



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **64984** | Service: **DTV** | Call **KTMD** | Channel: **22 (UHF)**
ID: | Sign:
File **0000028246**
Number:
FRN: **0019509470** | Date **10/26**
Submitted: **/2017**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicar |
|----------------------------------|--|-------------------|---------------------------|------------------|
| NBC TELEMUNDO LICENSE LLC | 300 NEW JERSEY AVE, N. W. SUITE 700 WASHINGTON, DC 20001 United States | +1 (202) 524-6401 | MARGARET.TOBEY@NBCUNI.COM | Limited I Compan |

Reimbursement Contact Information

Reimbursement Contact Name and Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Contact Information

Preparer Contact Name and Information

| Applicant | Address | Phone |
|--|---------|-------|
| The Preparer is same as the reimbursement contact. | | |

Broadcaster Information and Transition Plan

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|---|--|
| <p>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.</p> | <p>Yes</p> |
| <p>Briefly describe transition plan</p> | <p>Use existing transmitter and aux antenna as interim facility on old channel.. Remove old antenna. Install new transmitter and replace top mount antenna for new channel. After transition remove old transmitter and chann aux antenna.</p> |

Transmitters

| Section | Question | Response |
|--|--|-----------------|
| <p>Transmitter Related Expenses</p> | <p>Do you have transmitter related expenses?</p> | <p>Yes</p> |

**Primary
Transmitter**

Existing Transmitter Information

| Section | Question | Response |
|---|--|---------------------|
| Existing Transmitter Description | Type of change | Purchase N |
| | Use | Primary (M |
| | 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 | DCX-2H |
| | Year | 2002 |
| | Type | Inductive C Tube |
| | IOT Power Type | Two |
| | Power Capacity | 40 kW |

**Primary
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|------------------------|---|--|
| New Transmitter | Use | Primary (M |
| | Change Type | Purchase N |
| | Is this a request for upgraded equipment? | Yes |
| | Manufacturer | |
| | Model | THU9-36 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cool |
| | Solid State Power capacity | 50 kW |
| | Justification for New Transmitter | New Transi required as current tra is not longe supported (attached no Solid State transmitter chosen as i less expen: then a new state (see attached proposal) a allow old transmitter used as int |

**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 Connectivit new transm |
| 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 Instillation | Installation of Transmitter, Filter, and ground RF components |
| RF Filter | RF Filter for new channel (ch 22) |

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 N |
| | Antenna Use | Primary (M |
| | 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 | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Elliptical |
| | Type | Slotted Coe |
| | 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) | 1000.0 kW |
| | Manufacturer | |

| | |
|-------|-----------------------|
| Model | ATW26HS6 ETCXL-471 |
| Year | 2002 |

**Primary
Antenna**

New Antenna Costs

| Section | Question | Response |
|---|--|----------------------|
| New Antenna Description | Use | Primary (M |
| | Description of Use | N/A |
| | Change Type | Purchase N |
| | 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? | Yes |
| New Antenna Manufacturer and Types | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Elliptical |
| | Type | Slotted Coe |
| | 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) | 592.0 kW |
| | Manufacturer | |
| | Model | ATW19HS6 ETCX-22H |
| | Year | 2019 |

| | |
|-------------------------------|--|
| Justification for New Antenna | A new ante required as current anti designed for channel 48 not work or new chann: 22) |
|-------------------------------|--|

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|--------------------|
| Combiner for Shared Antenna | 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 |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Single Cha |
| | Feed Line Size | 8 3/16 inch inches |
| 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? | 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? | Yes |

**Primary
Transmission
Line**

Existing Transmission Line

| Section | Question | Response |
|---|--|-------------|
| Existing Transmission Line Description | Type of change | Purchase N |
| | Use | Primary (M |
| | 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 | Waveguide |
| | Diameter | N/A |
| | Other Diameter | N/A |
| | Segment Length | N/A |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 2045 feet p |

**Primary
Transmission
Line**

New Transmission Line

| Section | Question | Response |
|------------------------------------|---|--|
| New Transmission Line Costs | Use | Primary (M |
| | Description of Use | N/A |
| | Change Type | Purchase N |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 8 3/16 inch |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 2045 feet p |
| | Justification for New Transmission Line | New line is required be the existing GLW1500 waveguide work on ch: 22. |

**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 | 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 | Yes |
| | 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 | 1064696 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 29° 34' 16.0 |
| | Longitude (NAD83) | 095° 30' 38 |
| | Overall Structure Height | 1973.07 feet |
| | Support Structure Height | 1842.17 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 76.77 feet |
| | Structure Type | GTOWER - Guyed Structure Used for Communication Purposes |

| | |
|------------------|-------------------|
| Tower Owner | American T LLC |
| Date Constructed | 11/19/2001 |

