



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **35923** | Service: **DCA** | Call **KHPF-CD** | Channel: **35 (UHF)**  
ID: | Sign:  
File **0000028275**  
Number:  
FRN: **0009961889** | Date **11/04**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NEXSTAR BROADCASTING, INC.</b>	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv	Corporation

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Elizabeth Ryder</b> <i>General Counsel</i> <i>Nexstar Broadcasting, Inc.</i>	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Replace transmitter and antenna using existing line. Acquire interim antenna and line for continued operation during construction and duration of the assigned phase. Map and analyze tower; design and implement modifications if required. See attached.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	VLP-5000- 20U
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.02 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TBD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	0.02 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter advises that the transmitter cannot be re-tuned to the assigned channel. See attachment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes

	Size	1 inches
	Length	100.0 feet
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Additional Interior RF System</b>	Interior RF System Existing Transmitter to Interim Transmission line

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	1.0 kW

---

Manufacturer	
Model	SL-8
Year	2002

---



**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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?	No
<b>New Antenna Manufacturer and Types</b>	Class	Class A
	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) .....	1.6 kW
	Manufacturer	
	Model	DLP-8B
	Year	2019

Justification for New Antenna	The existing primary antenna is a single channel slotted coaxial which cannot accommodate the assigned channel.
-------------------------------	---

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	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?	No
<b>New Antenna Manufacturer and Type</b>	Class	Class A
	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)	1.0 kW
	Manufacturer	
	Model	TBD
Year	2018	

Justification for New Antenna	An interim antenna is necessary to keep station on the air during primary antenna replacement and for the duration of the assigned phase. Station will attempt to rent if renting is available at time of acquisition.
-------------------------------	--

**Interim Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	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?

**Primary Transmission Line**  
**Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	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	Andrew
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	320 feet per run

**Primary  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
Sweep Tests	Sweep tests to confirm operation on new channel

**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	Flexible Foam
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	280 feet per run



Justification for New Transmission Line

An interim transmission line is necessary for the interim antenna to keep station on the air during primary antenna replacement and for the duration of the assigned phase. Station will attempt to rent if renting is available at time of acquisition.

**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?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	No
	Others Types of Users	Yes
	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	1044756
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	30° 15' 36.0" N-
	Longitude (NAD83)	098° 53' 14.0" W-
	Overall Structure Height	369.75 feet
	Support Structure Height	369.75 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1759.82 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	ALLEN KELLER COMPANY
Date Constructed	01/01/1994

### Other Types of Users

#### Users

K271CH

### Primary Tower

#### Tower Modification Costs

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

### Primary Tower

#### Tower Rigging Costs

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

Section	Question	Response
<p><b>Outside Project Management Services</b></p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>273</p>
	<p>Explanation</p>	<p>Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. Internal accounting and Project management.</p>
<p><b>Outside RF consulting Engineering Services</b></p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>

	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
<b>Attorney and Other Outside Consulting Services</b>	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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	Yes	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No

RF exposure measurements	No
Additional Field Engineering Service	Yes
Number of Days	17
Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

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

**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	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
<b>Primary Transmitter TBD</b>	<b>\$71,200.00</b>	<b>\$38,000.00</b>		<b>\$0.00</b>	
UHF - Air Cooled Solid State Transmitter 0.02 kW	<i>\$27,000.00</i>	\$27,000.00	Small rack-mounted transmitter, exciter and mask filter plus labor to install, setup and proof.	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$5,000.00	Sub-panel, breakers and labor to connect to transmitter rack	N/A	N/A
1" Rigid Conduit and Wiring	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Additional Interior RF System	<i>\$5,000.00</i>	\$5,000.00	Small flex coax type N connectors and type N patch panels	N/A	N/A
<b>Sub-total</b>	<b>\$71,200.00</b>	<b>\$38,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$655,924.00</b>	<b>\$578,187.50</b>	N/A	<b>\$36,685.70</b>	N/A

**Components**

Information not provided.

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Interim Antenna TBD</b>	<b>\$33,030.00</b>	<b>\$31,400.00</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Primary Antenna DLP-8B</b>	<b>\$33,030.00</b>	<b>\$10,247.50</b>		<b>\$3,847.50</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$3,847.50	See Dielectric quote 900062CMZ	\$3,847.50	N/A
<b>Sub-total</b>	<b>\$66,060.00</b>	<b>\$41,647.50</b>	N/A	<b>\$3,847.50</b>	N/A
<b>Total for all systems</b>	<b>\$655,924.00</b>	<b>\$578,187.50</b>	N/A	<b>\$36,685.70</b>	N/A

**Components**

Actual Information Description	File Name
--------------------------------	-----------

