



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **66781-18-54680** | Service: **DRT** | Call **KIRO-TV** | Channel:
ID: | Sign:
18 (UHF) | File **0000086807**
Number:
FRN: **0014361620** | Eligibility **Eligible** | Date **09/13**
Status: | Submitted: **/2020**

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>Director of Engineering</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. | | Yes |
| Briefly describe transition plan | | We powered down the old transmitter, took down the old antenna and removed the old transmitter. We then installed the new transmitter and antenna in place of the old ones using existing wave guide. This occurred in a three hour period in Nov. of 2018. |

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 | TTHDU-250 |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 180 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-3P- C-600W |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 600 W |
| | Justification for New Transmitter | Location within the predicted noiselimited contour of and predicted interference greater than 0.5 percent to Post- Incentive- Auction Spectrum Repack facilities of Full-Service station KWDK on Channel 34, which itself 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 | No |
| 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**

| Name | Description |
|---------------------|--|
| Translator Receiver | Sencore MRD26 Receiver |
| Assembly Parts | UAXT Kit 10FT Flex Assembly |
| Mask Filter | Mask Filter 625W UHF Part FLUA-0062506AT |
| Tax | Tax on all GatesAir transmitter parts |

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 | 4 |
| | Design power capacity in use | 33.0 % |
| | Lower Limit | 692.00 MHz |
| | Upper Limit | 698.00 MHz |
| | ERP: (Effective Radiated Power) | 0.95 kW |
| | Manufacturer | |
| | Model | ALP4L1- HSP-51 |
| | Year | 2009 |

**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? | No |
| | 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 | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 0.95 kW |
| | Manufacturer | |
| | Model | AL4P-18M |
| | Year | 2018 |
| | Justification for New Antenna | Antenna cannot be retuned to Channel 18 from 51 |

**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 |

**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**Existing Tower**

| Section | Question | Response |
|---|---|-------------------|
| Existing Tower Description | Type of change | Modify Existing |
| | Tower Use | Primary (Main) |
| | Ownership | Leased |
| | Is this tower consider Complex? | Candelabra |
| | 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 |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1056094 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 47° 30' 16.3" N- |
| | Longitude (NAD83) | 121° 58' 10.0" W- |
| | Overall Structure Height | 310.04 feet |

| | | |
|--|--|------------------------|
| | Support Structure Height | 270.01 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 2838.88 feet |
| | Structure Type | LTOWER - Lattice Tower |
| | Tower Owner | American Towers LLC |
| | Date Constructed | 12/01/1998 |

**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 |
|-------------|-----------|---------|
| 56852 | KWPX-TV | DTV |
| 57843 | KNUC | FM |
| 1091 | KJAQ | FM |
| 35419 | KWDK | DTV |
| 4630 | KQMV | FM |
| 20356 | KSWD | FM |
| 20357 | KZOK-FM | FM |

**Primary
Tower**

Tower Modification Costs

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

Primary
Tower

Tower Rigging Costs

| Section | Question | Response |
|------------------------------|-----------------------------------|------------|
| Tower Rigging Costs | Complex Tower | Candelabra |
| Helicopter Services Required | Are helicopter services required? | No |

Primary
Tower

Other Tower Expenses Not Listed

| Name | Description |
|----------------|---|
| Tower Climbers | Rigged tower, removed old antenna, attached new antenna |
| Tower Climbers | Moved translator receive antenna to lower position on tower |

**Outside
Professional**

| Section | Question | Response |
|---|---|----------|
| Services Costs 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 | Yes |
| | Quantity | 2 |
| | 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 |