**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 |
|-------------|-----------|---------|
| 35337 | KODA | FM |
| 25439 | KILT-FM | FM |
| 60537 | KFTH-DT | DTV |
| 25449 | KKHH | FM |
| 70492 | KUBE-TV | DTV |
| 35073 | KLOL | FM |
| 66790 | KUGB-CD | DTV |
| 18516 | KTBZ-FM | FM |
| 53847 | KXLN-DT | DTV |
| 24436 | KLTJ | DTV |
| 47749 | KHMX | FM |
| 35524 | KRBE | FM |
| 12895 | KETH-TV | DTV |
| 58835 | KPXB-TV | DTV |

Other Types of Users

| Users |
|---------|
| KVQT-LD |
| KPBX-LD |
| KDHU-LD |

KVVV-LD

**Primary
Tower**

Tower Modification Costs

| Section | Question | Response |
|----------------------|--|----------------------------------|
| Engineering Study | Please what type of engineering study is required, if any: | Study need tower with candelabra |
| Tower Reinforcements | Please select whether tower reinforcements are needed: | Serious Reinforcement needed |

**Primary
Tower**

Tower Rigging Costs

| Section | Question | Response |
|------------------------------|-----------------------------------|------------|
| Tower Rigging Costs | Complex Tower | Candelabra |
| Helicopter Services Required | Are helicopter services required? | Yes |

**Primary
Tower**

Other Tower Expenses Not Listed

| Name | Description |
|--|---|
| Current Antenna Removal Via Helicopter | Helicopter lift to remove current antenna |
| Tower Drawing Package | Tower Permit Drawing Package (Cost per customer of ATC) |
| Ground and Building Permit Drawing Package | Ground & Building A&E Permit Drawing Package (Cost per customer of ATC) |
| Current antenna waveguide removal | removal of current antennas waveguide |

**Outside
Professional
Services
Costs**

| Section | Question | Response |
|---|--|--|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 1040 |
| | Explanation | Project ove of transmitt install, elec connectivity tower work antenna installation. Additional t will be sper tracking fin. and legal p and coordir with other broadcaste |
| 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 | Yes |
| | Environmental Assessment | No |
| | ASR Modification | Yes |
| | FAA Consultation (including preparation of FAA Form 7460) | Yes |
| | 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 | |
| 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 Lev Engineering |

**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

Information not provided.

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 | Yes |
| 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

| Name | Description |
|------|-------------|
|------|-------------|

Public Hearing

Public Hearing (cost per customer) as per *A*
documentation

**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 Justification |
|--|-----------------------------|-----------------------|--|---------------|----------------------|
| Primary Transmitter THU9-36 | \$1,680,591.80 | \$1,250,477.50 | | \$0.00 | |
| RF Filter | <i>\$39,251.80</i> | \$39,251.80 | N/A | N/A | |
| Transmitter Instillation | <i>\$168,340.00</i> | \$168,340.00 | New transmitter installation with filter and electrical | N/A | |
| Other Electrical Service: Electrical Connectivity to new transmitter | <i>\$0.00</i> | \$0.00 | Electrical connection costs are reflected in the installation cost estimate | N/A | |
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | \$1,473,000.00 | \$1,042,885.70 | Transmitter cost from attached proposal with Installation costs (\$8,650 & \$63,600) subtracted as they are indicated elsewhere. | N/A | |
| Sub-total | \$1,680,591.80 | \$1,250,477.50 | N/A | \$0.00 | |
| Total for all systems | \$5,266,291.80 | \$3,382,743.40 | N/A | \$0.00 | |

Components

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 Justification |
|--|-----------------------------|-----------------------|------------------------------|---------------|----------------------|
| Primary Antenna ATW19HS6-ETCX-22H | \$311,480.00 | \$240,150.00 | | \$0.00 | |
| Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed) | \$15,250.00 | \$14,500.00 | N/A | N/A | |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00 | \$219,250.00 | See attached quote from ERI. | N/A | |
| Sub-total | \$311,480.00 | \$240,150.00 | N/A | \$0.00 | |
| Total for all systems | \$5,266,291.80 | \$3,382,743.40 | N/A | \$0.00 | |

Components

Information not provided.

