



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **24485** | Service: **DTV** | Call **KGEB** | Channel:  
ID: | Sign:  
**12 (High VHF)** | File **0000029080**  
Number:  
FRN: **0008120529** | Date **10/28**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant  | Address  | Phone                | Email            | Applicant Type |
|--|--|----------------------|------------------|----------------|
| <b>UNIVERSITY BROADCASTING, INC.</b><br>Doing Business As:<br>KGEB | Bill Lee<br>7777 SOUTH<br>LEWIS AVENUE<br>TULSA, OK 74171<br>United States | +1 (918)<br>488-5300 | blee@oru.<br>edu | Corporation    |

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

| Applicant      | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] |         |       |       |

## Preparer Contact Information

### Preparer Contact Name and Information

| Applicant   | Address   | Phone                 | Email                       |
|---|---|-----------------------|-----------------------------|
| <b>Joseph C. Chautin III</b><br><i>Hardy, Carey, Chautin &amp; Balkin</i> | 1080 West Causeway<br>Approach<br>Mandeville, LA 70471<br>United States | +1 (985) 629-<br>0777 | jchautin@hardycarey.<br>com |

## Broadcaster Information and Transition Plan

| Question | Response |
|----------|----------|
|----------|----------|

|   |   |
|---|---|
| <p>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.</p> | <p>Yes</p>  |
| <p>Briefly describe transition plan</p>   | <p>Remove old Analog ant., waveguide, TX, strobe light from Analog antenna, replace with new VHF Antenna ,Strobe light, and TX line. Remove old Analog TX, plate supply, BP filter; set new VHF Transmitter, TX Room only shared with KWHB- Separate UHF-antenna.</p> |

| <b>Transmitters</b> | <b>Section</b>                             | <b>Question</b>                                  | <b>Response</b> |
|---------------------|--|--|-----------------|
|                     | <p><b>Transmitter Related Expenses</b></p> | <p>Do you have transmitter related expenses?</p> | <p>Yes</p>      |

**Primary  
Transmitter**

**Add Transmitter Information**

| <b>Section</b>  | <b>Question</b>  | <b>Response</b>   |
|---|--|-------------------|
| <b>Existing Transmitter<br/>Description</b>           | Type of change   | Purchase<br>New   |
|   | Use  | Primary<br>(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<br/>Manufacturer and Type</b> | Manufacturer   |                   |
|   | Model  | NV-7250           |
|   | Year   | 2002              |
|   | Type   | Solid State       |
|   | Solid State Cooling  | Liquid<br>Cooled  |
|   | Solid State Power Capacity                                 | 3.45 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? | No   |
|                 | Manufacturer                              |  |
|                 | Model                                     | THV9   |
|                 | Transmitter Type                          | Solid State  |
|                 | Solid State Cooling                       | Liquid Cooled  |
|                 | Solid State Power capacity                | 3.9 kW   |
|                 | Justification for New Transmitter         | Cannot re-tune Rohde & Schwarz UHF Transmitter to VHF. Can't build out on 14 due to Land Mobile issues, so FCC granted CP Mod on Ch. 12 instead. Current Rohde & Schwarz UHF Transmitter is no longer supported. |

**Primary  
Transmitter**

**Other Transmitter Costs**

| Section | Question | Response |
|---------|----------|----------|
|---------|----------|----------|

|  |   |         |
|--|---|---------|
| <b>Electrical Service</b>  | Service Entrance (3 phases 800A 208V)   | No      |
|  | Switchgear (industrial 800 amp)   | Yes     |
|  | Transformer (480V)  | Yes     |
|  | Power   | 150 kVA |
|  | 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           |
|---|--|--------------------|
| <b>Existing Antenna Description</b>           | Type of change   | Purchase<br>New    |
|   | Antenna Use  | Primary<br>(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?                             | No                 |
|   | 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   | Horizontal         |
|   | Type   | Slotted<br>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)                                  | 50.0 kW            |

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|              |                  |
|--------------|------------------|
| Manufacturer |                  |
| Model        | SWEDT160M<br>/49 |
| Year         | 2002             |

