



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **30601** | Service: **DTV** | Call **KHRR** | Channel: **16 (UHF)** |  
ID: | Sign:  
File **0000028472**  
Number:  
FRN: **0019509470** | Date **07/28**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NBC TELEMUNDO LICENSE LLC</b>	Margaret Tobey 300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524- 6401	MARGARET. TOBEY@NBCUNI. COM	Limited Liability Company

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

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

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	A broadband interim panel antenna will be installed to allow the current DTV antenna to be removed and replaced with one for the new channel. A new interim facility will maintain coverage while the main antenna is replaced and transmitter retuned.

**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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Rohde & Schwarz

Model	NV-8610V
Year	2011
Type	Solid State
Solid State Cooling	Liquid Cooled
Solid State Power capacity	7.55 kW

**Primary Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	10 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Transformer - 75 KVA K13 480 /400Y-230

<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.

**Interim Transmitter** **New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase
	Manufacturer	
	Model	THU9-8
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	11.9 kW

	Justification for New Transmitter	New Transmitter required to maintain coverage while work is done on main antenna and transmitter
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**Interim Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A

	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A
<b>Inside RF System</b>	Is an additional interior RF system required to support this interim transmitter?	Yes

Interim Transmitter

Other Transmitter Cost Not Listed

Name		Description
System Installation		Interim Transmitter Installation including cooling & electrical work

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	366.0 kW



Manufacturer	
Model	ATW25H5- HTCX-40S
Year	1985

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?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	235.0 kW
	Manufacturer	

Model	TFU-14ETT /VP-R 4C230
Year	2018
Justification for New Antenna	New antenna is required because the current antenna is designed for our current channel (40)

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

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

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Paint Blue</b>	Due to local restrictions, all equipment must be painted a specific blue color.
<b>Antenna Input Adapter</b>	Input Adapter

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels/Bays	5
	Lower Limit	470.00 MHz
	Upper Limit	698.00 MHz
	Design power capacity in use	50.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	300.0 kW
	Manufacturer	
	Model	TUA-C2-5 /10H-1-S
	Year	2018

	Justification for New Antenna	New interim antenna required to maintain coverage while main antenna is replaced
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## Interim Antenna

### Other Antenna Costs

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	S
	Feed Line Size	4 1/16 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

## Interim Antenna

### Other Antenna Cost Not Listed

Information not provided.

**Transmission Line**

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

**Primary Transmission Line****Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Andrew
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	260 feet per run

Primary  
Transmission Line

Other Transmission Line Expenses Not Listed

No information not provided.

Interim  
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	475 feet per run
	Justification for New Transmission Line	New line required to feed new interim antenna

Interim  
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Paint Blue	Due to local restrictions, all equipment must be painted a specific blue color.



**Tower  
Equipment  
And  
Rigging  
Costs**

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

**Auxiliary  
Tower**

**Add Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Auxiliary (Backup)
	Description of Use	Used during transition to maintain coverage
	Ownership	Leased
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1218276
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	32° 14' 57.0" N-
	Longitude (NAD83)	111° 07' 00.9" W-
	Overall Structure Height	210.96 feet
	Support Structure Height	152.89 feet

Ground Elevation Above Mean Sea Level (AMSL)	4351.98 feet
Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Towers, LLC.
Date Constructed	01/26/1998

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

Facility ID	Call Sign	Service
36022	KZLZ	FM
56053	KHYT	FM

## Auxiliary Tower

### Tower Modification Costs

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

## Auxiliary Tower

### Tower Rigging Costs

Section	Question	Response
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<b>Tower Rigging Costs</b>	Complex Tower	Terrain constrained
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Auxiliary  
Tower**

**Other Tower Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Interim License Fee</b>	Temporary Site License fee for use of tower for interim antenna during repack transition
<b>Tower Permit Drawing Package</b>	Ground & Building A&E Permit Drawing Package (Cost per customer)
<b>Structural engineering tower load study for documented tower</b>	Conduct structural analysis for tower reinforcements

