## FCC Form 399:

Reimbursement Request

| Facility | 64969 | Service: DTV | Call | KVDA | Channel: $\mathbf{1 5}$ (UHF) |
| :--- | :---: | :--- | :--- | :--- | :--- |
| ID: |  |  |  |  |  |
| Sign: |  |  |  |  |  |
| File | 0000028248 |  |  |  |  |
| Number: |  |  |  |  |  |
| FRN: $\mathbf{0 0 1 9 5 0 9 4 7 0}$ | Date | $\mathbf{0 6 / 2 8}$ |  |  |  |
|  |  | Submitted: | $/ 2018$ |  |  |


| Applicant <br> Information | Applicant Name, Type, and Contact Information |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
|  | Applicant | Address | Phone | Email | Applicant |
|  | NBC | Margaret Tobey | +1 (202) | MARGARET. | Limpe |
|  | TELEMUNDO | 300 NEW | $524-$ | TOBEY@NBCUNI. | Liability |
|  | LICENSE LLC | JERSEY AVE, | 6401 | COM | Company |
|  |  | N.W. |  |  |  |
|  |  | SUITE 700 |  |  |  |
|  |  | WASHINGTON, |  |  |  |
|  |  | DC 20001 |  |  |  |
|  |  | United States |  |  |  |
|  |  |  |  |  |  |

Reimbursement Reimbursement Contact Name and Information
Applicant Address Phone Email
[Confidential]

Preparer Contact Name and Information


| Broadcaster <br> Information <br> and | Question | Response |
| :--- | :--- | :--- |
| Transition the station be sharing equipment with <br> Plan | another broadcast television station or <br> stations (e.g., a shared antenna, co-location <br> on a tower, use of the same transmitter <br> room, multiple transmitters feeding a <br> combiner, etc.)? If yes, enter the facility ID's <br> of the other stations and click 'prefill' to <br> download those stations' licensing <br> information. | Yes |
|  | Briefly describe transition plan Keep existing IOT transmitter/antenna in <br> place for interim use on old channel. Install <br> new antenna in old analog antenna location <br> and install new transmitter for new channel. <br> Remove old IOT transmitter and antenna <br> after channel change. |  |


| TransmittersSection Question <br> Transmitter Related  <br> Expenses  | Do you have transmitter related expenses? | Yes |
| :--- | :--- | :--- | :--- |

Primary
Transmitter
Existing Transmitter Information

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Transmitter Description | Type of change | Purchase <br> New |
|  | Use | Primary <br> (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 | DXC-2H |
|  | Year | 2001 |
|  | Type | Inductive Output Tube |
|  | IOT Power Type | Two |
|  | Power Capacity | 40 kW |


| Primary Transmitter | New Transmitter Costs |  |  |
| :---: | :---: | :---: | :---: |
|  | Section | Question | Response |
|  | New Transmitter | Use | Primary <br> (Main) |
|  |  | Change Type | Purchase <br> New |
|  |  | Is this a request for upgraded equipment? | Yes |
|  |  | Manufacturer |  |
|  |  | Model | THU9-30 |
|  |  | Transmitter Type | Solid State |
|  |  | Solid State Cooling | Liquid <br> Cooled |
|  |  | Solid State Power capacity | 43.71 kW |
|  |  | Justification for New Transmitter | A new solid state transmitter is less expensive then a new IOT transmitter. Proposal for IOT is attached as well as Solid State. R\&S THU-9 /30 chosen as it offers 43.71 kW after filter /RF system which is 1 unit of Headroom above needed TPO of 33.32kW |


| Section | Question | Response |
| :---: | :---: | :---: |
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
|  | Switchgear (industrial 800 amp ) | No |
|  | Transformer (480V) | Yes |
|  | Power | 150 kVA |
|  | Rigid Conduit and Wiring | No |
|  | Size | N/A |
|  | Length | N/A |
|  | Other Electrical Service | No |
|  | Description | N/A |
| 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? | Yes |
|  | Size | $\begin{aligned} & 40.0 \text { square } \\ & \text { feet } \end{aligned}$ |
| 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
Other Transmitter Cost Not Listed
Transmitter 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 |
| :---: | :---: | :---: |
| Existing Antenna Description | Type of change | Purchase <br> 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 <br> Manufacturer and Type | Class | Full Power |
|  | Mounting | Side Mount |
|  | Antenna position in stack | Not in Stack |
|  | Polarization | Elliptical |
|  | Type | Slotted <br> 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) | 1000.0 kW |