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**Primary  
Antenna**

**New Antenna Costs**

| Section                                   | Question   | Response        |
|---|--|-----------------|
| <b>New Antenna Description</b>            | Use  | Primary (Main)  |
|   | Description of Use   | N/A             |
|   | Change Type  | Purchase New    |
|   | Is this a request for upgraded equipment?                            | No              |
|   | Ownership  | Owned           |
|   | Owner  | N/A             |
|   | Is antenna shared?   | No              |
|   | Is antenna directional?  | No              |
|   | Will antenna be located on or in close proximity to an antenna farm? | Yes             |
| <b>New Antenna Manufacturer and Types</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/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)                                      | 75.0 kW         |
| Manufacturer                              |  |                 |

|                               |   |
|-------------------------------|---|
| Model                         | THV-7A12-R O4   |
| Year                          | 2018  |
| Justification for New Antenna | Can't re-tune UHF Channel 49 antenna to VHF Channel 12. |

**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?  | No       |
|                                    | Broadband or Single Channel?  | N/A      |
|                                    | Feed Line Size  | N/A      |
| <b>Side Mount Brackets</b>         | Do you require the separate purchase of side mount brackets for a high power antenna?                       | 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**

| Name  | Description   |
|---|---|
| <b>Mounting bracket for top mount antenna</b> | Top Mount antenna needs a bracket to mount the antenna to a 4 foot thick concrete & steel shear wall. |

**Transmission  
Line**

| Section                               | Question  | Response |
|---------------------------------------|---|----------|
| Transmission Line<br>Related Expenses | Do you have transmission line related expenses? | Yes      |

**Primary  
Transmission  
Line**

**Add Transmission Line**

| Section   | Question   | Response           |
|---|--|--------------------|
| <b>Existing Transmission Line Description</b>           | Type of change   | Purchase<br>New    |
|   | Use  | Primary<br>(Main)  |
|   | Description of Use   | N/A                |
|   | Ownership  | Owned              |
|   | Owner  | N/A                |
|   | Site   | N/A                |
|   | Is this transmission currently shared with any other stations? | No                 |
|   | Is Transmission Line in operating condition?                   | Yes                |
| <b>Existing Transmission Line Manufacturer and Type</b> | Manufacturer   |                    |
|   | Type   | Flexible Air       |
|   | Diameter   | 1 5/8<br>inches    |
|   | Other Diameter   | N/A                |
|   | Segment Length   | N/A                |
|   | Other Segment Length   | N/A                |
|   | Number of parallel runs  | 1                  |
|   | Length   | 75 feet per<br>run |

**Primary  
Transmission  
Line**

**New Transmission Line**

| Section                            | Question                                  | Response   |
|------------------------------------|---|--|
| <b>New Transmission Line Costs</b> | Use                                       | Primary (Main)   |
|                                    | Description of Use                        | N/A  |
|                                    | Change Type                               | Purchase New   |
|                                    | Is this a request for upgraded equipment? | No   |
|                                    | Type                                      | Flexible Air   |
|                                    | Diameter                                  | 3 inches   |
|                                    | Other Diameter                            | N/A  |
|                                    | Segment Length                            | N/A  |
|                                    | Other Segment Length                      | N/A  |
|                                    | Number of parallel runs                   | 1  |
|                                    | Length                                    | 200 feet per run   |
|                                    | Justification for New Transmission Line   | Can't use existing line as it will be in use during testing time, as well as not in the location needed to mount the VHF Ch. 12 antenna. |

**Primary  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

| Section  | Question  | Response            |
|--|---|---------------------|
| <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?                         | Located on Building |
|  | 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?            | Unknown             |
|  | Is tower compliant with Rev G?                          | Unknown             |
| <b>Existing Tower Structure Registration</b>               | Do you have a tower registration number?                | Yes                 |
|  | ASR Number  | 1013337             |
| <b>Coordinates (NAD83 ( North American Datum of 1983))</b> | Latitude (NAD83)  | 36° 02' 35.0" N-    |
|  | Longitude (NAD83)                                       | 095° 57' 12.0" W-   |
|  | Overall Structure Height                                | 699.14 feet         |
|  | Support Structure Height                                | 662.07 feet         |

|  |                                 |
|--|---------------------------------|
| Ground Elevation Above Mean Sea Level (AMSL) | 623.68 feet                     |
| Structure Type                               | BANT - Building with an Antenna |
| Tower Owner                                  | ORAL ROBERTS UNIVERSITY         |
| Date Constructed                             | 08/01/1995                      |

