



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **66781-18-54679** | Service: **DRT** | Call **KIRO-TV** | Channel:
ID: | Sign:
18 (UHF) | File **0000089620**
Number:
FRN: **0014361620** | Eligibility **Eligible** | Date **11/14**
Status: | Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KIRO-TV, INC. Doing Business As: KIRO-TV, INC.	Chief Engineer 2807 THIRD AVENUE SEATTLE, WA 98121 United States	+1 (206) 728-7777	knealey@kIRO7. com	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
Keith Nealey <i>Engineering Manager</i> <i>KIRO-TV, INC</i>	Chief Engineer 2807 THIRD AVENUE SEATTLE, WA 98121 United States	+1 (206) 728- 7777	knealey@kIRO7. 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	New 220v power circuits will be installed with existing 110v circuits. We will install new transmitter and antenna alongside existing equipment. Once testing is completed we will move existing feed line onto new transmitter and antenna.

Transmitters

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	MX100U
	Year	2005
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	100 W

**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	UAXTE-1P-C-200W
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	200 W
	Justification for New Transmitter	Displacement location is within the predicted noise-limited contour and predicted interference greater than 0.5 percent to post spectrum repack for KWDK on channel 34 which is being repacked from channel 42.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs		

	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	Yes
	Description	Add 220V breakers and outlets to existing service panel
HVAC Service	Does the replacement transmitter require HVAC Service?	No
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

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)
	Ownership	Owned
	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	Mounting	Side Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	2
	Design power capacity in use	100.0 %
	Lower Limit	590.00 MHz
	Upper Limit	596.00 MHz
	ERP: (Effective Radiated Power)	0.5 kW
	Manufacturer	
	Model	1X2KBBU
	Year	2010

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	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	Mounting	Side Mount
	Antenna position in stack	Bottom
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	2
	Lower Limit	470.00 MHz
	Upper Limit	500.00 MHz
	Design power capacity in use	50.0 %
	ERP: (Effective Radiated Power)	5.0 kW
	Manufacturer	
	Model	4DR-4-2HW
	Year	2018
Justification for New Antenna	Current antenna is not retunable	

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
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?	No
Power Dividers	Does the panel antenna require power dividers?	Yes
	Number of Power Dividers	1
Cable Harness	Does the panel antenna require cable harness?	No

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Scala Connectors	Antenna-specific cables and connectors

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

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

Primary Tower	Existing Tower		
	Section	Question	Response
Existing Tower Description	Type of change		Move Equipment
	Tower Use		Primary (Main)
	Ownership		Leased
	Is this tower consider Complex?		No
	Is this tower currently shared with any other stations?		No
	Is tower documented for structural analysis?		Unknown
	Is tower compliant with Rev G?		Unknown
Existing Tower Structure Registration	Do you have a tower registration number?		Yes
	ASR Number		1202500
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)		47° 00' 56.2" N-
	Longitude (NAD83)		122° 55' 03.5" W-
	Overall Structure Height		192.91 feet
	Support Structure Height		185.04 feet
	Ground Elevation Above Mean Sea Level (AMSL)		418.96 feet

Structure Type	MTOWER - Monopole
Tower Owner	CCATT LLC
Date Constructed	09/30/2006

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

Information not provided.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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	No
	Prepare Form 601	No
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	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	No
Form 399 assistance or other program management costs	No	

RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No

Other Professional Services Expenses Not Listed

Outside Professional Services Costs Information not provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
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?	No
	Does this relocation require Equipment Storage?	No
Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

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 UAXTE-1P-C-200W	\$25,800.00	\$24,500.00		\$25,086.46	
Other Electrical Service: Add 220V breakers and outlets to existing service panel	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$23,000.00	N/A	\$25,086.46	Freight and tax have been added
Sub-total	\$25,800.00	\$24,500.00	N/A	\$25,086.46	N/A
Total for all systems	\$161,447.50	\$44,600.00	N/A	\$43,491.50	N/A

Components

Actual Information	
Description	File Name
Other Electrical Service: Add 220V breakers and outlets to existing service panel	Information not provided.

UHF - Air Cooled Solid State
Transmitter 160 - 300 Watts

Component Description:

Tranmitter, Mask,
assembly kit.