UHF - Lower Power Side Mount, Class A One Station antenna -- basic	Information not provided.				
Sweep test of existing antenna	Information not provided.				
Sweep test of existing antenna	Information not provided.				
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<table data-bbox="730 548 1417 672"> <tr> <td data-bbox="730 548 1141 593"><b>Component Description:</b></td> <td data-bbox="1149 548 1417 627">Low power antenna</td> </tr> <tr> <td data-bbox="730 627 1141 672"><b>Amount:</b></td> <td data-bbox="1149 627 1417 672">\$3,847.50</td> </tr> </table>	<b>Component Description:</b>	Low power antenna	<b>Amount:</b>	\$3,847.50
<b>Component Description:</b>	Low power antenna				
<b>Amount:</b>	\$3,847.50				

**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
<b>Interim Transmission Line</b>	<b>\$6,720.00</b>	<b>\$6,440.00</b>		<b>\$0.00</b>	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$6,720.00	\$6,440.00	N/A	N/A	N/A
<b>Primary Transmission Line</b>	<b>\$6,400.00</b>	<b>\$6,400.00</b>		<b>\$0.00</b>	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$13,120.00</b>	<b>\$12,840.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$655,924.00</b>	<b>\$578,187.50</b>	<b>N/A</b>	<b>\$36,685.70</b>	<b>N/A</b>

**Components**

Information not provided.

**Cost Information**

**Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower TOWER</b>	<b>\$268,500.00</b>	<b>\$255,000.00</b>		<b>\$5,500.00</b>	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	\$5,500.00	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$268,500.00</b>	<b>\$255,000.00</b>	<b>N/A</b>	<b>\$5,500.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$655,924.00</b>	<b>\$578,187.50</b>	<b>N/A</b>	<b>\$36,685.70</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name

<p>Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study</p>	<p><b>Component Description:</b> Structural analysis  <b>Amount:</b> \$5,500.00</p> <p><b>Component Description:</b> Perform a Structural Mapping for structural analysis. Perform Structural Analysis and prepare an Engineering Report.  <b>Amount:</b> \$5,500.00</p>
<p>Short Tower (less than 500')</p>	<p>Information not provided.</p>
<p>Minor tower reinforcement /modifications</p>	<p>Information not provided.</p>



**Cost Information**

**Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$112,054.00</b>	<b>\$107,700.00</b>		<b>\$24,567.00</b>	
Project management of the transition	\$43,134.00	\$40,950.00	N/A	\$12,067.00	N/A
Additional Field Engineering Service, 17 Days	<i>\$34,000.00</i>	\$34,000.00	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
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	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

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	\$3,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$7,000.00	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

Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
<b>Sub-total</b>	\$112,054.00	\$107,700.00	N/A	\$24,567.00	N/A
<b>Total for all systems</b>	\$655,924.00	\$578,187.50	N/A	\$36,685.70	N/A

## Components

Actual Information		
Description	File Name	
Project management of the transition	<b>Component Description:</b>	Project management services March 2019
	<b>Amount:</b>	\$214.50
	<b>Component Description:</b>	Project management services 3.30.19 through 4.26.19
	<b>Amount:</b>	\$150.00
	<b>Component Description:</b>	Project management services April 2019
	<b>Amount:</b>	\$201.50
	<b>Component Description:</b>	Project management services
	<b>Amount:</b>	\$1,887.50
	<b>Component Description:</b>	Project management services April 2019
	<b>Amount:</b>	\$60.00

**Component Description:** Project management services 7.27.19 through 8.30.19  
**Amount:** \$79.00

**Component Description:** Project management services 6.1.19 through 6.28.19  
**Amount:** \$75.00

**Component Description:** Project management services June 2019  
**Amount:** \$227.50

**Component Description:** Project management services 2.1.19 through 3.1.19  
**Amount:** \$75.00

**Component Description:** Project management services February 2019  
**Amount:** \$214.50

**Component Description:** Project management services 3.2.19 through 3.29.19  
**Amount:** \$225.00

**Component Description:** Project management services July 2019  
**Amount:** \$325.00

**Component Description:** Project management services May 2019  
**Amount:** \$162.50

**Component Description:** Project management services 9.29.18 through 10.26.18  
**Amount:** \$225.00

**Component Description:** Project management services 5.26.18 through 6.29.18  
**Amount:** \$300.00

**Component Description:** Project Management for Structural Analysis and Tower Modifications for services from June 30, 2018 through July 27, 2018.  
**Amount:** \$300.00

**Component Description:** Project management services 7.28.18 through 9.28.18  
**Amount:** \$300.00

**Component Description:** Project Management for Structural Analysis and Tower Modifications including consultants Kessler and Gehman Associates. Services from May 27, 2017 through June 30, 2017.