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 Justification |
|---|-----------------------------|-----------------------|--|---------------|----------------------|
| Primary Transmission Line | \$709,615.00 | \$486,325.90 | | \$0.00 | |
| Rigid Transmission Line - copper, 8 3/16" | \$709,615.00 | \$486,325.90 | Line, adapters, and design services from attached Antenna Proposal | N/A | |
| Sub-total | \$709,615.00 | \$486,325.90 | N/A | \$0.00 | |
| Total for all systems | \$5,266,291.80 | \$3,382,743.40 | N/A | \$0.00 | |

Components

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 |
|---|-----------------------------|-----------------------|---|
| Primary Tower GTOWER | \$2,192,300.00 | \$1,096,475.00 | |
| Current antenna waveguide removal | <i>\$166,750.00</i> | \$166,750.00 | see attached "Proposal_Marsand_KTMD_antenna_replace |
| Ground and Building Permit Drawing Package | <i>\$4,700.00</i> | \$4,700.00 | see attached American Tower cost estimate |
| Tower Drawing Package | <i>\$4,700.00</i> | \$4,700.00 | see attached American Tower cost estimate |
| Current Antenna Removal Via Helicopter | <i>\$178,200.00</i> | \$178,200.00 | see attached "Proposal_Marsand_KTMD_antenna_replace |
| Tower Helicopter Lift | <i>\$344,950.00</i> | \$344,950.00 | Installation of new Antenna and line see attached "Proposal_Marsand_KTMD_antenna_replace |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00 | \$0.00 | cost reflected in other portion of form detailing total work required. |
| Serious tower reinforcement /modifications | \$1,052,000.00 | \$375,000.00 | see attached American Tower cost estimate |

| | | | |
|--|----------------|----------------|--|
| Structural engineering tower load study for a documented tower with candelabra | \$20,000.00 | \$22,175.00 | Price for tower mapping and structural engineering, as per ATC documentation |
| Sub-total | \$2,192,300.00 | \$1,096,475.00 | N/A |
| Total for all systems | \$5,266,291.80 | \$3,382,743.40 | N/A |

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 Justification |
|--|-----------------------------|---------------------|------------------------------|---------------|----------------------|
| Outside Professional Services | \$312,975.00 | \$250,550.00 | | \$0.00 | |
| Additional Field Engineering Service, 20 Days | <i>\$20,000.00</i> | \$20,000.00 | N/A | N/A | I |
| RF Exposure Measurements | \$21,050.00 | \$15,000.00 | N/A | N/A | I |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$40,000.00 | N/A | N/A | I |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$1,400.00 | N/A | N/A | I |
| ASR modification (prepare FCC Form 854) | \$2,105.00 | \$500.00 | N/A | N/A | I |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | N/A | I |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | N/A | I |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | I |

| | | | | | |
|--|----------------|----------------|-----|--------|---|
| NEPA Section 106 environmental review, if needed | \$6,310.00 | \$5,400.00 | N/A | N/A | I |
| Project management of the transition | \$164,320.00 | \$156,000.00 | N/A | N/A | I |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | I |
| Sub-total | \$312,975.00 | \$250,550.00 | N/A | \$0.00 | I |
| Total for all systems | \$5,266,291.80 | \$3,382,743.40 | N/A | \$0.00 | I |

Components

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 Justification |
|--|-----------------------------|-----------------------|--------------------------------|---------------|----------------------|
| Other Expenses | \$59,330.00 | \$58,765.00 | | \$0.00 | |
| Public Hearing | <i>\$2,000.00</i> | \$2,000.00 | see attached ATC documentation | N/A | |
| MVPD Notification of Channel Change | <i>\$12,000.00</i> | \$12,000.00 | N/A | N/A | |
| Develop and air announcement of upcoming channel change | <i>\$5,000.00</i> | \$5,000.00 | N/A | N/A | |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$15,000.00</i> | \$15,000.00 | N/A | N/A | |
| Non-zoning permits | <i>\$2,500.00</i> | \$2,500.00 | N/A | N/A | |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | N/A | N/A | |
| Local Zoning | <i>\$750.00</i> | \$750.00 | N/A | N/A | |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | N/A | |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$325.00 | N/A | N/A | |
| Equipment Delivery and Handling Charges | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | |
| Sub-total | \$59,330.00 | \$58,765.00 | N/A | \$0.00 | |
| Total for all systems | \$5,266,291.80 | \$3,382,743.40 | N/A | \$0.00 | |

Components

Information not provided.

**Cost
Information**

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Co |
|------------------------------|--|-----------------------|------------------|
| Total for all systems | \$5,266,291.80 | \$3,382,743.40 | \$0.00 |

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 |
|---|---|----------|
| <p>Submission of Estimated Expenses Statements</p> | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p> <ol style="list-style-type: none"><li data-bbox="790 698 1109 981">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 data-bbox="790 1010 1109 1216">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<li data-bbox="790 1245 1109 1518">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 data-bbox="790 1547 1109 1973">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*

10/26/2017

Attachments