**Primary Tower**

**Tower Modification Costs**

| Section              | Question   | Response                    |
|----------------------|--|-----------------------------|
| Engineering Study    | Please what type of engineering study is required, if any: | No study needed             |
| Tower Reinforcements | Please select whether tower reinforcements are needed:     | Minor Reinforcements needed |

**Primary Tower**

**Tower Rigging Costs**

| Section                      | Question                          | Response            |
|------------------------------|-----------------------------------|---------------------|
| Tower Rigging Costs          | Complex Tower                     | Located on Building |
| Helicopter Services Required | Are helicopter services required? | Yes                 |

**Primary Tower**

**Other Tower Expenses Not Listed**

| Name                     | Description  |
|--------------------------|--|
| Remove Analog 53 antenna | Need to remove Analog 53 Antenna and undocumented mount to make room for Ch. 12 antenna, replace strobe light. |



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**Remove Ch. 49 Antenna**

After transition to Ch. 12 need to remove Ch. 49 antenna and transmission line. along with waveguide from Analog antenna being removed to allow new VHF Antenna installation mount new LED Strobe on new VHF 12 antenna

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**Outside Professional Services Costs**

| Section   | Question   | Response  |
|---|--|---|
| <b>Outside Project Management Services</b>        | Do you require outside project management services?                          | Yes   |
|   | Number of Hours  | 643   |
|   | Explanation  | Planning/ CP Transition Pre-Planning, Planning and Construction, then commissioning after construction. Additionally, KGEB will hire an outside firm to facility to handle reimbursement filing and ensure a timely transition. |
| <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<br/>Outside Consulting<br/>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            | 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<br/>Services</b>   | Comprehensive coverage verification via field study        | Yes |
|  | RF exposure measurements                                   | Yes |
|  | Additional Field Engineering Service                       | No  |
|  | Number of Days   | N/A |
|  | Justification  | N/A |

**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

| Name   | Description  |
|--|--|
| <b>Attorney Fees Channel 14 Related Expenses</b> | Legal fees related to the station dealing with Channel 14 assignment |

**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   | 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)?        | Yes      |
|                                     | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes      |
|                                     | Does this relocation require Equipment Storage?  | Yes      |
|                                     | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?     | Yes      |
|                                     | Does this relocation require MVPD Notification of a Channel Change?  | Yes      |

**Other  
Expenses**

**Other Expenses Not Listed**

Information not provided.

**Cost Information**

**Transmitters**

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

| Description  | Predetermined Cost Estimate | Estimated Cost        | Estimated Cost Justification                                       | Actual Cost         | Actual Cost Justification |
|--|-----------------------------|-----------------------|--|---------------------|---------------------------|
| <b>Primary Transmitter THV9</b>  | <b>\$313,250.00</b>         | <b>\$257,129.06</b>   |  | <b>\$205,677.06</b> |                           |
| Transformer<br>3 phase<br>/480v - 150<br>KVA                                 | \$25,550.00                 | \$24,300.00           | N/A  | \$3,659.20          | N/A                       |
| Switchgear<br>- industrial<br>800 amp  | \$38,200.00                 | \$36,300.00           | Run<br>circuits for<br>THV-9<br>transmitter,<br>dummy<br>load, etc | \$5,488.80          | N/A                       |
| High VHF -<br>Liquid<br>Cooled<br>Solid State<br>Transmitter<br>3.3 . 6.5 kW | \$249,500.00                | \$196,529.06          | N/A  | \$196,529.06        | N/A                       |
| <b>Sub-total</b>   | <b>\$313,250.00</b>         | <b>\$257,129.06</b>   | <b>N/A</b>   | <b>\$205,677.06</b> | <b>N/A</b>                |
| <b>Total for all systems</b>   | <b>\$1,803,005.40</b>       | <b>\$1,123,451.04</b> | <b>N/A</b>   | <b>\$598,858.33</b> | <b>N/A</b>                |

