

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

Facility 19783 Service: DTV Call KVEA Channel: 25 (UHF)

ID: Sign:

Sign: **0000028173** 

Number:

File

FRN: **0019509470** Date **03/08** 

Submitted: /2019

# Applicant Information

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

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

## Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### Preparer Contact Information

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

Applicant	Address	Phone	Email
Margaret L Tobey NBCUniversal, LLC	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

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

## Primary Transmitter

#### **Existing Transmitter Information**

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	DCXP-2
	Year	2010
	Туре	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 then 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
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter **Other Transmitter Cost Not Listed** 

Transmitter Information not provided.

#### **Antennas**

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

#### **Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna	Class	Full Power
Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW

Manufacturer	
Model	TFU-20ETT /VP-R 4C160
Year	2010

#### **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	Class	Full Power
Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	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)

#### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	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
------------	--	----

#### **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	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	350.0 kW
	Manufacturer	
	Model	TFU-16WB C160
	Year	2019

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

#### Interim Antenna

#### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Туре	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?	В
	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 <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Primary Transmission Line

#### **Existing Transmission Line**

on Line Settion	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	
	Туре	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 Transmiss

#### **New Transmission Line**

n 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
	Туре	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
	Justification for New Transmission Line	Current transmission line will not work on new channel (ch 25)

Primary Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

#### Interim

#### **New Transmission Line**

Transmission	n Line Section	Question	Response
	New Transmission Line Costs	Use	Interim
		Description of Use	N/A
		Change Type	Purchase New
		Туре	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

**Other Transmission Line Expenses Not Listed** 

Transmission loine tion not provided.

#### Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

## 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	Do you have a tower registration number?	No
Registration	ASR Number	
Coordinates (NAD83 ( North American Datum of	Latitude (NAD83)	34° 12' 46.0" N-
1983))		

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

## Auxiliary Tower

## Other Tower Expenses Not Listed

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

## Primary Tower

## **Existing Tower**

Section	Question	Response
Existing Tower	Type of change	Modify Existing
Description	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	Do you have a tower registration number?	Yes
Structure Registration	ASR Number	1213941
Coordinates (NAD83 (	Latitude (NAD83)	34° 12' 47.9" N-
North American Datum of 1983))	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
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 Drawling Package	Ground & Building A&E Permit Drawing Package (Cost per ATC customer)

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	2080
	Explanation	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.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of 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
	Do you have Distributed Transmission System engineering services?	N/A

	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	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

Outside
Professional Services Expenses Not Listed
Professional Services Costsided.

# 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	Component Description:  Amount:	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. \$1,016,314.09

# **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	\$3,333.00	\$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	\$18,330.00	\$18,330.00	See attached main	\$16,497.00	N/A
			antenna quote		

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

## 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	Component Description: Amount:	See lines 1 and 2 of invoice \$173,693.70
	Component Description: Amount:	See lines 1 and 2 of invoice \$173,693.70

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

## **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	\$4,700.00	\$4,700.00	N/A	N/A	N/A
Ground and Building Permit Drawing Package	\$4,700.00	\$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	\$583.00	\$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	\$123,432.00	\$123,432.00	Due to	N/A	N/A
Helicopter Lift			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.		
Ground Permit Drawling Package	\$4,700.00	\$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	\$40,000.00	\$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	\$5,260.00	\$5,000.00	N/A	\$302.40	N/A
2100 (main),					
Construction					
Permit					
Application					
Attorney Fees -	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Aux Antenna,					
prepare and					
File Form 2100					
Construction					
Permit or					
License					
Application					
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	Component Description:  Amount:	June 2018 Project Management - KVEA portion (line 2) \$150.00

Component Description: Project

Management Services

**Amount:** \$1,072.50

Component Description: Project

management

**Amount:** \$5,239.40

Component Description: August 2018

**Project** 

Management

**Amount:** \$300.00

Component Description: Project

Management

Services

**Amount:** \$348.95

Component Description: June 2018 Project

Management

**Amount:** \$4,605.00

Component Description: July 2018 Project

Management

**Amount:** \$5,040.00

Component Description: AFF Consulting

January 2019 -

Status Call

**Amount:** \$150.00

Component Description: Point B Project

Management January 2019

**Amount:** \$3,000.00

Component Description: Project

Amount:

management \$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

\$600.00

Component Description: Project

Amount:

Management

Services

**Amount:** \$600.00

Component Description: August 2018

Project

Amount: Management \$8,245.00

Component Description: June 2018 Project

Management

**Amount:** \$750.00

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: 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

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

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description:	See lines 1 & 2 of invoice, less 10% vendor discount.
	Amount:	\$189.00
	Component Description:	Preparation of CP and minor change
	Amount:	application \$113.40
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	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).

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

Local Zoning	\$2,500.00	\$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: Amount:	Floor tile removal \$4,500.00
	Component Description:  Amount:	Asbestos abatement monitoring during vinyl floor tile removal \$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

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

Section Question Response

### Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

- 1. The Authorized
  Person signing
  below certifies that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.

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

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

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Margaret L Tobey Assistant Secretary

03/08/2019

Section Question Response

# Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

- 1. The Authorized
  Person signing
  below certifies and
  represents that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

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

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Margaret L Tobey Assistant Secretary

03/08/2019

#### **Attachments**