Freight and tax
have been added

Amount:

\$25,086.46

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
Primary Antenna 4DR-4-2HW	\$5,200.00	\$3,500.00		\$3,318.28	
Scala Connectors	<i>\$400.00</i>	\$400.00	N/A	\$374.00	N/A
UHF Broadband panel antenna (per panel), horizontally-polarized	\$3,500.00	\$2,500.00	N/A	\$2,350.28	N/A
Power Dividers (each, for panel antenna system, if not included in antenna cost)	\$1,300.00	\$600.00	N/A	\$594.00	N/A
Sub-total	\$5,200.00	\$3,500.00	N/A	\$3,318.28	N/A
Total for all systems	\$161,447.50	\$44,600.00	N/A	\$43,491.50	N/A

Components

Actual Information	
Description	File Name
Scala Connectors	<p>Component Description: Antenna-specific cable and connectors</p> <p>Amount: \$374.00</p>

UHF Broadband panel antenna (per panel), horizontally-polarized	Component Description:	Antenna plus freight and 10.1 pct Seattle tax
	Amount:	\$2,350.28
Power Dividers (each, for panel antenna system, if not included in antenna cost)	Component Description:	Power Divider portion of invoice
	Amount:	\$594.00

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 MTOWER	\$56,190.00	\$5,000.00		\$5,082.45	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$5,000.00	N/A	\$5,082.45	Includes Washington State sales tax of \$432.45
Sub-total	\$56,190.00	\$5,000.00	N/A	\$5,082.45	N/A
Total for all systems	\$161,447.50	\$44,600.00	N/A	\$43,491.50	N/A

Components

Actual Information Description	File Name
Tower Rigging Short Tower (less than 500')	<p>Component Description: Replacing panel antennas on monopole</p> <p>Amount: \$5,082.45</p>

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$74,257.50	\$11,600.00		\$10,004.31	
RF Exposure Measurements	\$12,100.00	\$200.00	N/A	\$75.00	N/A
Comprehensive coverage verification via field study, if needed	\$52,600.00	\$6,000.00	N/A	\$5,712.15	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$500.00	N/A	\$0.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$1,500.00	N/A	\$1,093.92	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$300.00	N/A	\$300.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$1,500.00	N/A	\$1,317.86	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,600.00	N/A	\$1,505.38	N/A
Sub-total	\$74,257.50	\$11,600.00	N/A	\$10,004.31	N/A
Total for all systems	\$161,447.50	\$44,600.00	N/A	\$43,491.50	N/A

Components

Actual Information	
Description	File Name
RF Exposure Measurements	<p>Component Description: RF exposure portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</p> <p>Amount: \$75.00</p>
Comprehensive coverage verification via field study, if needed	<p>Component Description: RF study portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</p> <p>Amount: \$5,712.15</p>

<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Component Description:</p>	<p>Legal LTC application portion of Olympia translator - See Cooley 399 costs worksheet - Olympia.pdf</p>
	<p>Amount:</p>	<p>N/A</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description:</p>	<p>Legal CP application portion of Olympia translator - See Cooley 399 costs worksheet - Olympia.pdf</p>
	<p>Amount:</p>	<p>\$1,093.92</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Component Description:</p>	<p>RF LTC application portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</p>
	<p>Amount:</p>	<p>\$300.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description:</p>	<p>RF CP application portion of Olympia translator - See Merrill Weiss 399 costs worksheet - Olympia.pdf</p>
	<p>Amount:</p>	<p>\$1,317.86</p>

Perform engineering study
for displacement application

Component Description:

RF displacement
study portion of
Olympia translator
- See Merrill Weiss
399 costs
worksheet -
Olympia.pdf

Amount:

\$1,505.38

**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	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$161,447.50	\$44,600.00	N/A	\$43,491.50	N/A

Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$161,447.50	\$44,600.00	\$43,491.50

Reimbursement Status

Question	Response
The facility has ceased operating on its pre-auction channel.	Yes
Construction of final facilities or all necessary modifications are complete.	Yes
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>Submission of Estimated Expenses Statements</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"> 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.

**Keith
Nealey**
*Engineering
Manager*

11/14/2019

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 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.

**Keith
Nealey**
*Engineering
Manager*

11/14/2019

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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 data-bbox="758 772 1037 1456">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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. <li data-bbox="758 1478 1037 1758">2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Keith
Nealey**
*Engineering
Manager*

11/14/2019

Attachments