Outside Other Professional Services Expenses Not Listed
Professional Services Costs Services 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? | Yes |
| | 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-3P-C-600W | \$64,668.13 | \$53,674.38 | | \$26,837.19 | |
| Mask Filter | <i>\$3,692.97</i> | \$3,692.97 | N/A | \$3,692.97 | N/A |
| Tax | <i>\$2,461.91</i> | \$2,461.91 | N/A | \$2,461.91 | N/A |
| Translator Receiver | <i>\$2,708.80</i> | \$2,708.80 | N/A | \$2,708.80 | N/A |
| Assembly Parts | <i>\$867.26</i> | \$867.26 | N/A | \$867.26 | N/A |
| UHF - Air Cooled Solid State Transmitter 320 - 700 Watts | \$28,100.00 | \$17,106.25 | N/A | \$17,106.25 | N/A |
| UHF - Air Cooled Solid State Transmitter 600 kW | <i>\$26,837.19</i> | \$26,837.19 | ***System Notice: Estimate adjusted and locked because line has been superseded.*** | \$0.00 | N/A |
| Sub-total | \$64,668.13 | \$53,674.38 | N/A | \$26,837.19 | N/A |
| Total for all systems | \$166,729.94 | \$93,729.66 | N/A | \$63,142.75 | N/A |

Components

| Actual Information | |
|--|--|
| Description | File Name |
| Mask Filter | <p>Component Description: Mask filter portion of GatesAir, Inc. translator invoice</p> <p>Amount: \$3,692.97</p> |
| Tax | <p>Component Description: Tax on invoice</p> <p>Amount: \$2,461.91</p> |
| Translator Receiver | <p>Component Description: Translator receiver portion of invoice</p> <p>Amount: \$2,708.80</p> |
| Assembly Parts | <p>Component Description: Includes lines 3 and 4 of invoice.</p> <p>Amount: \$867.26</p> |
| UHF - Air Cooled Solid State Transmitter 320 - 700 Watts | <p>Component Description: Full amount of Transmitter plus tax. See quote "Cox Media- ISSAQUAH KIRO Q-76153 Quote. pdf" for power and cooling details.</p> <p>Amount: \$17,106.25</p> |

| | | |
|---|---|--|
| UHF - Air Cooled Solid State Transmitter 600 kW | Component Description: Amount: | Full amount of Transmitter plus tax. See quote "Cox Media- ISSAQUAH KIRO Q-76153 Quote. pdf" for power and cooling details. \$26,837.19 |
|---|---|--|

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 AL4P-18M | \$13,242.50 | \$13,242.50 | | \$13,242.50 | |
| UHF-Low Power, Side Mount, Slotted Coaxial, 0.95 kW input, Horizontal | <i>\$13,242.50</i> | \$13,242.50 | N/A | \$13,242.50 | Please see "ERI Antenna Preliminary Specification 20180509- 995 ISSAQUAH. pdf" and "ERI Antenna Quote 20180509- 995 - Issaquah Translator. pdf" for antenna mounting and polarization details. |
| Sub-total | \$13,242.50 | \$13,242.50 | N/A | \$13,242.50 | N/A |
| Total for all systems | \$166,729.94 | \$93,729.66 | N/A | \$63,142.75 | N/A |