**Components**

| Actual Information                    |   |
|---------------------------------------|---|
| Description                           | File Name   |
| Transformer 3 phase/480v -<br>150 KVA | <p><b>Component Description:</b> Electrical Work done at CityPlex Towers</p> <p><b>Amount:</b> \$3,659.20</p> |

|   |   |
|---|---|
| Switchgear - industrial 800 amp                               | <p><b>Component Description:</b> KGEB-110-1st Primary Transmitter - 800 amp. Switchgear</p> <p><b>Amount:</b> \$5,488.80</p>  |
| High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW | <p><b>Component Description:</b> 25% down payment Transmitter THV9-3</p> <p><b>Amount:</b> \$49,132.27</p><br><p><b>Component Description:</b> DP 75% net 30 after invoice</p> <p><b>Amount:</b> \$147,396.79</p> |



**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>Primary Antenna THV-7A12-R O4</b>   | <b>\$431,528.20</b>         | <b>\$248,775.28</b> |   | <b>\$151,082.73</b> |                           |
| High-VHF, One station antenna -- top mount, elliptically or circularly polarized | \$393,500.00                | \$211,077.08        | DTVPros Quote JEHQ1425 & GTI America, Inc., Invoice # 2408.   | \$136,507.73        | invoices received         |
| Mounting bracket for top mount antenna   | <i>\$31,298.20</i>          | \$31,298.20         | ANSI Certified mounting bracket for Top Mounted Antenna to Concrete reinforced Shear wall. Current Mount from 1995 does not meet current standards Final Estimate increased due to design change and cost of steel. | \$8,175.00          | N/A                       |

|                                |                |                |     |              |     |
|--------------------------------|----------------|----------------|-----|--------------|-----|
| Sweep test of existing antenna | \$6,730.00     | \$6,400.00     | N/A | \$6,400.00   | N/A |
| <b>Sub-total</b>               | \$431,528.20   | \$248,775.28   | N/A | \$151,082.73 | N/A |
| <b>Total for all systems</b>   | \$1,803,005.40 | \$1,123,451.04 | N/A | \$598,858.33 | N/A |

## Components

| Actual Information   |                               |  |
|--|-------------------------------|--|
| Description  | File Name                     |  |
| High-VHF, One station antenna -- top mount, elliptically or circularly polarized | <b>Component Description:</b> | High VHF   |
|  | <b>Amount:</b>                | \$74,569.35  |
|  | <b>Component Description:</b> | High VHF TV ANT THV 7A 12-R VP-04 H-POL Pricing  |
|  | <b>Amount:</b>                | \$113,334.53   |
|  | <b>Component Description:</b> | Fabricate antenna wall mounting bracket pedestals in accordance with Hodge structural engineers drawing 17082. |
|  | <b>Amount:</b>                | \$23,173.20  |

|   |   |
|---|---|
| <p>Mounting bracket for top mount antenna</p> | <p><b>Component Description:</b> Planning/ Construction</p> <p><b>Amount:</b> \$1,050.00</p><br><p><b>Component Description:</b> Professional services</p> <p><b>Amount:</b> \$1,000.00</p><br><p><b>Component Description:</b> TV Antenna Wall Mounting Bracket Design</p> <p><b>Amount:</b> \$2,125.00</p><br><p><b>Component Description:</b> TV Antenna Wall MOUNTing Bracket Design</p> <p><b>Amount:</b> \$2,125.00</p><br><p><b>Component Description:</b> TV Antenna Wall Mounting Bracket Design</p> <p><b>Amount:</b> \$2,500.00</p><br><p><b>Component Description:</b> Professional services for antenna</p> <p><b>Amount:</b> \$375.00</p> |
| <p>Sweep test of existing antenna</p>         | <p><b>Component Description:</b> Primary Antenna-Sweep Test of Existing Antenna</p> <p><b>Amount:</b> \$6,400.00</p>  |