**Amount:** \$1,000.00

**Component Description:** Project management services 12.1.18 through 1.31.19

**Amount:** \$975.00

**Component Description:** Prepare FCC Schedule 387, item 5 from invoice summary

**Amount:** \$300.00

**Component Description:** Project management services, item 1 from invoice summary

**Amount:** \$3,225.00

**Component Description:** Prepare FCC Schedule 387, item 7 from invoice summary

**Amount:** \$150.00

	<p><b>Component Description:</b> Project management services, item 8 from invoice summary</p> <p><b>Amount:</b> \$195.00</p> <p><b>Component Description:</b> Project management services 10.27.18 through 11.30.18</p> <p><b>Amount:</b> \$2,050.00</p> <p><b>Component Description:</b> Prepare FCC Schedule 387, item 6 from invoice summary</p> <p><b>Amount:</b> \$150.00</p>
Additional Field Engineering Service, 17 Days	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
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.

<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table border="0"> <tr> <td data-bbox="708 371 1015 405"><b>Component Description:</b></td> <td data-bbox="1147 371 1378 562">Prepare engineering section of Form 2100, item 4 from invoice summary</td> </tr> <tr> <td data-bbox="708 573 815 607"><b>Amount:</b></td> <td data-bbox="1147 573 1267 607">\$3,000.00</td> </tr> <tr> <td data-bbox="708 707 1015 741"><b>Component Description:</b></td> <td data-bbox="1147 707 1378 786">KGA subcontractor invoice line 3</td> </tr> <tr> <td data-bbox="708 797 815 831"><b>Amount:</b></td> <td data-bbox="1147 797 1267 831">\$3,000.00</td> </tr> </table>	<b>Component Description:</b>	Prepare engineering section of Form 2100, item 4 from invoice summary	<b>Amount:</b>	\$3,000.00	<b>Component Description:</b>	KGA subcontractor invoice line 3	<b>Amount:</b>	\$3,000.00
<b>Component Description:</b>	Prepare engineering section of Form 2100, item 4 from invoice summary								
<b>Amount:</b>	\$3,000.00								
<b>Component Description:</b>	KGA subcontractor invoice line 3								
<b>Amount:</b>	\$3,000.00								
<p>Perform engineering study for new channel assignment and antenna development</p>	<table border="0"> <tr> <td data-bbox="708 965 1015 999"><b>Component Description:</b></td> <td data-bbox="1147 965 1378 1043">KGA subcontractor invoice line 2</td> </tr> <tr> <td data-bbox="708 1055 815 1088"><b>Amount:</b></td> <td data-bbox="1147 1055 1267 1088">\$7,000.00</td> </tr> <tr> <td data-bbox="708 1189 1015 1223"><b>Component Description:</b></td> <td data-bbox="1147 1189 1378 1379">Perform engineering study for new channel assignment, item 3 from invoice summary</td> </tr> <tr> <td data-bbox="708 1424 815 1458"><b>Amount:</b></td> <td data-bbox="1147 1424 1267 1458">\$7,000.00</td> </tr> </table>	<b>Component Description:</b>	KGA subcontractor invoice line 2	<b>Amount:</b>	\$7,000.00	<b>Component Description:</b>	Perform engineering study for new channel assignment, item 3 from invoice summary	<b>Amount:</b>	\$7,000.00
<b>Component Description:</b>	KGA subcontractor invoice line 2								
<b>Amount:</b>	\$7,000.00								
<b>Component Description:</b>	Perform engineering study for new channel assignment, item 3 from invoice summary								
<b>Amount:</b>	\$7,000.00								
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>								



---

Prepare and or review  
reimbursement form

**Component Description:**

Prepare  
reimbursement  
form, item 2 from  
invoice summary

**Amount:**

\$2,500.00

**Component Description:**

KGA subcontractor  
invoice line 1

**Amount:**

\$2,500.00

---

**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
<b>Other Expenses</b>	<b>\$124,990.00</b>	<b>\$123,000.00</b>		<b>\$2,771.20</b>	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,771.20	N/A
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$16,000.00</i>	\$16,000.00	N/A	N/A	N/A
AM Pattern Disturbance -- Remedy	\$21,050.00	\$20,000.00	N/A	N/A	N/A
AM Pattern Disturbance -- Impact study	\$7,890.00	\$7,500.00	N/A	N/A	N/A
Non-zoning permits	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A

Equipment Storage	<i>\$16,000.00</i>	\$16,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$124,990.00	\$123,000.00	N/A	\$2,771.20	N/A
<b>Total for all systems</b>	\$655,924.00	\$578,187.50	N/A	\$36,685.70	N/A

## Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	<p><b>Component Description:</b> Notification of medical facilities</p> <p><b>Amount:</b> \$2,771.20</p>
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
AM Pattern Disturbance -- Remedy	Information not provided.
AM Pattern Disturbance -- Impact study	Information not provided.
Non-zoning permits	Information not provided.
Equipment Storage	Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$655,924.00	\$578,187.50	\$36,685.70

**Reimbursement Status**

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

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

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

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

**Elizabeth  
Ryder**  
*General  
Counsel*

11/04/2019

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></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"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	



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

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.

**Elizabeth  
Ryder**  
*General  
Counsel*

11/04/2019

## Attachments