| Manufacturer |  |
| :--- | :--- |
| Model | ATW26HS3 |
|  | /5-ESCX-39 <br>  <br>  <br>  <br>  <br> Year |


| Section | Question | Response |
| :---: | :---: | :---: |
| New Antenna Description | Use | Primary <br> (Main) |
|  | Description of Use | N/A |
|  | Change Type | Purchase <br> 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 |
| New Antenna <br> Manufacturer and Types | Class | Full Power |
|  | Mounting | Side Mount |
|  | Antenna position in stack | Not in Stack |
|  | Polarization | Elliptical |
|  | Type | Slotted <br> 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) | 602.0 kW |
|  | Manufacturer |  |


| Model | TFU- <br> $18 D S C / V P-$ <br> R 4C200 |
| :--- | :--- |
| Year | 2017 |
| Justification for New Antenna | New <br> antenna <br> required <br> because <br> the current <br> antenna is <br> for channel <br> 38 and post <br> repack <br> channel is <br> 15 |

## 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 <br> Channel |
|  | Feed Line Size | $73 / 16$ <br> inches <br> inches |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | Yes |


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

Primary
Other Antenna Cost Not Listed
Antenna Information not provided.

| TransmissionSeffiien | Question | Response |
| :---: | :--- | :--- |
| Transmission Line <br> Related Expenses | Do you have transmission line related <br> expenses? | Yes |


| Primary Existing Transmission Line |  |  |
| :---: | :---: | :---: |
| Transmissionseitiôn | Question | Response |
| Existing Transmission Line Description | Type of change | Purchase <br> New |
|  | Use | Primary <br> (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 | Manufacturer |  |
| Type | Type | Rigid |
|  | Diameter | $\begin{aligned} & 73 / 16 \\ & \text { inches } \end{aligned}$ |
|  | Other Diameter | N/A |
|  | Segment Length | 20 inches |
|  | Other Segment Length | N/A |
|  | Number of parallel runs | 1 |
|  | Length | 1512 feet per run |


| Primary New Transmission Line |  |  |
| :---: | :---: | :---: |
| Transmissionsection | Question | Response |
| New Transmission Line Costs | Use | Primary (Main) |
|  | Description of Use | N/A |
|  | Change Type | Purchase <br> New |
|  | Is this a request for upgraded equipment? | No |
|  | Type | Rigid |
|  | Diameter | $\begin{aligned} & 73 / 16 \\ & \text { inches } \end{aligned}$ |
|  | Other Diameter | N/A |
|  | Segment Length | 19 3/4 <br> inches |
|  | Other Segment Length | N/A |
|  | Number of parallel runs | 1 |
|  | Length | 1630 feet per run |
|  | Justification for New Transmission Line | New line required because the current line will not work on the new channel (15) |

Primary

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

Primary Tower

## Existing Tower

| Section | Question | Response |
| :---: | :---: | :---: |
| Existing Tower Description | Type of change | Modify <br> 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? | Yes |
|  | One or more FM, AM or TV radio broadcaster(s) | Yes |
|  | Others Types of Users | Yes |
|  | Is tower documented for structural analysis? | Yes |
|  | Is tower compliant with Rev G? | No |
| Existing Tower <br> Structure Registration | Do you have a tower registration number? | Yes |
|  | ASR Number | 1054166 |
| Coordinates (NAD83 ( North American Datum of 1983)) | Latitude (NAD83) | $\begin{aligned} & 29^{\circ} 17^{\prime} 39.0^{\prime \prime} \\ & N- \end{aligned}$ |
|  | Longitude (NAD83) | $\begin{aligned} & 098^{\circ} 15^{\prime} 32.0^{\prime \prime} \\ & \text { W- } \end{aligned}$ |
|  | Overall Structure Height | 1517.37 feet |
|  | Support Structure Height | 1513.43 feet |
|  | Ground Elevation Above Mean Sea Level (AMSL) | 525.91 feet |


| Structure Type | TOWER - <br> Free <br> Standing or <br> Guyed <br> Structure |
| :--- | :--- |
| Tower Owner | TELEMUNDO <br> OF SAN <br> ANTONIO <br> LICENSE <br> CORP |
| Date Constructed | $09 / 01 / 1989$ |

