



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **19783** | Service: **DTV** | Call **KVEA** | Channel: **25 (UHF)** |  
ID: | Sign:  
File **0000028173**  
Number:  
FRN: **0019509470** | Date **05/31**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NBC TELEMUNDO LICENSE LLC</b>	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 Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

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

**Broadcaster  
Information  
and  
Transition  
Plan**

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

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<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	DCXP-2
	Year	2010
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	52.9 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-48
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	73.5 kW
	Justification for New Transmitter	A new transmitter is required so that we can use the existing transmitter during the transition to maintain coverage. We have selected a solid state transmitter as it will be less expensive than a comparable IOT. IOT Proposal attached for reference.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<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	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**

Information not provided.

**Antennas**

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

## Primary Antenna

### Existing Antenna Information

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

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



Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	748.0 kW
	Manufacturer	

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

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<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?	No
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**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Mounting Adapter</b>	Wedding Cake Mounting Adapter

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<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)	350.0 kW
	Manufacturer	
	Model	TFU-16WB C160
	Year	2019

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

### Other Antenna Costs

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

**Interim  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
Combiner Installation	Installation of combiner for interim antenna

**Transmission Line**

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

**Primary**  
**Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 feet per run



Primary  
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 feet per run
	Justification for New Transmission Line	Current transmission line will not work on new channel (ch 25)

Primary  
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

**Interim**  
**Transmission Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Rigid
	Diameter	6 1/8 inches
	Segment Length	Broadband
	Other Segment Length	
	Number of parallel runs	1
	Length	320 feet per run
	Justification for New Transmission Line	New transmission line required to connect to new interim antenna

**Interim**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

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

**Auxiliary  
Tower**

**Add Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when main antenna or transmitter is unavailable
	Ownership	Leased
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	34° 12' 46.0" N-

Longitude (NAD83)	118° 03' 44.9" W-
Overall Structure Height	5624.00 feet
Support Structure Height	199.00 feet
Ground Elevation Above Mean Sea Level (AMSL)	5425.00 feet
Structure Type	LTOWER - Lattice Tower
Tower Owner	American Tower
Date Constructed	06/19/2000

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
35078	KLOS	FM
58978	KPXN-TV	DTV
191101	KSFV-CD	DTV

## Auxiliary Tower

### Tower Modification Costs

Section	Question	Response
<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

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

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

Section	Question	Response
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1213941
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	34° 12' 47.9" N-
	Longitude (NAD83)	118° 03' 44.3" W-
	Overall Structure Height	199.80 feet
	Support Structure Height	199.80 feet
	Ground Elevation Above Mean Sea Level (AMSL)	5428.08 feet
	Structure Type	LTOWER - Lattice Tower
	Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
	Date Constructed	07/01/2000

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
63865	KILM	DTV
60026	KHTV-CD	DTV
56384	KBEH	DTV
35608	KSCI	DTV
26231	KWHY-TV	DTV
22161	KRCA	DTV

**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:	Major Reinforcements needed

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

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



**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	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.
<b>Outside RF consulting Engineering Services</b>	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
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	40

	Justification	Ground level RF engineering
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Services 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	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
<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**

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
<b>Primary Transmitter THU9-48</b>	<b>\$5,260,000.00</b>	<b>\$3,048,942.27</b>		<b>\$1,016,314.09</b>	
UHF - Liquid Cooled Solid State Transmitter 68.5 - 75 kW	\$1,999,000.00	\$1,016,314.09	N/A	\$1,016,314.09	N/A
UHF - Liquid Cooled Solid State Transmitter 52 - 61 kW	\$1,788,000.00	\$1,016,314.09	***System Notice: Estimate adjusted and locked because line has been superseded.***	\$0.00	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,016,314.09	***System Notice: Estimate adjusted and locked because line has been superseded.***See attached IOT proposal (\$1,310,225) to justify Solid State replacement.	\$0.00	N/A
<b>Sub-total</b>	<b>\$5,260,000.00</b>	<b>\$3,048,942.27</b>	<b>N/A</b>	<b>\$1,016,314.09</b>	<b>N/A</b>

<b>Total for all systems</b>	\$8,310,463.00	\$5,477,465.77	N/A	\$1,619,159.91	N/A
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## Components