## Primary Tower

### Existing Tower

Section	Question	Response
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	No
	ASR Number	
<b>Coordinates (NAD83 (North American Datum of 1983))</b>	Latitude (NAD83)	32° 14' 55.8" N-
	Longitude (NAD83)	111° 06' 59.1" W-
	Overall Structure Height	196.90 feet
	Support Structure Height	159.10 feet
	Ground Elevation Above Mean Sea Level (AMSL)	4375.00 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
	Tower Owner	American Tower, LLC

	Date Constructed	01/26/1998
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**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
36022	KZLZ	FM

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
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	Terrain constrained
Helicopter Services Required	Are helicopter services required?	Yes

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Tower Permit Drawling Package	Ground & Building A&E Permit Drawing Package (Cost per customer)

<b>Structural engineering tower load study for documented tower</b>	Conduct structural analysis for tower reinforcements
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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	1040
	Explanation	Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A

	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	30



	Justification	Ground Level RF design for primary and interim systems
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
If provided, please provide details of other professional services not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	Information not provided.

## Cost Information

### Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Interim Transmitter THU9-8</b>	<b>\$764,859.71</b>	<b>\$501,317.73</b>		<b>\$466,778.16</b>	
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$354,354.42	See item 1 of attached quote "KHRR Transmitter Quote Updated 9-11", plus 7.56% sales tax	\$354,354.42	N/A
UHF inside RF system including switching	\$147,500.00	\$24,103.60	6,962.00 switching	N/A	N/A
System Installation	<b>\$122,859.71</b>	\$122,859.71	See 2nd item of Marsand quote, plus added cost from invoice for interim filter install	\$112,423.74	N/A
<b>Primary Transmitter NV-8610V</b>	<b>\$118,397.00</b>	<b>\$57,296.89</b>		<b>\$4,887.00</b>	
UHF and VHF - minor banding issues	\$105,200.00	\$52,409.89	N/A	N/A	N/A
10 kW mask filter	\$8,310.00	\$0.00	included in transmitter install	N/A	N/A

Other Electrical Service: Transformer - 75 KVA K13 480 /400Y-230	<b>\$4,887.00</b>	\$4,887.00	See attached invoice.	\$4,887.00	N/A
<b>Sub-total</b>	\$883,256.71	\$558,614.62	N/A	\$471,665.16	N/A
<b>Total for all systems</b>	\$3,328,858.66	\$2,046,942.72	N/A	\$1,386,529.62	N/A

## Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	<p><b>Component Description:</b></p> <p>Updated invoice with cover letter explaining why amount asked for reimbursement is less than the total. See first item of invoice plus a portion of the tax. See attached explanation of variance for line 2.</p> <p><b>Amount:</b></p> <p>\$354,354.42</p>
UHF inside RF system including switching	Information not provided.

System Installation	<b>Component Description:</b> Invoice sent as an addition to work outlined in existing PO <b>Amount:</b> \$18,500.00	
	<b>Component Description:</b> See 2nd line of invoice. <b>Amount:</b> \$41,743.88	
	<b>Component Description:</b> See 2nd item of invoice. <b>Amount:</b> \$10,435.97	
	<b>Component Description:</b> See 2nd item of invoice <b>Amount:</b> \$52,179.86	
UHF and VHF - minor banding issues	Information not provided.	
10 kW mask filter	Information not provided.	
Other Electrical Service: Transformer - 75 KVA K13 480/400Y-230	<b>Component Description:</b> Transformer <b>Amount:</b> \$4,887.00	

## Cost Information

### Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Interim Antenna TUA-C2-5 /10H-1-S</b>	<b>\$371,790.35</b>	<b>\$353,005.35</b>		<b>\$106,926.76</b>	
UHF – Broadband Panel, Side Mount Auxiliary /Interim, 300 horizontally polarized	<i>\$97,882.50</i>	\$97,882.50	Required to maintain service to current audience during transition between removal of existing main and completion of channel change.	\$88,094.26	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$16,425.00	N/A	\$14,782.50	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$0.00	N/A	\$0.00	N/A

Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$4,500.00	See 3rd item of Marsand quote.	\$4,050.00	N/A
UHF â€“ Broadband Panel, Side Mount Auxiliary /Interim, 300 horizontally polarized	<b>\$229,197.85</b>	\$229,197.85	N/A	N/A	N/A
<b>Primary Antenna TFU-14ETT /VP-R 4C230</b>	<b>\$334,871.25</b>	<b>\$217,916.25</b>		<b>\$176,999.64</b>	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$176,777.50	Cost above reflects Antenna cost and line sweep from attached antenna proposal	\$139,974.76	N/A
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	\$4,050.00	N/A



Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$10,297.50	N/A	\$9,267.76	N/A
Antenna Input Adapter	<b>\$2,741.25</b>	\$2,741.25	Estimate includes lines 4 and 5 of attached proposal.	\$2,467.12	N/A
Paint Blue	<b>\$23,600.00</b>	\$23,600.00	See attachment "KHRR Primary Antenna Paint Blue Cost". See attachment "KHRR Paint Requirement Tucson Mountain" for justification.	\$21,240.00	N/A
<b>Sub-total</b>	\$706,661.60	\$570,921.60	N/A	\$283,926.40	N/A
<b>Total for all systems</b>	\$3,328,858.66	\$2,046,942.72	N/A	\$1,386,529.62	N/A

## Components

**Actual Information**  
**Description**

**File Name**

UHF – Broadband Panel, Side Mount Auxiliary/Interim, 300 horizontally polarized	<b>Component Description:</b>		See line 1 of invoice.
	<b>Amount:</b>		\$44,047.13
	<b>Component Description:</b>		See line 1 of invoice.
	<b>Amount:</b>		\$44,047.13
Side mount brackets for high power antennas (if not included in antenna base cost)	<b>Component Description:</b>		See line 2 of invoice.
	<b>Amount:</b>		\$7,391.25
	<b>Component Description:</b>		See line 2 of invoice.
	<b>Amount:</b>		\$7,391.25
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	Information not provided.		
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Information not provided.		
Sweep test of existing antenna	<b>Component Description:</b>		See 3rd item of invoice.
	<b>Amount:</b>		\$450.00
	<b>Component Description:</b>		See 3rd item of invoice
	<b>Amount:</b>		\$1,800.00
	<b>Component Description:</b>		See 3rd item of invoice
	<b>Amount:</b>		\$2,250.00

UHF “ Broadband Panel, Side Mount Auxiliary/Interim, 300 horizontally polarized	Information not provided.	
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<b>Component Description:</b>  <b>Amount:</b>	10% remaining balance on line 1 \$15,552.74   See line 1 of invoice. \$69,987.38   See line 1 of invoice. \$69,987.38
Sweep test of existing antenna	<b>Component Description:</b>  <b>Amount:</b>	See 4th item of invoice. \$1,800.00   See 4th item of invoice. \$450.00   See 4th item of invoice \$2,250.00

