Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **35277** | Service: **DTV** | Call Sign: **KNSD** | Channel: **40 (UHF)**

File Number: **0000028291**

FRN: **0003593860** | Date Submitted: **02/19/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
STATION VENTURE OPERATIONS, LP	Margaret L. Tobey C/O NBCUNIVERSAL 300 NEW JERSEY AVENUE, N.W., SUITE 700 WASHINGTON, DC 20001 United States	+1 (202) 524-6401	MARGARET.TOBEY@NBCUNI.COM	Limited Partnership

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
Margaret L Tobey *NBCUniversal, LLC*	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.	No
Briefly describe transition plan	Install new antenna in place of existing analog antenna and new transmitter for new channel. The old transmitter and antenna will remain in place for interim use until the cut-over.

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)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	CTT--U-DXCP-2
	Year	2012
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	53 kW

Primary Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	29.46 kW
	Justification for New Transmitter	Attached quote to retune DXCP-2 transmitter shows cost exceeds cost of new solid state transmitter Existing transmitter has 400% headroom. Solid state replacement is one level higher than that required to provide FCC allocated ERP.

Primary Transmitter

Other Transmitter Costs

Section	Question	Response
Electrical Service	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	Electrical Design, Labor, Materials, and Equipment for transmitter room
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	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

Name	Description
Transmitter Installation	Installation of Transmitter

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)
	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
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	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)	370.0 kW

Manufacturer	
Model	ALP16M4-HSPX-40
Year	2017

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)	225.0 kW
	Manufacturer	

Model	TFU-16ETT /VP-R C180
Year	2017
Justification for New Antenna	Installation of new top mount antenna in location occupied by old analog antenna will allow use of existing pre-auction antenna during repack work and avoids cost for installation of an interim antenna, transmission line, and additional tower upgrades.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	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
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes

	Broadband or Single Channel?	Single Channel
	Feed Line Size	4 1/16 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	
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?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Name	Description
Antenna Install	Installation of Antenna at KNSD

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	Purchase New
	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	
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	171 feet per run

Primary Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	185 feet per run
	Justification for New Transmission Line	Existing line is wrong segment length. Existing line will be required to maintain operation on existing channel during repack.

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 41' 48.2" N-
	Longitude (NAD83)	116° 56' 09.1" W-
	Overall Structure Height	187.00 feet
	Support Structure Height	129.60 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2641.00 feet

Structure Type	LTOWER - Lattice Tower
Tower Owner	American Tower
Date Constructed	01/01/1977

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	N/A
Helicopter Services Required	Are helicopter services required?	No

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	1200
	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.
Outside RF consulting Engineering Services	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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A

	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	Yes
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	20

	Justification	Ground Level RF System Design

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Site Coordination Meeting	Site Coordination Meeting
Internal Reimbursement	Internal Reimbursement for hours spent of FCC Repack Project

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	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
Permit and Filing Costs	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	No
Other Miscellaneous Expenses	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?	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

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 THU9-20	**$1,086,431.00**	**$484,684.18**		**$442,276.13**	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	$947,000.00	$345,253.18	N/A	$345,253.18	N/A
Other Electrical Service: Electrical Design, Labor, Materials, and Equipment for transmitter room	***$62,531.00***	$62,531.00	N/A	$39,962.95	N/A
Transmitter Installation	***$76,900.00***	$76,900.00	See lines 3 & 4 of Electron Dynamics quote, plus charge for Electron Dynamics second visit quote	$57,060.00	N/A
Sub-total	$1,086,431.00	$484,684.18	N/A	$442,276.13	N/A
Total for all systems	$2,311,641.05	$1,460,318.03	N/A	$957,020.51	N/A