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 |
| :--- | :--- | :--- |
| 35881 | KWEX-DT | DTV |
| 64969 | KVDA | DTV |

## Other Types of Users

## Users

KRTX-LP

KGMM-CD

Tower Modification Costs

| Section | Question | Response |  |
| :--- | :--- | :--- | :---: |
| Engineering Study | Please what type of engineering study is <br> required, if any: | Study needed <br> for documented <br> tower |  |
| Tower Reinforcements | Please select whether tower reinforcements <br> are needed: | Minor <br> Reinforcements <br> needed |  |

Primary
Tower
Tower Rigging Costs

| Section | Question | Response |
| :--- | :--- | :--- |
| Tower Rigging Costs | Complex Tower | N/A |
| Helicopter Services <br> Required | Are helicopter services required? | No |

Primary
Other Tower Expenses Not Listed
Tower Information not provided.

| Outside | Section | Question | Response |
| :---: | :---: | :---: | :---: |
| Professional Services Costs Outside Project Management Services |  | Do you require outside project management services? | Yes |
|  |  | Number of Hours | 1040 |
|  |  | Explanation | Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. <br> 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 | No |
|  | ASR Modification | No |
|  | 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 | 40 |


| Justification | Transmitter <br> and RF <br> design at <br> ground level |
| :--- | :--- |

Outside
Other Professional Services Expenses Not Listed
Professional Sepryjees Costs

## Description

Transmitter Installation
Transmitter, Electrical, and RF System Installation
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 | No |
|  | Non-zoning permits | No |
|  | 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? | 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 |

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 <br> Cost | Estimated <br> Cost Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Transmitter <br> THU9-30 | \$1,537,520.00 | \$1,085,952.00 |  | \$11,200.00 |  |
| Other -- <br> Building <br> Addition <br> Size: 40.0 | \$38,970.00 | \$38,970.00 | install ice bridge over new heat exchangers including $8.25 \%$ tax. - see attached "quote17442" | \$0.00 | N/A |
| UHF - <br> Liquid <br> Cooled <br> Solid State <br> Transmitter $35-50 \mathrm{~kW}$ | \$1,473,000.00 | \$1,035,782.00 | N/A | N/A | N/A |
| Transformer 3 phase /480v-150 KVA | \$25,550.00 | \$11,200.00 | N/A | \$11,200.00 | N/A |
| Sub-total | \$1,537,520.00 | \$1,085,952.00 | N/A | \$11,200.00 | N/A |
| Total for all systems | \$3,186,381.94 | \$2,344,805.19 | N/A | \$451,624.19 | N/A |

## Components

Actual Information
Description
File Name

| Other -- Building Addition <br> Size: 40.0 | Component Description: | See invoice <br> "building <br> modification" <br> $\$ 18,000.00$ |
| :--- | :--- | :--- |
|  | Amount: |  |
| UHF - Liquid Cooled Solid <br> State Transmitter 35-50 kW | Information not provided. |  |
| Transformer 3 phase/480v - <br> 150 KVA | Component Description: | Transformers for 3 <br> cabinet DTV <br> transmitter <br> $\$ 11,200.00$ |

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


| Side mount <br> brackets <br> for high <br> power <br> antennas <br> (if not | $\$ 23,150.00$ | $\$ 16,425.00$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 14,782.50$ | $\mathrm{~N} / \mathrm{A}$ |
| :--- | :--- | :--- | :--- | :--- | :--- |
| included in |  |  |  |  |  |
| antenna |  |  |  |  |  |
| base cost) |  |  |  |  |  |$\quad$|  |
| :--- | :--- | :--- | :--- | :--- |