<p>Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)</p>	<table> <tr> <td data-bbox="727 174 1034 210"><b>Component Description:</b></td><td data-bbox="1169 174 1374 244">10% remaining of line 3</td></tr> <tr> <td data-bbox="727 255 834 291"><b>Amount:</b></td><td data-bbox="1169 255 1286 291">\$1,029.74</td></tr> <tr> <td data-bbox="727 394 1034 430"><b>Component Description:</b></td><td data-bbox="1169 394 1315 463">See line 3 of invoice.</td></tr> <tr> <td data-bbox="727 474 834 510"><b>Amount:</b></td><td data-bbox="1169 474 1286 510">\$4,633.88</td></tr> <tr> <td data-bbox="727 613 1034 649"><b>Component Description:</b></td><td data-bbox="1169 613 1315 683">See line 3 of invoice.</td></tr> <tr> <td data-bbox="727 694 834 730"><b>Amount:</b></td><td data-bbox="1169 694 1286 730">\$4,633.88</td></tr> </table>	<b>Component Description:</b>	10% remaining of line 3	<b>Amount:</b>	\$1,029.74	<b>Component Description:</b>	See line 3 of invoice.	<b>Amount:</b>	\$4,633.88	<b>Component Description:</b>	See line 3 of invoice.	<b>Amount:</b>	\$4,633.88
<b>Component Description:</b>	10% remaining of line 3												
<b>Amount:</b>	\$1,029.74												
<b>Component Description:</b>	See line 3 of invoice.												
<b>Amount:</b>	\$4,633.88												
<b>Component Description:</b>	See line 3 of invoice.												
<b>Amount:</b>	\$4,633.88												
<p>Antenna Input Adapter</p>	<table> <tr> <td data-bbox="727 862 1034 898"><b>Component Description:</b></td><td data-bbox="1169 862 1374 931">See lines 4 and 5 of invoice.</td></tr> <tr> <td data-bbox="727 943 834 978"><b>Amount:</b></td><td data-bbox="1169 943 1286 978">\$1,233.56</td></tr> <tr> <td data-bbox="727 1081 1034 1117"><b>Component Description:</b></td><td data-bbox="1169 1081 1374 1151">See lines 4 and 5 of invoice.</td></tr> <tr> <td data-bbox="727 1162 834 1198"><b>Amount:</b></td><td data-bbox="1169 1162 1286 1198">\$1,233.56</td></tr> </table>	<b>Component Description:</b>	See lines 4 and 5 of invoice.	<b>Amount:</b>	\$1,233.56	<b>Component Description:</b>	See lines 4 and 5 of invoice.	<b>Amount:</b>	\$1,233.56				
<b>Component Description:</b>	See lines 4 and 5 of invoice.												
<b>Amount:</b>	\$1,233.56												
<b>Component Description:</b>	See lines 4 and 5 of invoice.												
<b>Amount:</b>	\$1,233.56												
<p>Paint Blue</p>	<table> <tr> <td data-bbox="727 1332 1034 1368"><b>Component Description:</b></td><td data-bbox="1169 1332 1326 1368">45% of order.</td></tr> <tr> <td data-bbox="727 1379 834 1415"><b>Amount:</b></td><td data-bbox="1169 1379 1302 1415">\$10,620.00</td></tr> <tr> <td data-bbox="727 1518 1034 1554"><b>Component Description:</b></td><td data-bbox="1169 1518 1347 1588">Second 45% of order.</td></tr> <tr> <td data-bbox="727 1599 834 1635"><b>Amount:</b></td><td data-bbox="1169 1599 1302 1635">\$10,620.00</td></tr> </table>	<b>Component Description:</b>	45% of order.	<b>Amount:</b>	\$10,620.00	<b>Component Description:</b>	Second 45% of order.	<b>Amount:</b>	\$10,620.00				
<b>Component Description:</b>	45% of order.												
<b>Amount:</b>	\$10,620.00												
<b>Component Description:</b>	Second 45% of order.												
<b>Amount:</b>	\$10,620.00												

## Cost Information

### Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$29,225.00	\$31,493.65		\$28,344.28	
Paint Blue	<i>\$1,200.00</i>	\$1,200.00	See lines 23 and 24 on attachment "KHRR Interim Antenna Additional Items". See attachment "KHRR Paint Requirement Tucson Mountain" for justification.	\$1,080.00	N/A
Flexible Air Transmission Line - dielectric, 3"	\$28,025.00	\$30,293.65	See attached quote named "KHRR Interim Antenna Additional Proposal". Includes all items except painting.	\$27,264.28	N/A
Primary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$29,225.00	\$31,493.65	N/A	\$28,344.28	N/A
Total for all systems	\$3,328,858.66	\$2,046,942.72	N/A	\$1,386,529.62	N/A

Components

Actual Information	
Description	File Name
Paint Blue	<b>Component Description:</b> See lines 24 and 25 of invoice.
	<b>Amount:</b> \$540.00
	<b>Component Description:</b> See lines 24 and 25 of invoice.
	<b>Amount:</b> \$540.00
Flexible Air Transmission Line - dielectric, 3"	<b>Component Description:</b> All lines except 24 and 25.
	<b>Amount:</b> \$13,632.14
	<b>Component Description:</b> All lines except 24 and 25.
	<b>Amount:</b> \$13,632.14