Components

Actual Information Description	File Name	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	**Component Description:** **Amount:**	KNSD - R&S transmitter invoice $345,253.18
Other Electrical Service: Electrical Design, Labor, Materials, and Equipment for transmitter room	**Component Description:** **Amount:**	Electrical Design and Labor $39,962.95
Transmitter Installation	**Component Description:** **Amount:**	See lines 3 and 4 of invoice $38,040.00
	Component Description: **Amount:**	See lines 3 and 4 of invoice $19,020.00

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
Primary Antenna TFU-16ETT /VP-R C180	**$408,300.00**	**$285,802.50**		**$164,972.25**	
Antenna Install	***$102,500.00***	$102,500.00	N/A	$0.00	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	$9,570.00	$8,055.00	N/A	$7,249.50	N/A
Sweep test of existing antenna	$6,730.00	$10,000.00	Includes testing, commissioning, and supervision of antenna/line install. See Electron Dynamics quote	$9,000.00	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	$289,500.00	$165,247.50	See attached proposal, line 1. Vertical Polarization costs of $15,900 have been subtracted from the above estimate.	$148,722.75	N/A

Sub-total	$408,300.00	$285,802.50	N/A	$164,972.25	N/A
Total for all systems	$2,311,641.05	$1,460,318.03	N/A	$957,020.51	N/A

Components

Actual Information Description	File Name
Antenna Install	Information not provided.
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	**Component Description:** See line 3 of invoice. **Amount:** $3,624.75 **Component Description:** See line 3 of invoice **Amount:** $3,624.75
Sweep test of existing antenna	**Component Description:** See line 1 of invoice **Amount:** $3,000.00 **Component Description:** See line 1 of invoice **Amount:** $6,000.00

UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	**Component Description:**	See line 1 of invoice. See attached "explanation of variance" for line 2
	Amount:	$74,361.37
	Component Description:	See line 1 of invoice. See attached "explanation of variance" for line 2.
	Amount:	$74,361.38

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
Primary Transmission Line	**$26,270.00**	**$30,806.30**		**$27,725.68**	
Rigid Transmission Line - copper, 4 1 /16"	$26,270.00	$30,806.30	Price includes hangers, based on quote from Dielectric (attached)	$27,725.68	N/A
Sub-total	$26,270.00	$30,806.30	N/A	$27,725.68	N/A
Total for all systems	$2,311,641.05	$1,460,318.03	N/A	$957,020.51	N/A

Components

Actual Information Description	File Name	
Rigid Transmission Line - copper, 4 1/16"	**Component Description:**	See lines 4, 8, 9 of invoice
	Amount:	$13,862.84
	Component Description:	See lines 4, 8, 9 of invoice.
	Amount:	$13,862.84

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	**$268,500.00**	**$145,660.00**		**$96,210.00**	
Minor tower reinforcement /modifications	$158,000.00	$40,325.00	N/A	$40,325.00	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	$26,300.00	$16,435.00	See first line of proposal "KNSD ATC PO Request"	$16,435.00	N/A
Short Tower (less than 500')	$84,200.00	$88,900.00	Includes tower charge in WIS budget worksheet. Plus supervision, testing, and commissioning in Electron Dynamics Quote.	$39,450.00	N/A
Sub-total	$268,500.00	$145,660.00	N/A	$96,210.00	N/A
Total for all systems	$2,311,641.05	$1,460,318.03	N/A	$957,020.51	N/A

Components

Actual Information Description	File Name

Minor tower reinforcement /modifications	**Component Description:**	See budget worksheet for breakdown of costs for this project. This corresponds to minor tower reinforcement /modifications
	Amount:	$29,850.00
	Component Description:	Broadcast Structural
	Amount:	$10,475.00
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	**Component Description:**	Tower mapping
	Amount:	$16,435.00
Short Tower (less than 500')	**Component Description:**	Tower equipment and rigging, see attachment "KNSD Repack budget worksheet WIS" for supporting documentation
	Amount:	$39,450.00

