



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **18736** | Service: **DCA** | Call **KMUM-CD** | Channel: **19 (UHF)**  
ID:  
File **0000026683**  
Number:  
FRN: **0019509470** | Date **01/17**  
Submitted: **/2020**

## Applicant Information Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NBC TELEMUNDO LICENSE LLC</b> Doing Business As: NBC TELEMUNDO LICENSE LLC	Margaret Tobey 300 NEW JERSEY AVENUE, NW SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524-6401	Margaret.tobey@nbcuni.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
<b>Paul Walter Johnson</b> <i>Director of Engineering</i> <i>Serestar Communications Corporation</i>	Paul Johnson PO Box 2630 Rancho Santa Fe, CA 92067 United States	+1 (559) 575-1887	pjohnson@serestar.com

<b>Broadcaster Information and Transition Plan</b>	<b>Question</b>	<b>Response</b>
		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.
	Briefly describe transition plan	No new transmitter needed as the existing unit is frequency agile Existing Antenna to be replaced to accommodate new frequency of Ch 19 assigned 500 Mhz to 506 Mhz Past attachment with new transmitter costs removed CP filed Transition Phase

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

<b>Antennas</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
		<b>Antenna Related Expenses</b>	Do you have antenna related expenses?

**Primary  
Antenna**

**Add 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 this antenna currently shared with any other stations?	No
	Is this antenna directional?	Yes
	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	Class A
	Mounting	Side 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) .....	15.0 kW

Manufacturer	
Model	PSILP8ARA-31
Year	2007

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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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Class A
	Mounting	Side 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)	15.0 kW
	Manufacturer	

Model	JA/SS-22/19 SEC
Year	2017
Justification for New Antenna	CHANNEL REPACK TO CH 19 500 MHZ TO 506 MHZ OLD ANTENNA NOT BROADBAND

**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**

Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Add Tower**

Section	Question	Response
<b>Existing Tower Description</b>	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	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?	Unknown
	Is tower compliant with Rev G?	Unknown
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1021056
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	38° 42' 28.1" N-
	Longitude (NAD83)	121° 28' 36.3" W-
	Overall Structure Height	503.93 feet



Support Structure Height	499.99 feet
Ground Elevation Above Mean Sea Level (AMSL)	34.12 feet
Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Towers, LLC.
Date Constructed	08/07/2001

**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
60300	KFBK-FM	FM

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
BECKMAN TOWER RIGGING COSTS	INSTALL NEW ANTENNA DE INSTALL OLD ANTENNA

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	400
	Explanation	Project Management of Station
<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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	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 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

**Other Professional Services Expenses Not Listed**

**Outside Professional Services Costs**

Name	Description
Bob Du treil, Lundin, Rackley Inc	CP study / interference ets

**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<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?	No
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
AMERICAN TOWER	STRUCTURAL ENTEGRITY STUDY
HOME DEPOT	MISC HARDWARE / UNISTRUT/BOLTS /NUTS
Paul Johnson	Lodging/ Meals cost Engineering
RBW ELECTRICAL	INSTALL NEW TRANSMITTER WIRING

**Cost Information** **Transmitters**  
Information not provided.

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna JA /SS-22/19 SEC</b>	<b>\$33,030.00</b>	<b>\$17,061.00</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$14,261.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$2,800.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$17,061.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$558,260.00</b>	<b>\$229,386.00</b>	<b>N/A</b>	<b>\$9,916.00</b>	<b>N/A</b>

**Components**  
Information not provided.

**Cost Information** **Transmission Line**  
 Information not provided.

**Cost Information** **Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower GTOWER</b>	<b>\$260,500.00</b>	<b>\$56,000.00</b>		<b>\$0.00</b>	
BECKMAN TOWER RIGGING COSTS	<i>\$50,000.00</i>	\$50,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$6,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$260,500.00</b>	<b>\$56,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$558,260.00</b>	<b>\$229,386.00</b>	<b>N/A</b>	<b>\$9,916.00</b>	<b>N/A</b>

**Components**

Information not provided.

**Cost Information**

**Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$197,930.00</b>	<b>\$91,700.00</b>		<b>\$9,916.00</b>	
Bob Du treil, Lundin, Rackley Inc	<i>\$4,500.00</i>	\$4,500.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$2,500.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$2,250.00	N/A	N/A	N/A
Project management of the transition	\$63,200.00	\$63,200.00	N/A	\$9,916.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	Legal consultation	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	K23AY KMSX	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
<b>Sub-total</b>	\$197,930.00	\$91,700.00	N/A	\$9,916.00	N/A
<b>Total for all systems</b>	\$558,260.00	\$229,386.00	N/A	\$9,916.00	N/A

## Components

Actual Information	
Description	File Name
Bob Du treil, Lundin, Rackley Inc	Information not provided.
RF Exposure Measurements	Information not provided.

Comprehensive coverage verification via field study, if needed	Information not provided.
Project management of the transition	<p data-bbox="724 331 1358 481"><b>Component Description:</b> Point B November 2019 Invoice KMUM <b>Amount:</b> \$1,659.00</p> <p data-bbox="724 591 1374 741"><b>Component Description:</b> Point B September 2019 invoice for KMUM <b>Amount:</b> \$2,212.00</p> <p data-bbox="724 851 1353 1001"><b>Component Description:</b> Point B August 2019 invoice for KMUM <b>Amount:</b> \$1,463.00</p> <p data-bbox="724 1111 1353 1261"><b>Component Description:</b> Point B October 2019 Invoice for KMUM <b>Amount:</b> \$4,582.00</p>
Prepare and or review reimbursement form	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.

**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>\$66,800.00</b>	<b>\$64,625.00</b>		<b>\$0.00</b>	
RBW ELECTRICAL	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
Paul Johnson	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
HOME DEPOT	<i>\$1,800.00</i>	\$1,800.00	N/A	N/A	N/A
AMERICAN TOWER	<i>\$30,105.00</i>	\$30,105.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$8,500.00</i>	\$8,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
Local Zoning	<i>\$700.00</i>	\$700.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$250.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,200.00</i>	\$2,200.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$9,500.00	N/A	N/A	N/A

FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
<b>Sub-total</b>	\$66,800.00	\$64,625.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$558,260.00	\$229,386.00	N/A	\$9,916.00	N/A

### Components

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$558,260.00	\$229,386.00	\$9,916.00

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<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.

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

01/17/2020

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.

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

01/17/2020

## Attachments