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
Auxiliary Tower GTOWER	\$634,534.00	\$208,036.05		\$186,398.77	
Interim License Fee	<i>\$19,296.00</i>	\$19,296.00	See supporting documentation from American Tower attached to invoice. This fee is for temporary use of tower space during the repack transition.	\$19,296.00	N/A
Structural engineering tower load study for documented tower	<i>\$5,238.00</i>	\$5,238.00	N/A	\$5,238.00	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$169,372.80	Interim Antenna Install, old line removal, new line install	\$152,435.52	N/A
Tower Permit Drawing Package	<i>\$4,700.00</i>	\$4,700.00	N/A	N/A	N/A

Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$8,173.00	See line 5 of attached quote.	\$8,173.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$1,256.25	Full amount in proposal not invoiced because structural study deemed tower not needing modification.	\$1,256.25	N/A
<b>Primary Tower GTOWER</b>	<b>\$615,238.00</b>	<b>\$282,064.25</b>		<b>\$251,307.25</b>	
Minor tower reinforcement /modifications	\$158,000.00	\$1,256.25	Full amount in proposal not invoiced because structural study deemed tower not needing modification.	\$1,256.25	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$10,300.00	N/A	\$10,300.00	N/A



Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$260,570.00	New Main antenna install including helicopter	\$234,513.00	N/A
Structural engineering tower load study for documented tower	<b>\$5,238.00</b>	\$5,238.00	N/A	\$5,238.00	N/A
Tower Permit Drawling Package	<b>\$4,700.00</b>	\$4,700.00	N/A	N/A	N/A
Tower Helicopter Lift	<b>\$0.00</b>	\$0.00	included in above install cost	N/A	N/A
<b>Sub-total</b>	\$1,249,772.00	\$490,100.30	N/A	\$437,706.02	N/A
<b>Total for all systems</b>	\$3,328,858.66	\$2,046,942.72	N/A	\$1,386,529.62	N/A

## Components

Actual Information	
Description	File Name
Interim License Fee	<p><b>Component Description:</b> License fee for temporary use of tower for interim antenna during transition</p> <p><b>Amount:</b> \$19,296.00</p>
Structural engineering tower load study for documented tower	<p><b>Component Description:</b> Broadcast Structural</p> <p><b>Amount:</b> \$5,238.00</p>

Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<div data-bbox="719 174 1342 405"> <p><b>Component Description:</b> See 5th item of invoice, plus 2 lines at bottom labeled "Tower crew to cut..."</p> <p><b>Amount:</b> \$84,686.40</p> </div> <div data-bbox="719 517 1342 786"> <p><b>Component Description:</b> See 5th item of invoice, plus the two lines "Tower crew to cut, remove, install, and route..."</p> <p><b>Amount:</b> \$67,749.12</p> </div> <div data-bbox="719 898 1342 1167"> <p><b>Component Description:</b> See 5th item of invoice, plus the two lines "Tower crew to cut, remove, install, and route..."</p> <p><b>Amount:</b> \$16,937.28</p> </div>
Tower Permit Drawing Package	Information not provided.
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<div data-bbox="719 1413 1342 1532"> <p><b>Component Description:</b> Broadcast Tower Mapping</p> <p><b>Amount:</b> \$8,173.00</p> </div>
Minor tower reinforcement /modifications	<div data-bbox="719 1682 1342 1883"> <p><b>Component Description:</b> Capital contribution to tower modifications</p> <p><b>Amount:</b> \$1,256.25</p> </div>

Minor tower reinforcement /modifications	<b>Component Description:</b>  <b>Amount:</b>	Capital contribution RF assessment \$1,256.25
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<b>Component Description:</b>  <b>Amount:</b>	Broadcast Tower Mapping \$10,300.00
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<b>Component Description:</b>  <b>Amount:</b>	See 6th item of invoice \$130,285.00
	<b>Component Description:</b>  <b>Amount:</b>	See 6th item of invoice \$26,057.00
	<b>Component Description:</b>  <b>Amount:</b>	See 6th item of invoice. \$104,228.00
Structural engineering tower load study for documented tower	<b>Component Description:</b>  <b>Amount:</b>	Broadcast Structural \$5,238.00
Tower Permit Drawling Package	Information not provided.	
Tower Helicopter Lift	Information not provided.	

## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$351,124.89</b>	<b>\$294,809.09</b>		<b>\$124,603.15</b>	
Project management of the transition	\$164,320.00	\$156,000.00	N/A	\$113,175.39	N/A
Additional Field Engineering Service, 30 Days	<i>\$62,409.89</i>	\$62,409.89	See "post-repack" quote, plus invoice for site survey	\$10,000.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$40,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,050.00	N/A	\$0.00	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$396.90	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$349.20	N/A	\$349.20	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$681.66	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$351,124.89	\$294,809.09	N/A	\$124,603.15	N/A
<b>Total for all systems</b>	\$3,328,858.66	\$2,046,942.72	N/A	\$1,386,529.62	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<b>Component Description:</b>
	Project Management Services
	<b>Amount:</b>
	\$10,050.00
	<b>Component Description:</b>
	KHRR - Point B invoice May 2020
	<b>Amount:</b>
	\$308.00

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

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$9,508.64

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$2,145.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$2,145.00

<b>Component Description:</b>	KHRR - Point B invoice February 2020
<b>Amount:</b>	\$154.00

<b>Component Description:</b>	KHRR - Point B invoice March 2020
<b>Amount:</b>	\$308.00

<b>Component Description:</b>	October 2018 Project Management
<b>Amount:</b>	\$2,700.00

<b>Component Description:</b>	See invoice for breakdown of project management costs incurred in July-December 2017.
<b>Amount:</b>	\$16,996.80

<b>Component Description:</b>	NTP Project Management. Updated invoice to have service period and project manager name.
<b>Amount:</b>	\$18,960.00

<b>Component Description:</b>	Jan 2018 Project Management
<b>Amount:</b>	\$13,875.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$4,290.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$6,630.00

<b>Component Description:</b>	Project Management Services
<b>Amount:</b>	\$3,510.00

<b>Component Description:</b>	See breakdown of project management charges on invoice.
<b>Amount:</b>	\$4,249.20

	<p><b>Component Description:</b></p> <p>See "Project Management" on invoice, itemized with work that has been completed.</p> <p><b>Amount:</b></p> <p>\$21,246.00</p>
Additional Field Engineering Service, 30 Days	<p><b>Component Description:</b></p> <p>Engineering site visit, inspection, measurements, drawing and planning for repack transmitter and RF installation, budgeting and planning.</p> <p><b>Amount:</b></p> <p>\$10,000.00</p>
RF Exposure Measurements	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Information not provided.



