



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **19783** | Service: **DTV** | Call **KVEA** | Channel: **25 (UHF)**
ID: | Sign:
File **0000028173**
Number:
FRN: **0019509470** | Date **03/08**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
NBC	Margaret L.	+1 (202)	MARGARET.	Limited
TELEMUNDO	Tobey	524-	TOBEY@NBCUNI.	Liability
LICENSE LLC	300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	6401	COM	Company

Reimbursement Contact Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Margaret L Tobey <i>NBCUniversal, LLC</i>	300 New Jersey Ave. NW Suite 700 Washington, DC 20001 United States	+1 (202) 524- 6401	Margaret.Tobey@nbcuni. com

**Broadcaster
Information
and
Transition
Plan**

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

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	DCXP-2
	Year	2010
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	52.9 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	THU9-36
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	50 kW
	Justification for New Transmitter	A new transmitter is required so that we can use the existing transmitter during the transition to maintain coverage. We have selected a solid state transmitter as it will be less expensive than a comparable IOT. IOT Proposal attached for reference.

**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 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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	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	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-20ETT /VP-R 4C160
Year	2010

**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?	Yes
	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	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)	748.0 kW
Manufacturer		

Model	TFU-18ETT /VP-R 4C160
Year	2019
Justification for New Antenna	Current antenna is channelized and will not work on new channel (Ch 25)

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	7 3/16 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?	No
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**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Mounting Adapter	Wedding Cake Mounting Adapter

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Lease New
	Ownership	Leased
	Owner	American Tower
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
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)	350.0 kW
	Manufacturer	
	Model	TFU-16WB C160
Year	2019	

Justification for New Antenna	New antenna required to maintain coverage during transition.
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Interim Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	3
	Frequencies of channels supported	Upper and lower frequency
	Frequency	470.0 MHz - 698.0 MHz
	Do you need a combiner output splitter /switcher for dual feed lines?	No
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	B
	Feed Line Size	6 1/8 inches
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?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Interim
Antenna**

Other Antenna Cost Not Listed

Name	Description
Combiner Installation	Installation of combiner for interim antenna

**Transmission
Line**

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

**Primary
Transmission
Line**

Existing Transmission Line

Section	Question	Response
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	7 3/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 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	7 3/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 feet per run
	Justification for New Transmission Line	Current transmission line will not work on new channel (ch 25)

**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	Broadband
	Other Segment Length	
	Number of parallel runs	1
	Length	320 feet per run
	Justification for New Transmission Line	New transmission line required to connect to new interim antenna

**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	Leased
	Is this tower consider Complex?	Terrain Constrained
	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	1213941
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 12' 47.9" N-
	Longitude (NAD83)	118° 03' 44.3" W-
	Overall Structure Height	199.80 feet
	Support Structure Height	199.80 feet
	Ground Elevation Above Mean Sea Level (AMSL)	5428.08 feet
	Structure Type	LTOWER - Lattice Tower

Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
Date Constructed	07/01/2000

**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
22161	KRCA	DTV
63865	KILM	DTV
35608	KSCI	DTV
26231	KWHY-TV	DTV
60026	KHTV-CD	DTV
56384	KBEH	DTV

**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:	Major Reinforcements needed

**Primary
Tower**

Tower Rigging Costs

Section	Question	Response
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Tower Rigging Costs	Complex Tower	Terrain constrained
Helicopter Services Required	Are helicopter services required?	Yes

Primary Tower

Other Tower Expenses Not Listed

Name	Description
Migratory Bird Assessment	Migratory Bird Assessment / Permitting (Cost per ATC customer)
Ground Permit Drawing Package	Ground & Building A&E Permit Drawing Package (Cost per ATC customer)

**Auxiliary
Tower**

Add Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when main antenna or transmitter is unavailable
	Ownership	Leased
	Is this tower consider Complex?	Terrain Constrained
	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?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 12' 46.0" N-
	Longitude (NAD83)	118° 03' 44.9" W-
	Overall Structure Height	5624.00 feet
	Support Structure Height	199.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	5425.00 feet

Structure Type	LTOWER - Lattice Tower
Tower Owner	American Tower
Date Constructed	06/19/2000

**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
35078	KLOS	FM
58978	KPXN-TV	DTV
191101	KSFV-CD	DTV

**Auxiliary
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

**Auxiliary
Tower**

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained

Helicopter Services Required	Are helicopter services required?	No
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Auxiliary Tower

Other Tower Expenses Not Listed

Name	Description
Tower Permit Drawing Package	Tower Drawing Package for permit filing (Cost per ATC customer)
Ground and Building Permit Drawing Package	Ground Drawing Package for permit filing (Cost per ATC customer)

