------------------------|---------------------|---------------------------|
| Primary Transmitter VAXTE-3 | \$190,700.00 | \$155,431.00 | | \$26,772.85 | |
| High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW | \$152,500.00 | \$120,131.00 | Quote attached | \$26,772.85 | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$35,300.00 | N/A | \$0.00 | N/A |
| Auxiliary Transmitter VAXTE-3 | \$190,700.00 | \$116,055.00 | | \$23,513.59 | |
| Switchgear - industrial 800 amp | \$38,200.00 | \$10,000.00 | estimated addition to main tx switch panel | N/A | N/A |
| High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW | \$152,500.00 | \$106,055.00 | Quote attached | \$23,513.59 | N/A |
| Sub-total | \$381,400.00 | \$271,486.00 | N/A | \$50,286.44 | N/A |
| Total for all systems | \$1,578,831.00 | \$1,461,506.00 | N/A | \$108,269.23 | N/A |

Components

| Actual Information | |
|------------------------------------------------------------|---------------------------------------|
| Description | File Name |
| High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW | Component Description: VAXTE-3 |
| | Amount: \$10,709.14 |
| | Component Description: Deposit |
| | Amount: \$9,961.55 |
| | Component Description: VAXTE-3 |
| | Amount: \$16,063.71 |
| Switchgear - industrial 800 amp | Information not provided. |
| Switchgear - industrial 800 amp | Information not provided. |
| High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW | Component Description: VAXTE-3 |
| | Amount: \$14,108.15 |
| | Component Description: Deposit |
| | Amount: \$7,618.61 |
| | Component Description: VAXTE-3 |
| | Amount: \$9,405.44 |

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 TLS-V WB | \$70,797.00 | \$64,067.00 | | \$0.00 | |
| Sweep test of existing antenna | \$6,730.00 | \$0.00 | not required | N/A | N/A |
| High VHF - High Power Side Mount One Station horizontally polarized | <i>\$64,067.00</i> | \$64,067.00 | Quote attached Estimated tax and shipping added to cost | \$0.00 | N/A |
| Primary Antenna THV-10A11 /VP-R 04 | \$299,214.00 | \$299,214.00 | | \$27,355.65 | |
| High VHF - High Power Top Mount One Station elliptically or circularly polarized | <i>\$299,214.00</i> | \$299,214.00 | Quote attached Estimated tax and shipping added to cost Cost does not include E-Pol premium | \$27,355.65 | N/A |
| Sub-total | \$370,011.00 | \$363,281.00 | N/A | \$27,355.65 | N/A |
| Total for all systems | \$1,578,831.00 | \$1,461,506.00 | N/A | \$108,269.23 | N/A |

Components

| Actual Information | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description | File Name |
| Sweep test of existing antenna | Information not provided. |
| High VHF - High Power Side Mount One Station horizontally polarized | <div> <div>Component Description:</div> <div>Antenna, Mounts, Repack Sweep, and other equipment</div> <div>Amount:</div> <div>\$5,019.85</div> </div> |
| High VHF - High Power Top Mount One Station elliptically or circularly polarized | <div> <div>Component Description:</div> <div>One station antenna-top mount, elliptically or circularly polarized</div> <div>Amount:</div> <div>\$27,355.65</div> </div> |

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 | \$241,400.00 | \$175,129.00 | | \$14,996.59 | |
| Rigid Transmission Line - copper, 4 1/16" | \$241,400.00 | \$175,129.00 | Quote attached (part of main antenna quote) Estimated tax and shipping included in cost | \$14,996.59 | N/A |
| Sub-total | \$241,400.00 | \$175,129.00 | N/A | \$14,996.59 | N/A |
| Total for all systems | \$1,578,831.00 | \$1,461,506.00 | N/A | \$108,269.23 | N/A |

Components

| Actual Information | |
|-------------------------------------------|--------------------------------------------------------------------------------------------|
| Description | File Name |
| Rigid Transmission Line - copper, 4 1/16" | <div>Component Description: Primary Transmission Line</div> <div>Amount: \$14,996.59</div> |

