



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **6669** | Service: **DTV** | Call **KBTX-TV** | Channel: **16 (UHF)**  
ID: | Sign:  
File **0000028641**  
Number:  
FRN: **0018223693** | Date **05/13**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>GRAY TELEVISION LICENSEE, LLC</b>	KBTX-TV 6700 AMERICAN PLAZA WACO, TX 76712 United States	+1 (254) 776-1330	robert. folliard@gray. tv	Limited Liability Company

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Samuel Hariton</b> <i>Widely</i>	Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widely.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.	No
Briefly describe transition plan	The station will be replacing the existing main transmitter, antenna, and transmission line. The auxiliary antenna and transmitter will be replaced, while the auxiliary transmission line will be reused.

**Transmitters**

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

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

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Backup Transmitter
	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	Diamond CD
	Year	2004
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 kW

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

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9EVO- 12
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19 kW
	Justification for New Transmitter	Existing Ch50 Harris Diamond CD transmitter cannot be retuned. A new Transmitter is necessary for the assigned CH16 buildout.

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

Section	Question	Response
<b>Electrical Service</b>	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	Yes
	Description	The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.
<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	15

Auxiliary  
Transmitter

Other Transmitter Cost Not Listed

Name	Description
Ice Shield	Ice Shield and Concrete Pads for Aux Transmitter heat exchanger

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Power CD
	Year	2008
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	60 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	THU9EVO-40
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	61 kW
	Justification for New Transmitter	Existing CH50 transmitter cannot be retuned for the assigned CH16 frequency

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	500 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches

	Length	150.0 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	30

**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
<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	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	TFU30GTH /VP-R- 6T140
Year	2007

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?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	705.0 kW
	Manufacturer	

Model	TFU-19ETT /VP-R 6T140 (SP)
Year	2018
Justification for New Antenna	Existing antenna used for CH50 is not broadband and cannot be retuned for the assigned CH16 frequency

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	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
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**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	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) .....	280.0 kW
	Manufacturer	
	Model	ALP24M4- HSOC-16
	Year	2018

	Justification for New Antenna	Existing antenna used for channel 50 is not broadband and cannot be returned to the channel 16 frequency.
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## 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?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

## 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?	No

**Tower Equipment And Rigging Costs**

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

**Primary Tower****Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
Existing Tower Structure Registration	Is tower compliant with Rev G?	No
	Do you have a tower registration number?	Yes
Coordinates (NAD83 ( North American Datum of 1983))	ASR Number	1062868
	Latitude (NAD83)	30° 33' 16.5" N-
	Longitude (NAD83)	096° 01' 52.3" W-

Overall Structure Height	1649.91 feet
Support Structure Height	1600.05 feet
Ground Elevation Above Mean Sea Level (AMSL)	331.69 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Gray Television Group, Inc.
Date Constructed	05/01/2009

### Primary Tower

#### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

### Primary Tower

#### Tower Rigging Costs

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

### Primary Tower

#### Other Tower Expenses Not Listed

Name	Description
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**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	900
	Explanation	Strategic Planning
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	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	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

If wireless not provided.

## Other Expenses

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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	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 THU9EVO-40</b>	<b>\$2,102,060.00</b>	<b>\$1,537,269.00</b>		<b>\$0.00</b>	
Additional field engineering time, 10-30 days	\$63,100.00	\$64,950.00	Includes state and local tax	N/A	N/A
Transformer 3 phase/480v - 500 KVA	\$48,400.00	\$46,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 52 - 61 kW	\$1,788,000.00	\$1,233,556.50	Please see R&S quote 117710.1	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$7,800.00	\$7,350.00	N/A	N/A	N/A
RF Consulting Engineer	\$5,260.00	\$5,412.50	State and local taxes	N/A	N/A
Channel 14 Mask Filter	\$189,500.00	\$180,000.00	N/A	N/A	N/A
<b>Auxiliary Transmitter THU9EVO-12</b>	<b>\$978,235.00</b>	<b>\$558,687.50</b>		<b>\$0.00</b>	
Ice Shield	<i>\$28,375.00</i>	\$28,375.00	See attached Jay Burch Construction, Inc. estimate #314.	N/A	N/A