**Cost Information**

**Transmission Line**

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

| Description                                     | Predetermined Cost Estimate | Estimated Cost        | Estimated Cost Justification  | Actual Cost         | Actual Cost Justification |
|---|-----------------------------|-----------------------|---|---------------------|---------------------------|
| <b>Primary Transmission Line</b>                | <b>\$11,800.00</b>          | <b>\$22,298.24</b>    |   | <b>\$16,645.70</b>  |                           |
| Flexible Air Transmission Line - dielectric, 3" | \$11,800.00                 | \$22,298.24           | DTVPros quote JEHQ1425, Invoice 165B which includes overnight shipping. See the Transmission Line justification letter. | \$16,645.70         | N/A                       |
| <b>Sub-total</b>                                | <b>\$11,800.00</b>          | <b>\$22,298.24</b>    | N/A   | <b>\$16,645.70</b>  | N/A                       |
| <b>Total for all systems</b>                    | <b>\$1,803,005.40</b>       | <b>\$1,123,451.04</b> | N/A   | <b>\$598,858.33</b> | N/A                       |

**Components**

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

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Flexible Air Transmission  
Line - dielectric, 3"

**Component Description:** Primary  
Transmission Line-  
3" Flexible Air  
**Amount:** \$12,066.15

**Component Description:** Primary  
Transmission  
Line- 3" Flexible  
Air  
**Amount:** \$4,172.01

**Component Description:** New Primary  
Transmission Line  
**Amount:** \$4,579.55

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**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 BANT</b>                | <b>\$778,750.00</b>         | <b>\$337,460.26</b> |   | <b>\$128,696.26</b> |                           |
| Minor tower reinforcement /modifications | \$158,000.00                | \$15,000.00         | N/A   | \$4,486.00          | N/A                       |
| Remove Ch. 49 Antenna                    | <i>\$71,275.00</i>          | \$71,275.00         | Remove DT-49 antenna after sign off, remove Heliac line and cover Heliac line hole in steel cover, clean up roof top. | N/A                 | N/A                       |
| Remove Analog 53 antenna                 | <i>\$2,400.00</i>           | \$2,400.00          | Removal of Analog antenna incorporated in Helicopter lift quote.  | N/A                 | N/A                       |

|  |                     |                     |   |                     |     |
|--|---------------------|---------------------|---|---------------------|-----|
| Tower<br>Helicopter Lift   | <b>\$126,075.00</b> | \$126,075.00        | Remove old Antenna Ch. 53 Analog, Prep wall for new TIAA/ ANSI compliant antenna mount. Hang and rig new VHF Ch. 12 Digital Antenna with new strobe , Lift old TX Heat ex.Lift new TX Heat ex. Run 3" Heliac from transmitter room to new Ch. 12 antenna. | \$1,500.00          | N/A |
| Complex Tower<br>(includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00        | \$122,710.26        | X-Ray analysis of 4 foot thick Shear Wall, concrete core drilling for attachment. Site Survey of roof shear Wall by antenna installation company to verify path of transmission line to new antenna mount location.                                       | \$122,710.26        | Z   |
| <b>Sub-total</b>   | <b>\$778,750.00</b> | <b>\$337,460.26</b> | N/A   | <b>\$128,696.26</b> | N/A |

|                              |                |                |     |              |     |
|------------------------------|----------------|----------------|-----|--------------|-----|
| <b>Total for all systems</b> | \$1,803,005.40 | \$1,123,451.04 | N/A | \$598,858.33 | N/A |
|------------------------------|----------------|----------------|-----|--------------|-----|

## Components

| Actual Information                       |   |
|--|---|
| Description                              | File Name   |
| Minor tower reinforcement /modifications | <p><b>Component Description:</b> Travel and site visit to inspect proposed antenna installation for DTV Repack work, consultation on installation procedures, engineering and cost related to this work.</p> <p><b>Amount:</b> \$3,000.00</p> <p><b>Component Description:</b> Professional Engineering Services</p> <p><b>Amount:</b> \$1,486.00</p> |
| Remove Ch. 49 Antenna                    | Information not provided.   |
| Remove Analog 53 antenna                 | Information not provided.   |
| Tower Helicopter Lift                    | <p><b>Component Description:</b> Existing Primary Tower - Helicopter Lift</p> <p><b>Amount:</b> \$1,500.00</p>  |



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Complex Tower (includes, for example, those with candelabras and/or stacked antennas)