## Components

## Actual Information

Description
UHF - High Power, Side Mount, basic slot antenna, 602 kW input, directional,, elliptically or circularly polarized

File Name

Component Description:

Amount:

Component Description:

Amount:

| Component Description: | See lines 1 and <br> 25 of invoice |
| :--- | :--- |
| Amount: | $\$ 64,192.50$ |


| Sweep test of existing <br> antenna | Component Description: | See line 23 of |
| :--- | :--- | :--- |
| invoice. |  |  |
|  | Amount: | $\$ 2,880.00$ |

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 <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Primary <br> Transmission <br> Line | \$472,700.00 | \$287,754.75 |  | \$258,979.28 |  |
| Rigid <br> Transmission Line copper, 73 /16" | \$472,700.00 | \$287,754.75 | N/A | \$258,979.28 | N/A |
| Sub-total | \$472,700.00 | \$287,754.75 | N/A | \$258,979.28 | N/A |
| Total for all systems | \$3,186,381.94 | \$2,344,805.19 | N/A | \$451,624.19 | N/A |

## Components

| Actual Information Description | File Name |  |
| :---: | :---: | :---: |
| Rigid Transmission Line copper, 7 3/16" | Component Description: <br> Amount: | See line 4 of invoice. $\$ 129,489.64$ |
|  | Component Description: <br> Amount: | See line 4 of invoice. $\$ 129,489.64$ |

## Tower Equipment and Rigging Costs

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

|  |  |  | Estimated <br> Crestermined <br> Cost Estimate | Estimated <br> Cost | Justification | Actual Cost |
| :--- | :---: | :--- | :--- | :--- | :--- | :--- | | Actual Cost |
| :--- |
| Justification |

## Components

## Actual Information

Description
Minor tower reinforcement /modifications

File Name

| Component Description: | See invoice <br> "Tower modification" and "Tax on tower modification" |
| :---: | :---: |
| Amount: | \$38,865.00 |

Tall Tower (greater than 500')

| Component Description: | See invoice <br> "Tower crew to <br> install side mount |
| :--- | :--- |
|  | main antenna and <br>  <br>  <br>  <br> Amount: <br>  <br> $\$ 25,1 / 6$ " line" |
|  | $\$ 94.00$ |

Structural engineering tower
load study for well
documented tower

## 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 <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cos Justificatio |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Outside <br> Professional <br> Services | \$525,005.32 | \$510,590.32 |  | \$23,249.67 |  |
| Transmitter Installation | \$198,340.32 | \$198,340.32 | includes <br> installation of transmitter, <br> $R F$, and <br> electrical <br> equipment <br> from attached <br> "KVDA_Install" <br> proposal. Also <br> includes <br> Comark <br> system <br> programming from last line of attached <br> Marsand <br> proposal | \$0.00 | N/A |
| Additional Field <br> Engineering <br> Service, 40 <br> Days | \$40,000.00 | \$40,000.00 | N/A | \$10,000.00 | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | N/A | N/A | N/A |
| Attorney Fees - <br> Negotiation of lease and other matters for shared locations | \$4,210.00 | \$4,000.00 | N/A | N/A | N/A |


| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | \$565.02 | N/A |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Project management of the transition | \$164,320.00 | \$156,000.00 | N/A | \$12,438.95 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Attorney Fees - <br> Prepare and <br> File FCC Form <br> 2100 (main), <br> Construction <br> Permit <br> Application | \$5,260.00 | \$5,000.00 | N/A | \$245.70 | N/A |
| Attorney Fees - <br> Prepare and <br> File FCC Form 2100 (main), <br> License to <br> Cover <br> Application | \$2,365.00 | \$2,250.00 | N/A | N/A | N/A |
| RF Exposure Measurements | \$21,050.00 | \$20,000.00 | N/A | N/A | N/A |
| Sub-total | \$525,005.32 | \$510,590.32 | N/A | \$23,249.67 | N/A |
| Total for all systems | \$3,186,381.94 | \$2,344,805.19 | N/A | \$451,624.19 | N/A |