Outside Professional Services Costs

Section	Question	Response
<p>Outside Project Management Services</p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>2080</p>
	<p>Explanation</p>	<p>Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters.</p>
<p>Outside RF consulting Engineering Services</p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>No</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>No</p>
	<p>For Auxiliary Facility</p>	<p>N/A</p>
	<p>For Main Facility</p>	<p>N/A</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>No</p>
	<p>For Auxiliary Facility</p>	<p>N/A</p>
	<p>For Main Facility</p>	<p>N/A</p>
	<p>Prepare request for Special Temporary Authority</p>	<p>No</p>
	<p>Quantity</p>	<p>N/A</p>
	<p>Do you have Distributed Transmission System engineering services?</p>	<p>N/A</p>

	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	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	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	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	Yes	
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	40

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

Other Expenses

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

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Interim Antenna Rental	One time charge for rental during market repack period

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 THU9-36	\$1,473,000.00	\$1,115,135.77		\$1,016,314.09	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,115,135.77	See attached IOT proposal (\$1,310,225) to justify Solid State replacement.	\$1,016,314.09	N/A
Sub-total	\$1,473,000.00	\$1,115,135.77	N/A	\$1,016,314.09	N/A
Total for all systems	\$4,523,463.00	\$3,543,659.27	N/A	\$1,602,654.31	N/A

Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<p>Component Description: See updated invoice with cover letter. We are asking to only be reimbursed for Line 1 with proportional amount of tax. Line 2 is an upgrade which NBC will be responsible for paying for.</p> <p>Amount: \$1,016,314.09</p>

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Antenna TFU-16WB C160	\$320,613.00	\$145,358.00		\$0.00	
New combiner, cost per channel (without antenna)	\$84,200.00	\$32,000.00	KVEA share of interim combiner cost	N/A	N/A
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$97,025.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$4,000.00	KVEA share of interim elbow complex cost	N/A	N/A

Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$4,000.00	KVEA share of interim bracket cost	N/A	N/A
Combiner Installation	<i>\$3,333.00</i>	\$3,333.00	KVEA share of interim combiner cost	N/A	N/A
Primary Antenna TFU-18ETT /VP-R 4C160	\$321,730.00	\$416,699.00		\$375,029.10	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$385,986.00	See attached quote "KVEA Main Antenna Quote"	\$347,387.40	N/A
Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed)	\$13,900.00	\$12,383.00	N/A	\$11,144.70	N/A
Mounting Adapter	<i>\$18,330.00</i>	\$18,330.00	See attached main antenna quote	\$16,497.00	N/A
Sub-total	\$642,343.00	\$562,057.00	N/A	\$375,029.10	N/A

Total for all systems	\$4,523,463.00	\$3,543,659.27	N/A	\$1,602,654.31	N/A
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Components

Actual Information Description	File Name
New combiner, cost per channel (without antenna)	Information not provided.
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	Information not provided.
Sweep test of existing antenna	Information not provided.
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	Information not provided.
Combiner Installation	Information not provided.
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<p>Component Description: See lines 1 and 2 of invoice</p> <p>Amount: \$173,693.70</p> <p>Component Description: See lines 1 and 2 of invoice</p> <p>Amount: \$173,693.70</p>

<p>Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed)</p>	<p>Component Description: See line 3 of invoice Amount: \$5,572.35</p>
<p>Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed)</p>	<p>Component Description: See line 3 of invoice Amount: \$5,572.35</p>
<p>Mounting Adapter</p>	<p>Component Description: See line 4 of invoice Amount: \$8,248.50</p>
<p>Mounting Adapter</p>	<p>Component Description: See line 4 of invoice Amount: \$8,248.50</p>

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	\$74,240.00	\$27,200.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8" broadband	\$74,240.00	\$27,200.00	KVEA share of cost for new interim antenna	N/A	N/A
Primary Transmission Line	\$72,500.00	\$128,742.50		\$115,868.26	
Rigid Transmission Line - copper, 7 3/16"	\$72,500.00	\$128,742.50	See lines 4 & 5 of main antenna quote	\$115,868.26	N/A
Sub-total	\$146,740.00	\$155,942.50	N/A	\$115,868.26	N/A
Total for all systems	\$4,523,463.00	\$3,543,659.27	N/A	\$1,602,654.31	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 6 1/8" broadband	Information not provided.

Rigid Transmission Line -
copper, 7 3/16"

Component Description: See lines 5-25 of
invoice
Amount: \$57,934.13

Component Description: See lines 5-25 of
invoice
Amount: \$57,934.13

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
Auxiliary Tower LTOWER	\$614,700.00	\$397,811.00		\$0.00	
Tower Permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	N/A	N/A	N/A
Ground and Building Permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	N/A	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$300,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$75,000.00	KVEA Share of Tower costs	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$13,411.00	KVEA Share of Tower mapping (\$8173) and structural analysis (\$5238) costs	N/A	N/A

Primary Tower LTOWER	\$997,015.00	\$692,098.00		\$0.00	
Migratory Bird Assessment	<i>\$583.00</i>	\$583.00	KVEA share of Migratory Bird Assessment on primary tower	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$150,000.00	KVEA Share of Tower reinforcment	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$13,383.00	KVEA Share of Tower Mapping (\$6867) and structural engineering (\$6517) costs	N/A	N/A