Components

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

| | | | | | | | | | |
|---|---|--------------------------------------|---|-----------------------|-------------------|--------------------------------------|--|-----------------------|-------------------|
| <p>UHF-Low Power, Side Mount, Slotted Coaxial, 0.95kW input, Horizontal</p> | <table> <tr> <td data-bbox="687 91 1086 719"> <p>Component Description:</p> </td><td data-bbox="1086 91 1428 719"> <p>2nd part of Issaquah antenna invoice. Includes Tax and Freight charges. See cover letter "ISSAQUAH TRANSLATOR COVER LETTER FOR INVOICE COMBINATION. pdf" for details</p> </td></tr> <tr> <td data-bbox="687 719 1086 808"> <p>Amount:</p> </td><td data-bbox="1086 719 1428 808"> <p>\$7,798.50</p> </td></tr> <tr> <td data-bbox="687 808 1086 922"> <p>Component Description:</p> </td><td data-bbox="1086 808 1428 922"> <p>1st part of Issaquah antenna invoice.</p> </td></tr> <tr> <td data-bbox="687 922 1086 922"> <p>Amount:</p> </td><td data-bbox="1086 922 1428 922"> <p>\$5,444.00</p> </td></tr> </table> | <p>Component Description:</p> | <p>2nd part of Issaquah antenna invoice. Includes Tax and Freight charges. See cover letter "ISSAQUAH TRANSLATOR COVER LETTER FOR INVOICE COMBINATION. pdf" for details</p> | <p>Amount:</p> | <p>\$7,798.50</p> | <p>Component Description:</p> | <p>1st part of Issaquah antenna invoice.</p> | <p>Amount:</p> | <p>\$5,444.00</p> |
| <p>Component Description:</p> | <p>2nd part of Issaquah antenna invoice. Includes Tax and Freight charges. See cover letter "ISSAQUAH TRANSLATOR COVER LETTER FOR INVOICE COMBINATION. pdf" for details</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$7,798.50</p> | | | | | | | | |
| <p>Component Description:</p> | <p>1st part of Issaquah antenna invoice.</p> | | | | | | | | |
| <p>Amount:</p> | <p>\$5,444.00</p> | | | | | | | | |

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 LTOWER | \$9,200.00 | \$9,200.00 | | \$8,808.00 | |
| Tower Climbers | <i>\$1,200.00</i> | \$1,200.00 | N/A | \$1,101.00 | N/A |
| Complex Tower (includes, e.g., towers with candelabras and/or stacked antennas) | <i>\$8,000.00</i> | \$8,000.00 | N/A | \$7,707.00 | N/A |
| Sub-total | \$9,200.00 | \$9,200.00 | N/A | \$8,808.00 | N/A |
| Total for all systems | \$166,729.94 | \$93,729.66 | N/A | \$63,142.75 | N/A |

Components

| Actual Information | |
|--------------------|---|
| Description | File Name |
| Tower Climbers | <div><div>Component Description:</div><div>Lower receive antenna so as not to get RF interference from transmitter</div><div>Amount:</div><div>\$1,101.00</div></div> |

| | | | | | |
|---|---|--------------------------------------|---|-----------------------|-------------------|
| <p>Complex Tower (includes, e. g., towers with candelabras and/or stacked antennas)</p> | <table> <tr> <td data-bbox="715 98 1141 392"> <p>Component Description:</p> </td><td data-bbox="1141 98 1412 392"> <p>Rig tower, remove existing antenna and hang new antenna in its place. Waveguide rerouting.</p> </td></tr> <tr> <td data-bbox="715 392 1141 497"> <p>Amount:</p> </td><td data-bbox="1141 392 1412 497"> <p>\$7,707.00</p> </td></tr> </table> | <p>Component Description:</p> | <p>Rig tower, remove existing antenna and hang new antenna in its place. Waveguide rerouting.</p> | <p>Amount:</p> | <p>\$7,707.00</p> |
| <p>Component Description:</p> | <p>Rig tower, remove existing antenna and hang new antenna in its place. Waveguide rerouting.</p> | | | | |
| <p>Amount:</p> | <p>\$7,707.00</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 | \$78,727.50 | \$16,720.97 | | \$13,363.25 | |
| RF Exposure Measurements | \$12,100.00 | \$500.00 | N/A | \$150.00 | N/A |
| Comprehensive coverage verification via field study, if needed | \$52,600.00 | \$5,000.00 | N/A | \$4,312.15 | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$4,470.00 | \$5,188.00 | Staggered RF power increases required multiple changes to the STA request during a period of 3 months. | \$5,188.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$1,577.50 | \$1,632.97 | FCC filing fees are included in the legal costs | \$0.00 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$3,025.00 | \$1,200.00 | N/A | \$964.85 | N/A |

| | | | | | |
|--|--------------|-------------|-----|-------------|-----|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,052.50 | \$500.00 | N/A | \$300.00 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$2,102.50 | \$1,200.00 | N/A | \$1,017.86 | N/A |
| Perform engineering study for displacement application | \$1,800.00 | \$1,500.00 | N/A | \$1,430.39 | N/A |
| Sub-total | \$78,727.50 | \$16,720.97 | N/A | \$13,363.25 | N/A |
| Total for all systems | \$166,729.94 | \$93,729.66 | N/A | \$63,142.75 | N/A |