<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="705 174 1011 208"><b>Component Description:</b></td><td data-bbox="1147 174 1366 286">See line 2 and half of line 1, less 10% vendor discount.</td></tr> <tr> <td data-bbox="705 297 815 331"><b>Amount:</b></td><td data-bbox="1147 297 1244 331">\$170.10</td></tr> <tr> <td data-bbox="705 432 1011 465"><b>Component Description:</b></td><td data-bbox="1147 432 1350 544">See lines 1-2 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="705 555 815 589"><b>Amount:</b></td><td data-bbox="1147 555 1244 589">\$226.80</td></tr> </table>	<b>Component Description:</b>	See line 2 and half of line 1, less 10% vendor discount.	<b>Amount:</b>	\$170.10	<b>Component Description:</b>	See lines 1-2 of invoice, less 10% vendor discount.	<b>Amount:</b>	\$226.80				
<b>Component Description:</b>	See line 2 and half of line 1, less 10% vendor discount.												
<b>Amount:</b>	\$170.10												
<b>Component Description:</b>	See lines 1-2 of invoice, less 10% vendor discount.												
<b>Amount:</b>	\$226.80												
<p>Prepare request for Special Temporary Authorization</p>	<table> <tr> <td data-bbox="705 719 1011 752"><b>Component Description:</b></td><td data-bbox="1147 719 1366 797">Preparation of STA for interim facility</td></tr> <tr> <td data-bbox="705 808 815 842"><b>Amount:</b></td><td data-bbox="1147 808 1244 842">\$349.20</td></tr> </table>	<b>Component Description:</b>	Preparation of STA for interim facility	<b>Amount:</b>	\$349.20								
<b>Component Description:</b>	Preparation of STA for interim facility												
<b>Amount:</b>	\$349.20												
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="705 972 1011 1005"><b>Component Description:</b></td><td data-bbox="1147 972 1350 1084">Lines 3-5 of invoice, less 10% discount.</td></tr> <tr> <td data-bbox="705 1095 815 1128"><b>Amount:</b></td><td data-bbox="1147 1095 1244 1128">\$499.86</td></tr> <tr> <td data-bbox="705 1229 1011 1263"><b>Component Description:</b></td><td data-bbox="1147 1229 1382 1308">Review of Form 399</td></tr> <tr> <td data-bbox="705 1274 815 1308"><b>Amount:</b></td><td data-bbox="1147 1274 1228 1308">\$87.30</td></tr> <tr> <td data-bbox="705 1408 1011 1442"><b>Component Description:</b></td><td data-bbox="1147 1408 1350 1520">See half of line 1, less 10% vendor discount.</td></tr> <tr> <td data-bbox="705 1532 815 1565"><b>Amount:</b></td><td data-bbox="1147 1532 1228 1565">\$94.50</td></tr> </table>	<b>Component Description:</b>	Lines 3-5 of invoice, less 10% discount.	<b>Amount:</b>	\$499.86	<b>Component Description:</b>	Review of Form 399	<b>Amount:</b>	\$87.30	<b>Component Description:</b>	See half of line 1, less 10% vendor discount.	<b>Amount:</b>	\$94.50
<b>Component Description:</b>	Lines 3-5 of invoice, less 10% discount.												
<b>Amount:</b>	\$499.86												
<b>Component Description:</b>	Review of Form 399												
<b>Amount:</b>	\$87.30												
<b>Component Description:</b>	See half of line 1, less 10% vendor discount.												
<b>Amount:</b>	\$94.50												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</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>\$108,818.46</b>	<b>\$101,003.46</b>		<b>\$40,284.61</b>	
DTV Medical Facility Notification	\$11,550.00	\$3,750.00	N/A	\$3,750.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Local Zoning	<i>\$4,700.00</i>	\$4,700.00	N/A	N/A	N/A
Non-zoning permits	<i>\$4,700.00</i>	\$4,700.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$40,338.46</i>	\$40,338.46	removal of old transmitter and loose /broken tile found underneath	\$36,534.61	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A

Develop and air announcement of upcoming channel change	<b>\$20,000.00</b>	\$20,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<b>\$12,000.00</b>	\$12,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$108,818.46	\$101,003.46	N/A	\$40,284.61	N/A
<b>Total for all systems</b>	\$3,328,858.66	\$2,046,942.72	N/A	\$1,386,529.62	N/A

## Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	<p><b>Component Description:</b> Medical Notification Mailing</p> <p><b>Amount:</b> \$3,750.00</p>
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
Local Zoning	Information not provided.
Non-zoning permits	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	<div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Additional disposal work to remove tile in transmitter room to clear space for new transmitter.   \$2,300.00 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> See 1st line of invoice.   \$15,215.38 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> See 1st line of invoice   \$19,019.23 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> See 1st line of invoice   \$3,803.85 </div> </div>
Equipment Delivery and Handling Charges	Information not provided.
Equipment Storage	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	Information not provided.

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$3,328,858.66	\$2,046,942.72	\$1,386,529.62

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

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

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

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

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

**Margaret  
L. Tobey**  
*Assistant  
Secretary*

07/28/2020



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

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Margaret L. Tobey</b>  <i>Assistant Secretary</i></p> <p>07/28/2020</p>

## Attachments