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>
UHF - Liquid Cooled Solid State Transmitter 68.5 - 75 kW	<p><b>Component Description:</b> Transmitter we are requesting is the THU9-48, which is the upgraded model we are ordering. See cover letter to see what we are asking to be reimbursed for.</p> <p><b>Amount:</b> \$1,016,314.09</p>
UHF - Liquid Cooled Solid State Transmitter 52 - 61 kW	<p><b>Component Description:</b> Updated Estimate so we are requesting for a 55 kW transmitter. See updated invoice with cover letter. We are asking to only be reimbursed for Line 1 with proportional amount of tax. Line 2 is an upgrade which NBC will be responsible for paying for.</p> <p><b>Amount:</b> \$1,016,314.09</p>

UHF - Liquid Cooled Solid  
State Transmitter 35 - 50 kW

**Component Description:**

See updated  
invoice with cover  
letter. We are  
asking to only be  
reimbursed for  
Line 1 with  
proportional  
amount of tax.  
Line 2 is an  
upgrade which  
NBC will be  
responsible for  
paying for.

**Amount:**

\$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	
Combiner Installation	<i>\$3,333.00</i>	\$3,333.00	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
New combiner, cost per channel (without antenna)	\$84,200.00	\$32,000.00	KVEA share of interim combiner cost	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
<b>Primary Antenna TFU-18ETT /VP-R 4C160</b>	<b>\$321,730.00</b>	<b>\$416,699.00</b>		<b>\$375,029.10</b>	
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	<b>\$18,330.00</b>	\$18,330.00	See attached main antenna quote	\$16,497.00	N/A
<b>Sub-total</b>	\$642,343.00	\$562,057.00	N/A	\$375,029.10	N/A
<b>Total for all systems</b>	\$8,310,463.00	\$5,477,465.77	N/A	\$1,619,159.91	N/A

## Components

Actual Information	
Description	File Name
Combiner Installation	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.
New combiner, cost per channel (without 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.
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<div> <b>Component Description:</b> See lines 1 and 2 of invoice  <b>Amount:</b> \$173,693.70 </div> <div> <b>Component Description:</b> See lines 1 and 2 of invoice  <b>Amount:</b> \$173,693.70 </div>

<p>Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed)</p>	<table> <tr> <td data-bbox="722 174 1029 208"><b>Component Description:</b></td><td data-bbox="1163 174 1310 241">See line 3 of invoice</td></tr> <tr> <td data-bbox="722 255 831 288"><b>Amount:</b></td><td data-bbox="1163 255 1281 288">\$5,572.35</td></tr> <tr> <td data-bbox="722 394 1029 427"><b>Component Description:</b></td><td data-bbox="1163 394 1310 461">See line 3 of invoice</td></tr> <tr> <td data-bbox="722 474 831 508"><b>Amount:</b></td><td data-bbox="1163 474 1281 508">\$5,572.35</td></tr> </table>	<b>Component Description:</b>	See line 3 of invoice	<b>Amount:</b>	\$5,572.35	<b>Component Description:</b>	See line 3 of invoice	<b>Amount:</b>	\$5,572.35
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<b>Amount:</b>	\$5,572.35								
<p>Mounting Adapter</p>	<table> <tr> <td data-bbox="722 645 1029 678"><b>Component Description:</b></td><td data-bbox="1163 645 1310 712">See line 4 of invoice</td></tr> <tr> <td data-bbox="722 725 831 759"><b>Amount:</b></td><td data-bbox="1163 725 1281 759">\$8,248.50</td></tr> <tr> <td data-bbox="722 864 1029 898"><b>Component Description:</b></td><td data-bbox="1163 864 1310 931">See line 4 of invoice</td></tr> <tr> <td data-bbox="722 945 831 978"><b>Amount:</b></td><td data-bbox="1163 945 1281 978">\$8,248.50</td></tr> </table>	<b>Component Description:</b>	See line 4 of invoice	<b>Amount:</b>	\$8,248.50	<b>Component Description:</b>	See line 4 of invoice	<b>Amount:</b>	\$8,248.50
<b>Component Description:</b>	See line 4 of invoice								
<b>Amount:</b>	\$8,248.50								
<b>Component Description:</b>	See line 4 of invoice								
<b>Amount:</b>	\$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	\$8,310,463.00	\$5,477,465.77	N/A	\$1,619,159.91	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
<b>Primary Tower</b>	<b>\$997,015.00</b>	<b>\$692,098.00</b>		<b>\$0.00</b>	
<b>LTOWER</b>					
Migratory Bird Assessment	<i>\$583.00</i>	\$583.00	KVEA share of Migratory Bird Assessment on primary tower	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$150,000.00	KVEA Share of Tower reinforcement	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$13,383.00	KVEA Share of Tower Mapping (\$6867) and structural engineering (\$6517) costs	N/A	N/A