**Component Description:** Tower Rigging Services  
**Amount:** \$86,032.69

**Component Description:** Tower rigging services - tall tower (greater than 500')  
**Amount:** \$36,677.57

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**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>\$238,874.00</b>         | <b>\$229,550.00</b> |  | <b>\$82,483.13</b> |  |
| Attorney Fees Channel 14 Related Expenses   | <i>\$5,000.00</i>           | \$5,000.00          | Estimated cost   | \$3,302.00         | 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  |
| Prepare and or review reimbursement form  | \$2,630.00                  | \$2,500.00          | N/A  | \$574.00           | N/A  |
| Project management of the transition  | \$101,594.00                | \$99,675.00         | Increased per Justifying Quote - KGEB Strategic Support Quote Widelity | \$58,046.70        | Final work for project management will be submitted upon completion of Antenna installation. |
| RF Exposure Measurements  | \$21,050.00                 | \$10,000.00         | N/A  | \$1,950.00         | N/A  |
| Comprehensive coverage verification via field study, if needed                      | \$84,200.00                 | \$80,000.00         | N/A  | \$1,223.43         | N/A  |

|  |            |             |  |             |                      |
|--|------------|-------------|--|-------------|----------------------|
| Perform engineering study for new channel assignment and antenna development         | \$7,360.00 | \$16,625.00 | Additional studies needed to prove which channels were suitable to construct on due to inability to construct on Ch. 14 due to LM interference with two LM licensees on roof of antenna location. Ch. 14 should not have been assigned in the first place. | \$16,625.00 | Awaiting explanation |
| Address transition timing and coordination issues w/ other stations and wireless     | \$2,630.00 | \$2,500.00  | N/A  | N/A         | N/A                  |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00  | N/A  | N/A         | N/A                  |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application    | \$1,580.00 | \$1,500.00  | N/A  | N/A         | N/A                  |

|  |                |                |  |              |     |
|--|----------------|----------------|--|--------------|-----|
| Prepare request for Special Temporary Authorization                                    | \$2,050.00     | \$1,500.00     | Needed STA due to inability to construct on UHF 14 due to Land Mobile Interference issues. Needed STA to allow time to prepare CP Major Mod for move to VHF Ch. 12 | \$190.00     | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00     | \$5,000.00     | N/A  | \$572.00     | N/A |
| <b>Sub-total</b>   | \$238,874.00   | \$229,550.00   | N/A  | \$82,483.13  | N/A |
| <b>Total for all systems</b>   | \$1,803,005.40 | \$1,123,451.04 | N/A  | \$598,858.33 | N/A |

### Components

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

|   |   |
|---|---|
| Attorney Fees Channel 14<br>Related Expenses  | <b>Component Description:</b> Channel 14<br>Related Issues<br><b>Amount:</b> \$650.00                 |
|   | <b>Component Description:</b> Attorney - Channel<br>14 Related<br>Expenses<br><b>Amount:</b> \$364.00 |
|   | <b>Component Description:</b> Channel 14<br>Related Issues<br><b>Amount:</b> \$1,482.00               |
|   | <b>Component Description:</b> Channel 14 Issues<br><b>Amount:</b> \$650.00                            |
|   | <b>Component Description:</b> Channel 14 Issues<br><b>Amount:</b> \$156.00                            |
| Attorney Fees -Prepare<br>and File FCC Form 2100<br>(main), License to Cover<br>Application | <b>Component Description:</b> Legal services<br><b>Amount:</b> \$767.00                               |
|   | <b>Component Description:</b> Legal services<br><b>Amount:</b> \$1,131.00                             |

|   |  |
|---|--|
| <p>Prepare and or review reimbursement form</p> | <p><b>Component Description:</b> Prepare and Review Reimbursement Form</p> <p><b>Amount:</b> \$494.00</p> <p><b>Component Description:</b> Prepare and Review Reimbursement Form</p> <p><b>Amount:</b> \$80.00</p>   |
| <p>Project management of the transition</p>     | <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$1,096.25</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$3,114.35</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$1,551.25</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$2,671.65</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$2,386.30</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$78.00</p> |