Components

| Actual Information | |
|--------------------------|--|
| Description | File Name |
| RF Exposure Measurements | <p>Component Description: RF measurement portion of Issaquah translator - See Merrill Weiss 399 costs worksheet - Issaquah.pdf & Merrill Weiss KIRO Translator Breakdown.pdf</p> <p>Amount: \$150.00</p> |

| | |
|--|--|
| Comprehensive coverage verification via field study, if needed | <p>Component Description:</p> <p>RF study portion of Issaquah translator - See Merrill Weiss 399 costs worksheet - Issaquah.pdf & Merrill Weiss KIRO Translator Breakdown.pdf</p> <p>Amount:</p> <p>\$4,312.15</p> |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | <p>Component Description:</p> <p>Legal STA application portion of Issaquah Translator - see Cooley 399 costs worksheet - Issaquah.pdf</p> <p>Amount:</p> <p>\$5,188.00</p> |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | <p>Component Description:</p> <p>Legal LTC application portion of Issaquah Translator - see Cooley 399 costs worksheet - Issaquah.pdf</p> <p>Amount:</p> <p>\$1,632.97</p> |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | <p>Component Description:</p> <p>Legal CP application portion of Issaquah Translator - see Cooley 399 costs worksheet - Issaquah.pdf</p> <p>Amount:</p> <p>\$964.85</p> |

| | |
|--|---|
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | <p>Component Description:</p> <p>RF LTC application portion of Issaquah translator - See Merrill Weiss 399 costs worksheet - Issaquah.pdf & Merrill Weiss KIRO Translator Breakdown.pdf</p> <p>Amount:</p> <p>\$300.00</p> |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | <p>Component Description:</p> <p>RF CP application portion of Issaquah translator - See Merrill Weiss 399 costs worksheet - Issaquah.pdf & Merrill Weiss KIRO Translator Breakdown.pdf</p> <p>Amount:</p> <p>\$1,017.86</p> |
| Perform engineering study for displacement application | <p>Component Description:</p> <p>RF displacement study portion of Issaquah translator - See Merrill Weiss 399 costs worksheet - Issaquah.pdf & Merrill Weiss KIRO Translator Breakdown.pdf</p> <p>Amount:</p> <p>\$1,430.39</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 |
|---|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Other Expenses | \$891.81 | \$891.81 | | \$891.81 | |
| Equipment Delivery and Handling Charges | <i>\$891.81</i> | \$891.81 | N/A | \$891.81 | N/A |
| Sub-total | \$891.81 | \$891.81 | N/A | \$891.81 | N/A |
| Total for all systems | \$166,729.94 | \$93,729.66 | N/A | \$63,142.75 | N/A |

Components

| Actual Information Description | File Name |
|---|---|
| Equipment Delivery and Handling Charges | <div>Component Description: Freight for Issaquah Translator transmitter</div> <div>Amount: \$891.81</div> |

| Cost Information | Grand Total | | | |
|------------------|-----------------------|-----------------------------|----------------|-------------|
| | | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| | Total for all systems | \$166,729.94 | \$93,729.66 | \$63,142.75 |

| 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 |
|---------------|---|---|----------|
| | 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"> 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.

| | |
|---|--|
| <p>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.</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>Keith Nealey <i>Director of Engineering</i></p> <p>09/13/2020</p> |

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | Submission of Actual Cost Documentation Statements | WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR 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). | |
| | | <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.

| | |
|--|--|
| <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>Keith Nealey <i>Director of Engineering</i></p> <p>09/13/2020</p> |

| 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"> 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. 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**
*Director of
Engineering*

09/13/2020

Attachments