Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **6669** | Service: **DTV** | Call Sign: **KBTX-TV** | Channel: **16 (UHF)**

File Number: **0000028641**

FRN: **0018223693** | Date Submitted: **06/27/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC	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
Samuel Hariton *Widelity*	Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widelity.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
Existing Transmitter Description	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
Existing Transmitter Manufacturer and Type	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
New Transmitter	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
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No

	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	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.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	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
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	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
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?	No
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	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
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	7 3/16 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No

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

Primary Antenna

Other Antenna Cost Not Listed

Information not provided.

Interim Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	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
New Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	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.

Interim Antenna

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	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
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1062868
Coordinates (NAD83 (North American Datum of 1983))	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

Tower Analysis and Mapping	Tower Analysis and Mapping performed by TCI in 2016

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	900
	Explanation	Strategic Planning
Outside RF consulting Engineering Services	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
Attorney and Other Outside Consulting Services	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
RF Field Engineering Services	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

Information not provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	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
Other Miscellaneous Expenses	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

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
Primary Transmitter THU9EVO-40	**$2,102,060.00**	**$1,537,269.00**		**$0.00**	
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	$180,000.00	N/A	N/A	N/A
RF Consulting Engineer	$5,260.00	$5,412.50	State and local taxes	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	$7,800.00	$7,350.00	N/A	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
Auxiliary Transmitter THU9EVO-12	**$978,235.00**	**$558,687.50**		**$0.00**	
Ice Shield	***$28,375.00***	$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
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
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.	***$8,000.00***	$8,000.00	N/A	N/A	N/A
Sub-total	$3,080,295.00	$2,095,956.50	N/A	$0.00	N/A
Total for all systems	$5,175,972.50	$3,798,729.80	N/A	$675,893.54	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
Interim Antenna ALP24M4-HSOC-16	**$196,230.00**	**$55,901.88**		**$23,250.94**	
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	$23,250.94	N/A
Sweep test of existing antenna	$6,730.00	$6,400.00	N/A	N/A	N/A
Primary Antenna TFU-19ETT /VP-R 6T140 (SP)	**$310,130.00**	**$284,661.60**		**$0.00**	
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
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
Sub-total	$506,360.00	$340,563.48	N/A	$23,250.94	N/A
Total for all systems	$5,175,972.50	$3,798,729.80	N/A	$675,893.54	N/A

Components

Actual Information Description	File Name	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	**Component Description:** **Amount:**	UHF-LOWER POWER SIDE MOUNT $23,250.94
Sweep test of existing antenna	Information not provided.	
Elbow complex, single channel, at antenna input, per 7 3/16. feedline (if needed)	Information not provided.	
Sweep test of existing antenna	Information not provided.	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	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**		**$580,030.00**	
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	$302,084.00	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.	$277,946.00	N/A

Sub-total	$1,291,337.50	$1,056,051.95	N/A	$580,030.00	N/A
Total for all systems	$5,175,972.50	$3,798,729.80	N/A	$675,893.54	N/A

Components

Actual Information Description	File Name
Tower Analysis and Mapping	Information not provided.
Serious tower reinforcement /modifications	**Component Description:** Tower Modifications and Auxilliary Antenna Installation Services **Amount:** $302,084.00
Structural engineering tower load study for well documented tower	Information not provided.
Tall Tower (greater than 500')	**Component Description:** Guy Wire Replacement **Amount:** $98,310.00 **Component Description:** Phase 1 - 4" Flex Line Replacement **Amount:** $22,655.00 **Component Description:** KBTX-410-Tall Tower Rigging Existing Tower **Amount:** $156,981.00

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	**$261,320.00**	**$277,185.63**		**$72,612.60**	
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.	$58,026.10	N/A
Sub-total	$261,320.00	$277,185.63	N/A	$72,612.60	N/A
Total for all systems	$5,175,972.50	$3,798,729.80	N/A	$675,893.54	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	**Component Description:** Complete legal section and file initial repack CP application **Amount:** $196.50
Prepare request for Special Temporary Authorization	Information not provided.