Cost
Information

Tower Equipment and Rigging Costs

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|-------------------------------------------------------------------|-----------------------------|----------------|------------------------------|--------------|---------------------------|
| Primary Tower GTOWER | \$381,100.00 | \$363,915.00 | | \$3,665.00 | |
| 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 |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$13,915.00 | Per invoices received | \$3,665.00 | a |
| Sub-total | \$381,100.00 | \$363,915.00 | N/A | \$3,665.00 | N/A |
| Total for all systems | \$1,578,831.00 | \$1,461,506.00 | N/A | \$108,269.23 | N/A |

Components

| Actual Information | |
|------------------------------------------|---------------------------|
| Description | File Name |
| Tall Tower (greater than 500') | Information not provided. |
| Minor tower reinforcement /modifications | Information not provided. |

Structural engineering tower
load study for well
documented tower

Component Description:

Invoice KFVS-TV-
410-Existing
Primary
Transmitter -
Structural
Engineering
Tower Load Study
Tower King II, Inc.
3007

Amount:

\$5,500.00

Component Description:

Professional
Engineering
Services

Amount:

\$4,750.00

Component Description:

Tower Load study

Amount:

\$1,167.50

Component Description:

Continued
analysis of tower
with new
Dielectric antenna
for FCC Repack

Amount:

\$2,497.50

Cost Information

Outside Professional Services

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|-------------------------------------------------------------------------------------|-----------------------------|---------------------|--------------------------------|--------------------|---------------------------|
| Outside Professional Services | \$157,050.00 | \$248,425.00 | | \$11,965.55 | |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | 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 |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$500.00 | N/A |
| Project management of the transition | \$47,400.00 | \$144,675.00 | Widely Strategic Support Quote | \$9,465.55 | 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 | \$2,050.00 | \$1,500.00 | 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 | \$2,000.00 | N/A |
| Sub-total | \$157,050.00 | \$248,425.00 | N/A | \$11,965.55 | N/A |
| Total for all systems | \$1,578,831.00 | \$1,461,506.00 | N/A | \$108,269.23 | N/A |

Components

| Actual Information | |
|------------------------------------------------------------------------------------|---------------------------|
| Description | File Name |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. |

| | | | |
|----------------------------------------------------------------------------------------|-------------------------------|--|----------------------------------------------------------------------------|
| Perform engineering study for new channel assignment and antenna development | Component Description: | | Engineering study work for new channel assignment and antenna development |
| | Amount: | | \$125.00 |
| | Component Description: | | Engineering study work for new channel assignment and antenna development; |
| | Amount: | | \$500.00 |
| Project management of the transition | Component Description: | | Project management |
| | Amount: | | \$2,331.50 |
| | Component Description: | | Project Management |
| | Amount: | | \$2,021.60 |
| | Component Description: | | Project Management |
| | Amount: | | \$2,351.20 |
| | Component Description: | | Project Management |
| | Amount: | | \$2,761.25 |
| 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 | Component Description: Amount: | FCC Form 2100 construction permit application \$2,000.00 |

Cost
Information

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---------------------------------------------------------|-----------------------------|----------------|-------------------------------|--------------|---------------------------|
| Other Expenses | \$47,870.00 | \$39,270.00 | | \$0.00 | |
| MVPD Notification of Channel Change | \$0.00 | \$0.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$2,850.00 | \$2,850.00 | Quote attached | N/A | N/A |
| Equipment Storage | \$30,500.00 | \$30,500.00 | Dielectric estimate attached | N/A | N/A |
| Equipment Delivery and Handling Charges | \$2,970.00 | \$2,970.00 | Representative quote attached | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$2,950.00 | Group quote attached | N/A | N/A |
| Sub-total | \$47,870.00 | \$39,270.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,578,831.00 | \$1,461,506.00 | N/A | \$108,269.23 | N/A |

Components

Information not provided.

| Cost Information | Grand Total | | |
|---------------------|-----------------------|--------------------------------|----------------|
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$1,578,831.00 | \$1,461,506.00 |
| | | | \$108,269.23 |

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

| Certification | Section | Question | Response |
|---------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Submission of Estimated Expenses Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p> | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

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

| | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Robert Folliard <i>Assistant Secretary</i></p> <p>02/27/2019</p> |

| Certification | Section | Question | Response |
|---------------|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| | Submission of Actual Cost Documentation Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733). | |
| | | <ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Robert Folliard <i>Assistant Secretary</i></p> <p>02/27/2019</p> |

Attachments