Tower Helicopter Lift	<i>\$123,432.00</i>	\$123,432.00	Due to constraints in road to the site and the area around the tower we require a helicopter lift to remove our old antenna and install a new antenna. Proposal attached.	N/A	N/A
Ground Permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	N/A	N/A	N/A
Sub-total	\$1,611,715.00	\$1,089,909.00	N/A	\$0.00	N/A
Total for all systems	\$4,523,463.00	\$3,543,659.27	N/A	\$1,602,654.31	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 Justification
Outside Professional Services	\$490,985.00	\$468,250.00		\$88,592.86	
Additional Field Engineering Service, 40 Days	<i>\$40,000.00</i>	\$40,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	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
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
Project management of the transition	\$328,640.00	\$312,000.00	N/A	\$87,627.70	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$662.76	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$302.40	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Sub-total	\$490,985.00	\$468,250.00	N/A	\$88,592.86	N/A
Total for all systems	\$4,523,463.00	\$3,543,659.27	N/A	\$1,602,654.31	N/A

Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 40 Days	Information not provided.
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Project management of the transition	<p>Component Description: AFF Consulting January 2019 - Status Call</p> <p>Amount: \$150.00</p>

Component Description: Point B Project
Management
January 2019
Amount: \$3,000.00

Component Description: Project
management
Amount: \$6,900.00

Component Description: September 2018
Project
Management
Amount: \$9,075.00

Component Description: Project
Management
Services
Amount: \$975.00

Component Description: September 2018
Project
Management
Amount: \$1,745.38

Component Description: Project
Management
Services. See last
page for
explanation of
variance.
Amount: \$3,689.84

Component Description: October 2018
Project
Management
Amount: \$600.00

Component Description: Project Management Services
Amount: \$600.00

Component Description: Project management
Amount: \$5,239.40

Component Description: August 2018 Project Management
Amount: \$8,245.00

Component Description: June 2018 Project Management
Amount: \$750.00

Component Description: July 2018 Project Management
Amount: \$5,040.00

Component Description: Project Management Services
Amount: \$348.95

Component Description: Project Management Services
Amount: \$2,470.00

Component Description: Project Management Services
Amount: \$3,965.00

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

Component Description: August 2018 Project Management
Amount: \$300.00

Component Description: June 2018 Project Management
Amount: \$4,605.00

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

Component Description: June 2018 Project Management - KVEA portion (line 2)
Amount: \$150.00

Component Description: Project management and travel expenses
Amount: \$7,080.60

Component Description: October 2018 Project Management
Amount: \$7,031.63

Component Description: Project management
Amount: \$6,900.00

	<p>Component Description: November 2018 Project Management</p> <p>Amount: \$3,750.00</p> <p>Component Description: Project Management Services</p> <p>Amount: \$1,275.00</p>
<p>Prepare and or review reimbursement form</p>	<p>Component Description: Review of Form 399</p> <p>Amount: \$43.65</p> <p>Component Description: Review additional information required for 399.</p> <p>Amount: \$75.60</p> <p>Component Description: See lines 3-5 of invoice, less 10% vendor discount.</p> <p>Amount: \$499.86</p> <p>Component Description: Review of Form 399</p> <p>Amount: \$43.65</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: Preparation of CP and minor change application</p> <p>Amount: \$113.40</p> <p>Component Description: See lines 1 & 2 of invoice, less 10% vendor discount.</p> <p>Amount: \$189.00</p>
<p>Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application</p>	<p>Information not provided.</p>

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$158,680.00	\$152,365.00		\$6,850.00	
Interim Antenna Rental	<i>\$57,600.00</i>	\$57,600.00	Interim antenna lease costs (see proposal from ATC)	N/A	N/A
MVPD Notification of Channel Change	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$20,000.00</i>	\$20,000.00	N/A	\$6,850.00	N/A
BLM or NFS Coordination	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A

Local Zoning	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,250.00	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
Sub-total	\$158,680.00	\$152,365.00	N/A	\$6,850.00	N/A
Total for all systems	\$4,523,463.00	\$3,543,659.27	N/A	\$1,602,654.31	N/A

Components

Actual Information	
Description	File Name
Interim Antenna Rental	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	Component Description: Floor tile removal Amount: \$4,500.00
	Component Description: Asbestos abatement monitoring during vinyl floor tile removal Amount: \$2,350.00
BLM or NFS Coordination	Information not provided.
Non-zoning permits	Information not provided.
Local Zoning	Information not provided.
DTV Medical Facility Notification	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$4,523,463.00	\$3,543,659.27	\$1,602,654.31

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
	<p>Submission of Estimated Expenses Statements</p>	<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.

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Margaret L
Tobey**
*Assistant
Secretary*

03/08/2019

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 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.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Margaret L
Tobey**
*Assistant
Secretary*

03/08/2019

Attachments