



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **10202** | Service: **DTV** | Call **KSCE** | Channel: **21 (UHF)**  
 ID: | Sign:  
 File **0000027688**  
 Number:  
 FRN: **0008529935** | Date **06/24**  
 Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CHANNEL 38 CHRISTIAN TELEVISION</b>	GRACE G. RENDALL	+1 (915)	GRACER143@AOL. COM	Not-for-Profit
Doing Business As: CHANNEL 38 CHRISTIAN TELEVISION	2201 EAST WYOMING AVENUE EL PASO, TX 79903 United States	532- 8588		

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Joseph C. Chautin III</b> <i>Attorney</i> <i>Hardy, Carey, Chautin &amp; Balkin, LLP</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey. 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	Replace existing Ch38/39 antenna with a wideband antenna. Replace transmission line, with 4" Heliac. This keeps the center of radiation and location on tower the same, allowing either channel to be able to operate. Replace the transmitter.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	NV7340V
	Year	2016
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	5 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TMU9-5
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3.0 kW
	Justification for New Transmitter	Existing Main transmitter is no longer supported by manufacturer. AXCERA Innovator HX original transmitter replaced with current R&S NV7340 in December, 2016, due to severe system failure. See Narrative.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No

	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	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)	150.0 kW
	Manufacturer	

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Model	PSIUSMD24AP-38/39
Year	2006

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	2
	Number of Panels/Bays	24
	Lower Limit	500.00 MHz
	Upper Limit	626.00 MHz
	Design power capacity in use	19.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	75.0 kW
	Manufacturer	
	Model	RD-24C170- 500626-SL

Year	2017
Justification for New Antenna	Broadband antenna to replace existing Ch 39 antenna to accommodate both existing Ch 39 and repack Ch 21. No tower modifications required. Helix 4" line to replace existing 6-1/8" rigid coax.

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Enter a list of RF channel numbers.**

**RF Channel Number**

39

21

**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
<b>Existing Transmission Line Description</b>	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
<b>Existing Transmission Line Manufacturer and Type</b>	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	0
	Length	362 feet per run

**Primary  
Transmission  
Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	362 feet per run
Justification for New Transmission Line	Existing line is 20 ft. and will not accommodate Ch 21 repack assignment. The 4" Helix will accommodate both Ch 39 and Ch 21. See Narrative	

**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?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1202400
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	31° 48' 18.9" N-
	Longitude (NAD83)	106° 29' 00.7" W-
	Overall Structure Height	388.12 feet
	Support Structure Height	340.88 feet
	Ground Elevation Above Mean Sea Level (AMSL)	5604.92 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Pinnacle Towers LLC
Date Constructed	01/05/2000

**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
68753	KTFN	DTV
49832	KVIA-TV	DTV
67760	KTSM-TV	DTV

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for 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**

Name	Description
Tower Rigging	Tower rigging required to exchange antennas, install new 4" Heliax and remove existing 6-1/8" rigid coax

**Outside  
Professional  
Services  
Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	100
	Explanation	Interface with landlord, and coordinate tower crew, manufacturers and other contractors, deliveries, installation and other work on site. Includes office time, travel and days on site. Requested by Licensee.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A

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

**Other Professional Services Expenses Not Listed**

**Outside  
Professional  
Services  
Costs**

Information not provided.

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**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
<b>Primary Transmitter TMU9-5</b>	<b>\$195,000.00</b>	<b>\$195,000.00</b>		<b>\$72,517.50</b>	
UHF - Air Cooled Solid State Transmitter 3.0 kW	<i>\$195,000.00</i>	\$195,000.00	N/A	\$72,517.50	N/A
<b>Sub-total</b>	\$195,000.00	\$195,000.00	N/A	\$72,517.50	N/A
<b>Total for all systems</b>	\$767,838.00	\$527,026.00	N/A	\$219,965.57	N/A

**Components**

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 3.0 kW	<p><b>Component Description:</b> Primary Transmitter</p> <p><b>Amount:</b> \$72,517.50</p>

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna RD-24C170-500626-SL</b>	<b>\$161,955.00</b>	<b>\$82,385.00</b>		<b>\$40,949.00</b>	
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$10,000.00	N/A	\$5,000.00	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$18,370.00	2 channel 3.5 kW combiner with shipping	\$9,185.00	N/A
UHF - High Power, Side Mount, basic slot antenna, 24 bay,, 75 kW input, directional,, horizontally polarized	<i>\$42,615.00</i>	\$42,615.00	Side mount antenna includes shipping.	\$21,064.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	Sweep test of new line and antenna with report.	\$3,200.00	N/A



Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	Study required to determine best distance from tower to be able to make proper brackets.	\$2,500.00	N/A
<b>Sub-total</b>	\$161,955.00	\$82,385.00	N/A	\$40,949.00	N/A
<b>Total for all systems</b>	\$767,838.00	\$527,026.00	N/A	\$219,965.57	N/A

## Components

Actual Information	
Description	File Name
Side mount brackets for high power antennas (if not included in antenna base cost)	<p><b>Component Description:</b> Primary Antenna - Side Mount Brackets for Antenna</p> <p><b>Amount:</b> \$5,000.00</p>
New combiner, cost per channel (without antenna)	<p><b>Component Description:</b> Primary Antenna - Combiner System</p> <p><b>Amount:</b> \$9,185.00</p>
UHF - High Power, Side Mount, basic slot antenna, 24 bay,, 75 kW input, directional,, horizontally polarized	<p><b>Component Description:</b> Primary Antenna</p> <p><b>Amount:</b> \$21,064.00</p>
Sweep test of existing antenna	<p><b>Component Description:</b> Primary Antenna - Sweep Test</p> <p><b>Amount:</b> \$3,200.00</p>