Tower Helicopter Lift	<b>\$123,432.00</b>	\$123,432.00	Due to constraints in road to the site and the area around the tower we require a helicopter lift to remove our old antenna and install a new antenna. Proposal attached.	N/A	N/A
Ground Permit Drawing Package	<b>\$4,700.00</b>	\$4,700.00	N/A	N/A	N/A
<b>Auxiliary Tower LTOWER</b>	<b>\$614,700.00</b>	<b>\$397,811.00</b>		<b>\$0.00</b>	
Tower Permit Drawing Package	<b>\$4,700.00</b>	\$4,700.00	N/A	N/A	N/A
Ground and Building Permit Drawing Package	<b>\$4,700.00</b>	\$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
<b>Sub-total</b>	\$1,611,715.00	\$1,089,909.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$8,310,463.00	\$5,477,465.77	N/A	\$1,619,159.91	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		\$105,098.46	
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
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$302.40	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	\$662.76	N/A
Project management of the transition	\$328,640.00	\$312,000.00	N/A	\$104,133.30	N/A
<b>Sub-total</b>	<b>\$490,985.00</b>	<b>\$468,250.00</b>	<b>N/A</b>	<b>\$105,098.46</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$8,310,463.00</b>	<b>\$5,477,465.77</b>	<b>N/A</b>	<b>\$1,619,159.91</b>	<b>N/A</b>

## 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.
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="713 174 1023 210"><b>Component Description:</b></td><td data-bbox="1157 174 1369 286">Preparation of CP and minor change application</td></tr> <tr> <td data-bbox="713 297 826 333"><b>Amount:</b></td><td data-bbox="1157 297 1254 333">\$113.40</td></tr> <tr> <td data-bbox="713 434 1023 470"><b>Component Description:</b></td><td data-bbox="1157 434 1369 546">See lines 1 &amp; 2 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="713 557 826 593"><b>Amount:</b></td><td data-bbox="1157 557 1254 593">\$189.00</td></tr> </table>	<b>Component Description:</b>	Preparation of CP and minor change application	<b>Amount:</b>	\$113.40	<b>Component Description:</b>	See lines 1 & 2 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$189.00								
<b>Component Description:</b>	Preparation of CP and minor change application																
<b>Amount:</b>	\$113.40																
<b>Component Description:</b>	See lines 1 & 2 of invoice, less 10% vendor discount.																
<b>Amount:</b>	\$189.00																
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>																
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="713 878 1023 913"><b>Component Description:</b></td><td data-bbox="1157 878 1342 949">Review of Form 399</td></tr> <tr> <td data-bbox="713 960 826 996"><b>Amount:</b></td><td data-bbox="1157 960 1238 996">\$43.65</td></tr> <tr> <td data-bbox="713 1097 1023 1133"><b>Component Description:</b></td><td data-bbox="1157 1097 1369 1209">See lines 3-5 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="713 1220 826 1256"><b>Amount:</b></td><td data-bbox="1157 1220 1254 1256">\$499.86</td></tr> <tr> <td data-bbox="713 1357 1023 1393"><b>Component Description:</b></td><td data-bbox="1157 1357 1342 1429">Review of Form 399</td></tr> <tr> <td data-bbox="713 1440 826 1476"><b>Amount:</b></td><td data-bbox="1157 1440 1238 1476">\$43.65</td></tr> <tr> <td data-bbox="713 1576 1023 1612"><b>Component Description:</b></td><td data-bbox="1157 1576 1369 1688">Review additional information required for 399.</td></tr> <tr> <td data-bbox="713 1700 826 1736"><b>Amount:</b></td><td data-bbox="1157 1700 1238 1736">\$75.60</td></tr> </table>	<b>Component Description:</b>	Review of Form 399	<b>Amount:</b>	\$43.65	<b>Component Description:</b>	See lines 3-5 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$499.86	<b>Component Description:</b>	Review of Form 399	<b>Amount:</b>	\$43.65	<b>Component Description:</b>	Review additional information required for 399.	<b>Amount:</b>	\$75.60
<b>Component Description:</b>	Review of Form 399																
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<b>Component Description:</b>	Review additional information required for 399.																
<b>Amount:</b>	\$75.60																
<p>Project management of the transition</p>	<table> <tr> <td data-bbox="713 1868 1023 1904"><b>Component Description:</b></td><td data-bbox="1157 1868 1310 1980">August 2018 Project Management</td></tr> <tr> <td data-bbox="713 1991 826 2027"><b>Amount:</b></td><td data-bbox="1157 1991 1273 2027">\$8,245.00</td></tr> </table>	<b>Component Description:</b>	August 2018 Project Management	<b>Amount:</b>	\$8,245.00												
<b>Component Description:</b>	August 2018 Project Management																
<b>Amount:</b>	\$8,245.00																