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 Justificatio
Outside Professional Services	**$449,570.00**	**$448,605.00**		**$208,826.40**	
Internal Reimbursement	***$100,000.00***	$100,000.00	N/A	$0.00	N/A
Site Coordination Meeting	***$5,000.00***	$5,000.00	See budget worksheet attached to invoice	$5,000.00	N/A
Additional Field Engineering Service, 20 Days	***$20,000.00***	$20,000.00	N/A	$5,000.39	N/A
RF Exposure Measurements	$21,050.00	$15,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	$84,200.00	$91,855.00	Estimated cost if higher than predetermined cost. See quote attached to invoice to see how vendor came to the total cost for the field study	$91,855.00	N/A
ASR modification (prepare FCC Form 854)	$2,105.00	$500.00	N/A	N/A	N/A

Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	$10,520.00	$17,500.00	Migratory bird assessment per ATC quote	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	$4,210.00	$4,000.00	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
Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	$1,313.82	N/A
Address transition timing and coordination issues w/ other stations and wireless	$2,630.00	$5,000.00	Cost quoted by ATC	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	$5,260.00	$5,000.00	N/A	$415.80	N/A
Project management of the transition	$189,600.00	$180,000.00	$24480.00 / American Tower $250 Anthony Flores Other - undocumented	$105,241.39	N/A

Sub-total	$449,570.00	$448,605.00	N/A	$208,826.40	N/A
Total for all systems	$2,311,641.05	$1,460,318.03	N/A	$957,020.51	N/A

Components

Actual Information Description	File Name	
Internal Reimbursement	**Component Description:** **Amount:**	NBC Internal reimbursement invoice for time spent by resource Pat Stahl on KNSD in August 2017 including expenses $8,258.00
Site Coordination Meeting	**Component Description:** **Amount:**	See budget worksheet for breakdown of costs for this project. $5,000.00
Additional Field Engineering Service, 20 Days	**Component Description:** **Amount:**	Repack Site Survey at transmitter site. See attached site survey report and purchase order for supporting documentation. $5,000.39
RF Exposure Measurements	Information not provided.	

Comprehensive coverage verification via field study, if needed	**Component Description:** **Amount:**	Attached is both the quote and invoice for the field measurements at the KNSD site. $91,855.00
ASR modification (prepare FCC Form 854)	Information not provided.	
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.	
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare and or review reimbursement form	**Component Description:** **Amount:**	Review and compilation of Form 399 $915.66
	Component Description: **Amount:**	Review of Form 399. $43.65
	Component Description: **Amount:**	Review of Form 399 $43.65
	Component Description: **Amount:**	See lines 3-5 on invoice, with 10% discount included. $310.86

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	**Component Description:** **Amount:**	Preparation of minor change application $189.00
	Component Description: **Amount:**	See lines 1-2 on invoice, including 10% vendor discount. $226.80
Project management of the transition	**Component Description:** **Amount:**	KNSD - Point B invoice June 2020 $948.00
	Component Description: **Amount:**	Coordination with ATC on structural modification and antenna replacement plan and schedule $324.90
	Component Description: **Amount:**	KNSD - Point B invoice May 2020 $474.00
	Component Description: **Amount:**	KNSD - Point B invoice March 2020 $948.00
	Component Description: **Amount:**	KNSD - Point B invoice April 2020 $474.00

Component Description:	KNSD - Point B invoice February 2020
Amount:	$948.00
Component Description:	Point B - October 2019 invoice for Project Management work at KNSD
Amount:	$237.00
Component Description:	KNSD - Point B December 2019 invoice for project management
Amount:	$2,960.00
Component Description:	Point B - September 2019 invoice for Project Management work at KNSD
Amount:	$1,027.00
Component Description:	Project Management Services
Amount:	$348.95
Component Description:	July 2018 Project Management
Amount:	$3,890.00
Component Description:	Project Management over permitting
Amount:	$9,400.00