Additional field engineering time, 10-30 days	\$63,100.00	\$64,950.00	Includes state and local tax	N/A	N/A
Channel 14 Mask Filter	\$189,500.00	\$94,200.00	Please see R&S quote 118001.2	N/A	N/A
RF Consulting Engineer	\$5,260.00	\$5,412.50	State and local taxes	N/A	N/A
Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.	<b>\$8,000.00</b>	\$8,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$357,750.00	Please see R&S quote 118001.2	N/A	N/A
<b>Sub-total</b>	\$3,080,295.00	\$2,095,956.50	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$5,175,972.50	\$3,798,729.80	N/A	\$69,290.90	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 ALP24M4-HSOC-16</b>	<b>\$196,230.00</b>	<b>\$55,901.88</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$49,501.88	See DTVPros Quote JEHQ1545 Includes shipping costs	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Primary Antenna TFU-19ETT /VP-R 6T140 (SP)</b>	<b>\$310,130.00</b>	<b>\$284,661.60</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	DTVPros Quote JEHQ1249-04	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$250,205.60	DTV pros quote JEHQ1249-04 Includes shipping costs	N/A	N/A

Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed)	\$13,900.00	\$28,056.00	DTV Pros quote JEHQ1249-04	N/A	N/A
<b>Sub-total</b>	\$506,360.00	\$340,563.48	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$5,175,972.50	\$3,798,729.80	N/A	\$69,290.90	N/A

### Components

Information not provided.

**Cost Information**      **Transmission Line**  
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
Primary Tower TOWER	\$1,291,337.50	\$1,056,051.95		\$0.00	
Tower Analysis and Mapping	\$16,237.50	\$16,237.50	TCI-16-176	\$0.00	N/A
Serious tower reinforcement /modifications	\$1,052,000.00	\$476,200.00	TCI-17-136	N/A	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,990.00	Includes state and local taxes	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$550,624.45	See attached TCI proposal TCI-17-136, this proposal address the installation of both the main antenna and the interim antenna.	N/A	N/A

<b>Sub-total</b>	\$1,291,337.50	\$1,056,051.95	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$5,175,972.50	\$3,798,729.80	N/A	\$69,290.90	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
<b>Outside Professional Services</b>	<b>\$261,320.00</b>	<b>\$277,185.63</b>		<b>\$69,290.90</b>	
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$86,600.00	Includes state and local taxes.	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,165.00	Includes state and local taxes.	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,165.00	Includes state and local taxes.	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,797.50	Includes state and local taxes.	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,435.63	Includes state and local taxes.	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,412.50	Includes state and local taxes.	\$196.50	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,623.75	Includes state and local taxes.	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,623.75	Includes state and local taxes.	\$0.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,247.50	Includes state and local taxes.	\$125.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$16,565.00	Increased cost for channel 16 Chesapeake RF Consultants invoice #4785	\$14,265.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,706.25	Includes state and local taxes.	N/A	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,706.25	Includes state and local taxes.	N/A	N/A
Project management of the transition	\$142,200.00	\$146,137.50	Includes state and local taxes.	\$54,704.40	N/A
<b>Sub-total</b>	\$261,320.00	\$277,185.63	N/A	\$69,290.90	N/A
<b>Total for all systems</b>	\$5,175,972.50	\$3,798,729.80	N/A	\$69,290.90	N/A

## Components

Actual Information	
Description	File Name
Comprehensive coverage verification via field study, if needed	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	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	<p><b>Component Description:</b> Complete legal section and file initial repack CP application</p> <p><b>Amount:</b> \$196.50</p>
Prepare request for Special Temporary Authorization	Information not provided.