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Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)

**Component Description:**

Primary Antenna  
- Pattern Scatter  
Analysis

**Amount:**

\$2,500.00

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**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
<b>Primary Transmission Line</b>	<b>\$26,788.00</b>	<b>\$22,000.00</b>		<b>\$8,772.06</b>	
Flexible Air Transmission Line - dielectric, 4"	\$26,788.00	\$22,000.00	Transmission line, mounting hardware and shipping	\$8,772.06	N/A
<b>Sub-total</b>	<b>\$26,788.00</b>	<b>\$22,000.00</b>	N/A	<b>\$8,772.06</b>	N/A
<b>Total for all systems</b>	<b>\$767,838.00</b>	<b>\$527,026.00</b>	N/A	<b>\$219,965.57</b>	N/A

**Components**

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 4"	<p><b>Component Description:</b> Primary Transmission Line</p> <p><b>Amount:</b> \$8,772.06</p>

**Cost Information**

**Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower TOWER</b>	<b>\$294,800.00</b>	<b>\$117,500.00</b>		<b>\$47,550.00</b>	
Tower Rigging	<i>\$40,000.00</i>	\$40,000.00	Includes installation of 4" Heliac and wideband antenna and removal of 6-1/8" rigid coax and Ch 39 antenna.	\$18,800.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$50,000.00	N/A	\$25,000.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$7,500.00	N/A	\$3,750.00	N/A
Short Tower (less than 500')	\$84,200.00	\$20,000.00	Crown Castle Lessor costs	N/A	N/A
<b>Sub-total</b>	<b>\$294,800.00</b>	<b>\$117,500.00</b>	N/A	<b>\$47,550.00</b>	N/A
<b>Total for all systems</b>	<b>\$767,838.00</b>	<b>\$527,026.00</b>	N/A	<b>\$219,965.57</b>	N/A

**Components**

Actual Information	
Description	File Name
Tower Rigging	<p><b>Component Description:</b> Existing Tower - Tower Rigging /Crew</p> <p><b>Amount:</b> \$18,800.00</p>
Minor tower reinforcement /modifications	<p><b>Component Description:</b> Existing Tower - Minor Tower Reinforcement /Modification</p> <p><b>Amount:</b> \$25,000.00</p>
Structural engineering tower load study for well documented tower	<p><b>Component Description:</b> Existing Tower - Structural Load Study</p> <p><b>Amount:</b> \$3,750.00</p>
Short Tower (less than 500')	Information not provided.

**Cost Information**

**Outside Professional Services**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$51,300.00</b>	<b>\$74,746.00</b>		<b>\$50,177.01</b>	
Prepare and or review reimbursement form	\$2,630.00	\$2,996.00	Quote 1802	\$2,996.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$7,000.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$1,250.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,000.00	N/A

Project management of the transition	\$15,800.00	\$45,000.00	See Narrative. Prolonged management due to late phase, coordination and planning at congested site.	\$34,213.01	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$1,718.00	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$5,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$51,300.00	\$74,746.00	N/A	\$50,177.01	N/A
<b>Total for all systems</b>	\$767,838.00	\$527,026.00	N/A	\$219,965.57	N/A

## Components

Actual Information Description	File Name
Prepare and or review reimbursement form	<p><b>Component Description:</b> Review Reimbursement Form</p> <p><b>Amount:</b> \$2,500.00</p> <p><b>Component Description:</b> Portion of Invoice attributable to initial submission of Form 399</p> <p><b>Amount:</b> \$496.00</p>
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b> RF Engineer - Engineering Study for New Channel Assignment</p> <p><b>Amount:</b> \$7,000.00</p>
Address transition timing and coordination issues w/ other stations and wireless	<p><b>Component Description:</b> Transition Timing and Coordination</p> <p><b>Amount:</b> \$1,250.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> RF Engineer - Prepare Engineering Section of Construction Permit Application</p> <p><b>Amount:</b> \$3,000.00</p>



<p>Project management of the transition</p>	<p><b>Component Description:</b> Project management</p> <p><b>Amount:</b> \$29,100.00</p> <p><b>Component Description:</b> Project management</p> <p><b>Amount:</b> \$5,113.01</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> Portion of Invoice attributable to Form 2100 Atty Fees</p> <p><b>Amount:</b> \$1,718.00</p>
<p>Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet</p>	<p>Information not provided.</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>

**Cost Information**

**Other Expenses**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$37,995.00</b>	<b>\$35,395.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	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
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$9,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$37,995.00</b>	<b>\$35,395.00</b>	N/A	<b>\$0.00</b>	N/A

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<b>Total for all systems</b>	\$767,838.00	\$527,026.00	N/A	\$219,965.57	N/A
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### **Components**

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$767,838.00	\$527,026.00	\$219,965.57

**Reimbursement Status**

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

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

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

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

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

**Grace G. Rendall**  
*Vice-  
President &  
General  
Manager*

06/24/2018

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



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

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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

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

**Grace G. Rendall**  
*Vice-  
President &  
General  
Manager*

06/24/2018

## Attachments