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	**Component Description:** **Amount:**	Prepare engineering section of FCC Form 2100, Construction Permit Application $1,650.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	**Component Description:** **Amount:** **Component Description:** **Amount:**	Engineering Consulting $125.00 Prepare engineering section of FCC Form 2100, Construction Permit Application $1,650.00
Perform engineering study for new channel assignment and antenna development	**Component Description:** **Amount:** **Component Description:** **Amount:**	Channel study $550.00 Provide coverage contour map and associated population counts regarding side mount interim antenna at 2 transmitter power levels, & compare '90 day' Ch 14 CP $250.00

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:	Consulting Engineer - J. Davis - Hourly (@$250/hr)
Amount:	$587.50
Component Description:	Perform engineering study for new channel assignment
Amount:	$650.00
Component Description:	Perform engineering study for new channel assignment
Amount:	$2,550.00

	Component Description: **Amount:**	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. $3,287.50
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	**Component Description:** **Amount:** **Component Description:** **Amount:** **Component Description:** **Amount:** **Component Description:** **Amount:**	Project Management $1,328.55 Project Management $1,541.50 Project Management $1,706.25 Project Management $28.20

Component Description:	Project Management
Amount:	$2,314.90
Component Description:	Project Management
Amount:	$2,086.25
Component Description:	Project Management
Amount:	$3,321.70
Component Description:	Project management of the transition
Amount:	$3,300.00
Component Description:	Project Mgt /Budget Mgt
Amount:	$839.75
Component Description:	Project Management
Amount:	$2,829.40
Component Description:	Project Management
Amount:	$2,430.85
Component Description:	Project Mgt, Budget Review, Cost Reconciliation
Amount:	$2,868.80
Component Description:	Project Management
Amount:	$1,833.10

Component Description: Project Management
Amount: $1,689.15

Component Description: Project Management
Amount: $2,217.75

Component Description: Project Mgt, Budget Review, Cost Reconciliation
Amount: $830.80

Component Description: Project Mgt, Budget Review, Cost Reconciliation
Amount: $3,624.80

Component Description: Project Management
Amount: $1,938.10

Component Description: Project Management
Amount: $1,978.55

Component Description: Project Management
Amount: $2,007.60

Component Description: Project Management
Amount: $2,165.40

Component Description: Project Management
Amount: $2,203.10

Component Description:	Project Mgt, Budget Review, Cost Reconciliation
Amount:	$1,026.45
Component Description:	Project Management
Amount:	$3,189.40
Component Description:	Project Management
Amount:	$3,275.15
Component Description:	Project Management
Amount:	$2,131.20
Component Description:	Project management
Amount:	$3,319.40

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	**$36,660.00**	**$28,972.24**		**$0.00**	
Develop and air announcement of upcoming channel change	***$3,450.00***	$3,450.00	See attached KBTX Channel Change PSA Campaign estimate.	N/A	N/A
Equipment Storage	***$2,706.25***	$2,706.25	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
FCC Filing Fees - Form 2100 license to cover application	$335.00	$351.81	Includes state and local taxes.	N/A	N/A
DTV Medical Facility Notification	$11,550.00	$3,834.75	Includes state and local taxes.	N/A	N/A
Equipment Delivery and Handling Charges	***$16,800.00***	$16,800.00	TCI Proposal TCI-17-183	N/A	N/A
MVPD Notification of Channel Change	***$1,623.75***	$1,623.75	Includes state and local taxes.	N/A	N/A

Sub-total	$36,660.00	$28,972.24	N/A	$0.00	N/A
Total for all systems	$5,175,972.50	$3,798,729.80	N/A	$675,893.54	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	$675,893.54

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	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.	
	1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.	

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

	8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Robert Folliard , III .** *Assistant Secretary* 06/27/2019

Certification

Section	Question	Response
Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
	1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

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

	8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Robert Folliard , III .** *Assistant Secretary* 06/27/2019

Attachments