**Component Description:** Project  
Management  
**Amount:** \$286.00

**Component Description:** Project  
Management  
**Amount:** \$2,500.40

**Component Description:** Project  
Management  
**Amount:** \$4,482.80

**Component Description:** Project  
Management  
**Amount:** \$6,904.70

**Component Description:** Project  
management  
**Amount:** \$3,661.10

**Component Description:** Project  
Management  
**Amount:** \$754.00

**Component Description:** 399 processing  
**Amount:** \$156.00

**Component Description:** Project  
Management  
**Amount:** \$1,144.00

**Component Description:** Project  
Management  
**Amount:** \$591.25

**Component Description:** Project  
Management  
**Amount:** \$744.00

**Component Description:** Project  
Management  
**Amount:** \$2,178.20

**Component Description:** Project  
Management  
**Amount:** \$5,012.60

**Component Description:** Project  
Management  
**Amount:** \$2,839.25

**Component Description:** Project  
management  
**Amount:** \$2,454.70

**Component Description:** Project  
Management  
**Amount:** \$2,817.35

**Component Description:** Project  
Management  
**Amount:** \$3,161.40

**Component Description:** Project  
Management  
**Amount:** \$2,558.40

**Component Description:** Project  
Management  
**Amount:** \$832.00



|  |  |
|--|--|
|  | <p><b>Component Description:</b> Planning CP Site visit - Transition Preplanning Revised to show cost split for travel expenses between KGEB &amp; KWHB</p> <p><b>Amount:</b> \$1,200.00</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$2,870.75</p>                  |
| RF Exposure Measurements   | <p><b>Component Description:</b> MPE Study Line 2 - Report is complete</p> <p><b>Amount:</b> \$1,950.00</p>  |
| Comprehensive coverage verification via field study, if needed               | <p><b>Component Description:</b> Cityplex Towers Antenna Mount Pull Test</p> <p><b>Amount:</b> \$1,223.43</p>  |
| Perform engineering study for new channel assignment and antenna development | <p><b>Component Description:</b> Eng. study work for new ch14 assignment development. Conduct a search of the VHF and UHF bands to determine the availability of an alternate channel. Prepare early transition waiver supporting statement. Prep app for ch. 12.</p> <p><b>Amount:</b> \$5,500.00</p> |

**Component Description:** Engineering study work for new channel 14 assignment and antenna development. Conduct a search of the VHF & UHF bands to determine the availability of an alternate channel.

**Amount:** \$2,625.00

**Component Description:** Auction Repack Work: Engineering study work for new channel 14 assignment and antenna development. Conduct a search of the VHF and UHF bands to determine the availability of an alternate channel.

**Amount:** \$2,500.00

**Component Description:** RF Consulting Engineering to determine correct mask filter to avoid interference.

**Amount:** \$5,000.00

**Component Description:** Study potential for KGEB to operate on VHF Channel 12

**Amount:** \$1,000.00

Address transition timing and coordination issues w/ other stations and wireless

Information not provided.

|   |  |  |
|---|--|--|
| <p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>   | <p>Information not provided.</p>   |  |
| <p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>      | <p>Information not provided.</p>   |  |
| <p>Prepare request for Special Temporary Authorization</p>                                    | <p><b>Component Description:</b></p><br><p><b>Amount:</b></p>  | <p>FCC Filing Fee, Special Temporary Authorization (STA)<br/>\$190.00</p>  |
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <p><b>Component Description:</b></p><br><p><b>Amount:</b></p><br><p><b>Component Description:</b></p><br><p><b>Amount:</b></p> | <p>Form 2100 - Construction Permit Application<br/>\$468.00</p><br><p>Form 2100 - Construction Permit Application<br/>\$104.00</p> |

**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>\$28,803.20</b>          | <b>\$28,238.20</b> |   | <b>\$12,315.20</b> |                           |
| MVPD Notification of Channel Change                                      | <i>\$2,723.20</i>           | \$2,723.20         | postage and certified letters to MVPD for channel change. See attached invoice.                   | \$2,723.20         | N/A                       |
| Develop and air announcement of upcoming channel change                  | <i>\$500.00</i>             | \$500.00           | Voice over talent fees for MVPD spots   | N/A                | N/A                       |
| Equipment Storage  | <i>\$3,000.00</i>           | \$3,000.00         | N/A   | \$2,400.00         | N/A                       |
| Equipment Delivery and Handling Charges                                  | <i>\$5,000.00</i>           | \$5,000.00         | Estimate to deliver transmitter, antenna, transmission line, and antenna mount                    | \$0.00             | N/A                       |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$5,000.00</i>           | \$5,000.00         | Disposal of analog I transmitter, bandpass filter, to facilitate installation in transmitter room | \$3,700.00         | N/A                       |