Component Description:	Repack and structural assesment project management - April-June 2017
Amount:	$475.00
Component Description:	Attached invoice for project management.
Amount:	$9,900.00
Component Description:	Project Management Services
Amount:	$1,072.50
Component Description:	Coordination with ATC on structural modification and antenna replacement plan and schedule. Permitting review and conference calls. Tower elevation verification.
Amount:	$95.00
Component Description:	Point B - May 2019 invoice for Project Management work at KNSD
Amount:	$5,769.00
Component Description:	Point B Project Management Jan 2019
Amount:	$3,300.00

Component Description:	Jan 2018 Project Management
Amount:	$9,750.00
Component Description:	Project Management Services
Amount:	$2,405.00
Component Description:	Project Management Services
Amount:	$3,965.00
Component Description:	This is for project management services from point B for the month of February. See line item.
Amount:	$4,950.00
Component Description:	April 2018 Project Management
Amount:	$6,150.00
Component Description:	Project Management Services
Amount:	$7,800.00

Component Description:	Coordination with ATC on structural modification and antenna replacement plan and schedule. Permitting review and conference calls
Amount:	$124.45
Component Description:	Project Management services, see attached receipts for travel expenses
Amount:	$6,867.46
Component Description:	Coordination with ATC on structural modification and antenna replacement plan and schedule
Amount:	$524.40
Component Description:	August 2018 Project Management
Amount:	$8,170.00
Component Description:	Coordination with ATC on structural modification and antenna replacement plan and schedule. Permitting review and conference calls.
Amount:	$190.00

Component Description:	Project Management Services
Amount:	$975.00
Component Description:	Coordination with ATC on structural modification and antenna replacement plan and schedule
Amount:	$124.45
Component Description:	Project Management Services
Amount:	$2,470.00
Component Description:	Project Management Services
Amount:	$3,600.00
Component Description:	See budget worksheet for breakdown of costs for this project.
Amount:	$5,000.00
Component Description:	June 2018 Project Management
Amount:	$4,460.00
Component Description:	Point B Project Management Invoice
Amount:	$893.28

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	**$72,570.05**	**$64,760.05**		**$17,010.05**	
MVPD Notification of Channel Change	***$10,000.00***	$10,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	***$0.00***	$0.00	N/A	$0.00	N/A
Equipment Delivery and Handling Charges	***$20,000.00***	$20,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	***$20,785.05***	$20,785.05	Disposal of old transmission line, antenna, and transmitter; cost to rent on-site dumpster	$17,010.05	N/A
Non-zoning permits	***$5,200.00***	$5,200.00	N/A	N/A	N/A
Local Zoning	***$4,700.00***	$4,700.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	$335.00	$325.00	N/A	N/A	N/A

DTV Medical Facility Notification	$11,550.00	$3,750.00	N/A	N/A	N/A
Sub-total	$72,570.05	$64,760.05	N/A	$17,010.05	N/A
Total for all systems	$2,311,641.05	$1,460,318.03	N/A	$957,020.51	N/A

Components

Actual Information Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	**Component Description:** See line 2 of invoice **Amount:** $5,325.00 **Component Description:** On-site dumpster rental **Amount:** $26.25 **Component Description:** See line 2 of invoice **Amount:** $10,650.00 **Component Description:** On-site dumpster rental **Amount:** $1,008.80
Non-zoning permits	Information not provided.
Local Zoning	Information not provided.

FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$2,311,641.05	$1,460,318.03	$957,020.51

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	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.	
	1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.	

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

	8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Margaret L. Tobey** *Assistant Secretary* 02/19/2021

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 IMPRISIONMENT (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).	
	1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

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

	8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Margaret L. Tobey** *Assistant Secretary* 02/19/2021

Certification

Section	Question	Response
Submission of Final Allocation or Accounting Information Statements	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.	
	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.	**Margaret L. Tobey** *Assistant Secretary* 02/19/2021

Attachments