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

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$1,072.50

<b>Component Description:</b>	Project Management Invoice
<b>Amount:</b>	\$5,225.00

<b>Component Description:</b>	Project management and travel expenses
<b>Amount:</b>	\$7,080.60

<b>Component Description:</b>	Project management
<b>Amount:</b>	\$5,239.40

<b>Component Description:</b>	August 2018 Project Management
<b>Amount:</b>	\$300.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$348.95

<b>Component Description:</b>	June 2018 Project Management
<b>Amount:</b>	\$4,605.00

<b>Component Description:</b>	July 2018 Project Management
<b>Amount:</b>	\$5,040.00

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$150.00

<b>Component Description:</b>	AFF Consulting January 2019 - Status Call
<b>Amount:</b>	\$150.00

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$29,923.00

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$900.00

<b>Component Description:</b>	November 2018 Project Management
<b>Amount:</b>	\$3,750.00

<b>Component Description:</b>	Point B Project Management January 2019
<b>Amount:</b>	\$3,000.00

<b>Component Description:</b>	October 2018 Project Management
<b>Amount:</b>	\$600.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$600.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$2,470.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$3,965.00

<b>Component Description:</b>	Project management
<b>Amount:</b>	\$6,900.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$1,275.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$975.00

<b>Component Description:</b>	September 2018 Project Management
<b>Amount:</b>	\$1,745.38

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

<b>Component Description:</b>	June 2018 Project Management
<b>Amount:</b>	\$750.00

<b>Component Description:</b>	Project management
<b>Amount:</b>	\$6,900.00

<b>Component Description:</b>	Point B project management services for the month of February 2019. See line item.
<b>Amount:</b>	\$3,150.00

<b>Component Description:</b>	September 2018 Project Management
<b>Amount:</b>	\$9,075.00

<b>Component Description:</b>	Jan 2018 Project Management
<b>Amount:</b>	\$9,750.00

<b>Component Description:</b>	October 2018 Project Management
<b>Amount:</b>	\$7,031.63

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

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
Local Zoning	<b>\$2,500.00</b>	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$158,680.00	\$152,365.00	N/A	\$6,850.00	N/A
<b>Total for all systems</b>	\$8,310,463.00	\$5,477,465.77	N/A	\$1,619,159.91	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)	<b>Component Description:</b>		Asbestos abatement monitoring during vinyl floor tile removal
	<b>Amount:</b>		\$2,350.00
	<b>Component Description:</b>		Floor tile removal
	<b>Amount:</b>		\$4,500.00
BLM or NFS Coordination	Information not provided.		
Non-zoning permits	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.		
Local Zoning	Information not provided.		

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$8,310,463.00	\$5,477,465.77	\$1,619,159.91

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.

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Margaret L Tobey</b> <i>Assistant Secretary</i></p> <p>05/31/2019</p>

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>Margaret L Tobey</b>  <i>Assistant Secretary</i></p> <p>05/31/2019</p>

## Attachments