|   |                 |                |  |              |     |
|---|-----------------|----------------|--|--------------|-----|
| Local Zoning  | <i>\$500.00</i> | \$500.00       | estimated cost for zoning permits  | \$0.00       | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00        | \$190.00       | STA # 0000024881 / Document # PGC2960746 - filed due to inability to construct on assigned Channel 14 due to Land Mobile interference issues on tower. | \$0.00       | N/A |
| FCC Filing Fees - Form 2100 license to cover application  | \$335.00        | \$325.00       | N/A  | N/A          | N/A |
| DTV Medical Facility Notification                         | \$11,550.00     | \$11,000.00    | N/A  | \$3,492.00   | N/A |
| <b>Sub-total</b>  | \$28,803.20     | \$28,238.20    | N/A  | \$12,315.20  | N/A |
| <b>Total for all systems</b>                              | \$1,803,005.40  | \$1,123,451.04 | N/A  | \$598,858.33 | N/A |

### Components

| Actual Information                  |  |
|-------------------------------------|--|
| Description                         | File Name  |
| MVPD Notification of Channel Change | <p><b>Component Description:</b> MVPD Notification Services</p> <p><b>Amount:</b> \$2,723.20</p> |

|  |   |
|--|---|
| Develop and air announcement of upcoming channel change                  | <p><b>Component Description:</b> Bill Lee Public Notice - KGEB at ORU</p> <p><b>Amount:</b> \$60.25</p>   |
| Equipment Storage  | <p><b>Component Description:</b> Equipment Storage</p> <p><b>Amount:</b> \$2,400.00</p>   |
| Equipment Delivery and Handling Charges                                  | <p><b>Component Description:</b> Electrical work to remove and dispose of (1) 4KVA dry type transformer, (3) cabinet units and (1) rack</p> <p><b>Amount:</b> \$3,700.00</p>                    |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <p><b>Component Description:</b> Electrical work to remove and dispose of (1) 4KVA dry type transformer, (3) cabinet units and (1) rack mounted pump unit.</p> <p><b>Amount:</b> \$3,700.00</p> |
| Local Zoning   | Information not provided.   |
| FCC Filing Fees - Special Temporary Authorization request                | <p><b>Component Description:</b> FCC Filing Fee, Special Temporary Authorization (STA)</p> <p><b>Amount:</b> \$190.00</p>   |

|  |   |                               |   |                |            |
|--|---|-------------------------------|---|----------------|------------|
| FCC Filing Fees - Form 2100 license to cover application | Information not provided.   |                               |   |                |            |
| DTV Medical Facility Notification                        | <table><tr><td data-bbox="699 248 1145 517"><b>Component Description:</b></td><td data-bbox="1145 248 1433 517">Notification of Medical Facilities - transmitter medical facility notification.</td></tr><tr><td data-bbox="699 517 1145 620"><b>Amount:</b></td><td data-bbox="1145 517 1433 620">\$3,492.00</td></tr></table> | <b>Component Description:</b> | Notification of Medical Facilities - transmitter medical facility notification. | <b>Amount:</b> | \$3,492.00 |
| <b>Component Description:</b>                            | Notification of Medical Facilities - transmitter medical facility notification.   |                               |   |                |            |
| <b>Amount:</b>   | \$3,492.00  |                               |   |                |            |

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

|                              | <b>Predetermined<br/>Cost Estimate</b> | <b>Estimated Cost</b> | <b>Actual Cost</b> |
|------------------------------|--|-----------------------|--------------------|
| <b>Total for all systems</b> | \$1,803,005.40                         | \$1,123,451.04        | \$598,858.33       |

**Reimbursement Status**

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



| Certification | Section   | Question  | Response |
|---------------|---|---|----------|
|               | <p><b>Submission of Estimated Expenses Statements</b></p> | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>   |          |
|               |   | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol> |          |

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

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

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

**Laura Bishop**  
*Vice President*

10/28/2019

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

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

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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

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

**Laura  
Bishop**  
*Vice  
President*

10/28/2019

## Attachments