## Components

## Actual Information

Description
File Name

| Transmitter Installation | Component Description: | See last line of <br> invoice. |
| :--- | :--- | :--- |
|  | Amount: | $\$ 15,000.00$ |


| Project management of the transition | Component Description: <br> Amount: | Project <br> Management <br> Services <br> \$348.95 |
| :---: | :---: | :---: |
|  | Component Description: Amount: | Project <br> Management <br> Services <br> \$2,145.00 |
|  | Component Description: <br> Amount: | Project <br> Management <br> Services <br> \$2,145.00 |
|  | Component Description: Amount: | See itemized breakdown of project management fees on invoice. These are actual hours incurred during the listed months in 2017. \$9,499.46 |
|  | Component Description: <br> Amount: | Project <br> Management <br> Services <br> \$3,510.00 |
|  | Component Description: <br> Amount: | Project <br> Management <br> Services <br> \$4,290.00 |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |  |


| Attorney Fees - Prepare <br> and File FCC Form 2100 <br> (main), Construction Permit <br> Application | Component Description: | See line 2 and half <br> of line 1, less 10\% <br> vendor discount. <br> $\$ 132.30$ |
| :--- | :--- | :--- |
|  | Amount: |  |
|  | Component Description: | See line 1 of <br> invoice, less 10\% <br> vendor discount. |
| Amount: | $\$ 113.40$ |  |
| Attorney Fees -Prepare <br> and File FCC Form 2100 <br> (main), License to Cover <br> Application | Information not provided. |  |
| RF Exposure |  |  |
| Measurements | Information not provided. |  |

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

| Description | Predetermined Cost Estimate | Estimated <br> Cost | Estimated <br> Cost <br> Justification | Actual Cost | Actual Cost Justification |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Other Expenses | \$78,366.62 | \$70,551.62 |  | \$0.00 |  |
| MVPD <br> Notification of Channel Change | \$12,000.00 | \$12,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$20,000.00 | \$20,000.00 | N/A | N/A | N/A |
| Equipment <br> Storage | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Equipment <br> Delivery and <br> Handling <br> Charges | \$2,500.00 | \$2,500.00 | N/A | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$29,286.62 | $\$ 29,286.62$ | see attached <br> "KVDA_Install" <br> proposal for <br> disposal costs <br> of old Comark <br> transmitter <br> after transition. | \$0.00 | N/A |
| FCC Filing <br> Fees - Special Temporary Authorization request | \$195.00 | \$190.00 | 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 <br> Facility <br> Notification | $\$ 11,550.00$ | $\$ 3,750.00$ | $\mathrm{~N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ | $\mathrm{N} / \mathrm{A}$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Sub-total | $\$ 78,366.62$ | $\$ 70,551.62$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 0.00$ | $\mathrm{~N} / \mathrm{A}$ |
| Total for all <br> systems | $\$ 3,186,381.94$ | $\$ 2,344,805.19$ | $\mathrm{~N} / \mathrm{A}$ | $\$ 451,624.19$ | $\mathrm{~N} / \mathrm{A}$ |

## Components

| Actual Information <br> Description | File Name |  |
| :--- | :--- | :--- |
| MVPD Notification of <br> Channel Change | Information not provided. |  |
| Develop and air <br> announcement of upcoming <br> channel change | Information not provided. |  |
| Equipment Storage | Information not provided. |  |
| Equipment Delivery and <br> Handling Charges | Information not provided. |  |
| Disposal Costs (for <br> equipment and other waste, <br> net of any salvage value) | Component Description: | See 1st item of |
| invoice. |  |  |
| FCC Filing Fees - Special | Information not provided. | \$14,643.31 |
| Temporary Authorization <br> request |  |  |
| FCC Filing Fees - Form 2100 <br> license to cover application | Information not provided. |  |
| Dotification Medical Facility | Information not provided. |  |

Total for all systems $\quad \$ 3,186,381.94 \quad \$ 2,344,805.19 \quad \$ 451,624.19$

## Reimbursemefriestatus

The facility has ceased operating on its preauction channel.

Construction of final facilities or all necessary modifications are complete.

All receipts for reimbursement have been
No 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.

## Response

No

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

## Attachments