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b></p> <p>Prepare engineering section of FCC Form 2100, Construction Permit Application</p> <p><b>Amount:</b></p> <p>\$1,650.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b></p> <p>Engineering Consulting</p> <p><b>Amount:</b></p> <p>\$125.00</p> <p><b>Component Description:</b></p> <p>Prepare engineering section of FCC Form 2100, Construction Permit Application</p> <p><b>Amount:</b></p> <p>\$1,650.00</p>
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b></p> <p>Perform engineering study for new channel assignment</p> <p><b>Amount:</b></p> <p>\$650.00</p> <p><b>Component Description:</b></p> <p>Consulting Engineer - J. Davis - Hourly (@\$250/hr)</p> <p><b>Amount:</b></p> <p>\$587.50</p> <p><b>Component Description:</b></p> <p>Perform engineering study for new channel assignment</p> <p><b>Amount:</b></p> <p>\$2,550.00</p>

**Component Description:**

Revisit prior channel study to identify alternate channels in lieu of repack Ch-14. Provide summary regarding use of Ch-16. Develop final ERP for sub, prep of engineering portion of FCC app.

**Amount:**

\$3,287.50

**Component Description:**

Channel study

**Amount:**

\$550.00

**Component Description:**

Regarding app for channel change of TV repack facility, discussion with FCC staff concerning protection of land-mobile operations on adjacent spectrum.

**Amount:**

\$7,040.00

**Component Description:**

Provide coverage contour map and associated population counts regarding side mount interim antenna at 2 transmitter power levels, & compare '90 day' Ch 14 CP

**Amount:**

\$250.00

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Information not provided.	
Project management of the transition	<b>Component Description:</b> <b>Amount:</b>	Project Management \$1,541.50
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$1,706.25
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$2,203.10
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$2,314.90
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$2,086.25
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$2,430.85
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$1,689.15
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$1,978.55

<b>Component Description:</b>	Project Mgt /Budget Mgt
<b>Amount:</b>	\$839.75

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,938.10

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$28.20

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,131.20

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,829.40

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$3,275.15

<b>Component Description:</b>	Project management
<b>Amount:</b>	\$3,319.40

<b>Component Description:</b>	Project Mgt, Budget Review, Cost Reconciliation
<b>Amount:</b>	\$3,624.80

<b>Component Description:</b>	Project Mgt, Budget Review, Cost Reconciliation
<b>Amount:</b>	\$1,026.45

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,165.40

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,328.55

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,217.75

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$3,189.40

<b>Component Description:</b>	Project management of the transition
<b>Amount:</b>	\$3,300.00

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,007.60

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,833.10

<b>Component Description:</b>	Project Mgt, Budget Review, Cost Reconciliation
<b>Amount:</b>	\$2,868.80

**Component Description:**

Project Mgt,  
Budget Review,  
Cost Reconciliation

**Amount:**

\$830.80

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## 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>\$36,660.00</b>	<b>\$28,972.24</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$1,623.75</i>	\$1,623.75	Includes state and local taxes.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,450.00</i>	\$3,450.00	See attached KBTX Channel Change PSA Campaign estimate.	N/A	N/A
Equipment Storage	<i>\$2,706.25</i>	\$2,706.25	Includes state and local taxes.	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$16,800.00</i>	\$16,800.00	TCI Proposal TCI-17-183	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,834.75	Includes state and local taxes.	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$351.81	Includes state and local taxes.	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$205.68	Includes state and local taxes.	N/A	N/A

<b>Sub-total</b>	\$36,660.00	\$28,972.24	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$5,175,972.50	\$3,798,729.80	N/A	\$69,290.90	N/A

## Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$5,175,972.50	\$3,798,729.80
			\$69,290.90

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

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

**Robert J. Folliard , III**  
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*Assistant Secretary*

05/13/2019

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

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Robert J. Folliard , III</b> . <i>Assistant Secretary</i></p> <p>05/13/2019</p>

## Attachments