



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **6669** | Service: **DTV** | Call **KBTX-TV** | Channel: **16 (UHF)** |
ID: | Sign:
File **0000028641**
Number:
FRN: **0018223693** | Date **08/03**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--|----------------------|---------------------------------|---------------------------------|
| GRAY TELEVISION LICENSEE, LLC | KBTX-TV 6700 AMERICAN PLAZA WACO, TX 76712 United States | +1 (254) 776-1330 | robert. folliard@gray. tv | Limited Liability Company |

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 |
|--|---|-------------------|------------------------|
| Samuel Hariton <i>Widely</i> | Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States | +1 (339) 222-8107 | sam.hariton@widely.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 | The station will be replacing the existing main transmitter, antenna, and transmission line. The auxiliary antenna and transmitter will be replaced, while the auxiliary transmission line will be reused. |

Transmitters

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

**Auxiliary
Transmitter****Add Transmitter Information**

| Section | Question | Response |
|---|--|-----------------------|
| Existing Transmitter Description | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Backup Transmitter |
| | 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 | Diamond CD |
| | Year | 2004 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 5 kW |

**Auxiliary
Transmitter**

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|--|
| New Transmitter | Use | Auxiliary (Backup) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | ULXTE-50 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 31.7 kW |
| | Justification for New Transmitter | Existing Ch50 Harris Diamond CD transmitter cannot be retuned. A new Transmitter is necessary for the assigned CH14 buildout. |

**Auxiliary
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 | The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors. |
| 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 leasehold 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 | 15 |

Auxiliary
Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|------------|---|
| Ice Shield | Ice Shield and Concrete Pads for Aux Transmitter heat exchanger |

**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 | Power CD |
| | Year | 2008 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 60 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 | ULXTE-72 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 47.2 kW |
| | Justification for New Transmitter | Existing CH50 transmitter cannot be retuned for the assigned CH14 frequency |

**Primary
Transmitter**

Other Transmitter Costs

| Section | Question | Response |
|--------------------|---------------------------------------|------------|
| Electrical Service | Service Entrance (3 phases 800A 208V) | No |
| | Switchgear (industrial 800 amp) | No |
| | Transformer (480V) | Yes |
| | Power | 500 kVA |
| | Rigid Conduit and Wiring | Yes |
| | Size | 3 inches |
| | Length | 150.0 feet |

| | | |
|--|---|-----|
| | 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 leasehold 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 | 30 |

**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 |
|---|--|--------------------|
| 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? | No |
| Existing Antenna Manufacturer and Type | 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 | 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 | TFU30GTH /VP-R- 6T140 |
| Year | 2007 |

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? | 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? | No |
| 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) | 471.0 kW |
| | Manufacturer | |
| | | |

| | |
|-------------------------------|---|
| Model | TFU-19ETT /VP-R 6T140 (SP) |
| Year | 2018 |
| Justification for New Antenna | Existing antenna used for CH50 is not broadband and cannot be retuned for the assigned CH14 frequency |

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 Channel |
| | Feed Line Size | 6 1/8 inches 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.

**Interim
Antenna**

New Antenna Costs

| Section | Question | Response |
|--|--|--------------------|
| New Antenna Description | Use | Interim |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | 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? | No |
| New 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/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) | 301.0 kW |
| | Manufacturer | |
| | Model | TFU-24 WB |
| | Year | 2018 |
| | | |

| | | |
|--|-------------------------------|---|
| | Justification for New Antenna | Existing antenna used for channel 50 is not broadband and cannot be returned to the channel 14 frequency. |
|--|-------------------------------|---|

**Interim
Antenna**

Other Antenna Costs

| Section | Question | Response |
|---------------------------------|---|----------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for an 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 |

**Interim
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 |

**Auxiliary
Transmission Line****Add Transmission Line**

| Section | Question | Response |
|--|--|--------------------------|
| Existing Transmission Line Description | Type of change | Utilize Existing |
| | Use | Auxiliary (Backup) |
| | Description of Use | Backup Transmission Line |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmission currently shared with any other stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| Existing Transmission Line Manufacturer and Type | Manufacturer | Andrew |
| | 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 | 1510 feet per run |

| Auxiliary | Other Transmission Line Expenses Not Listed |
|-------------------|---|
| Transmission Line | Information not provided. |

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 | 7 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | 19 1/2 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1690 feet per run |

Primary **New Transmission Line**
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 | 6 1/8 inches |
| | Other Diameter | N/A |
| | Segment Length | 20 inches |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1690 feet per run |
| | Justification for New Transmission Line | Existing transmission line that was used for CH50 is 7-3 /16" diameter, 19.5 foot sections and cannot support the new assigned CH14 |

Primary **Other Transmission Line Expenses Not Listed**
Transmission Line

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? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1062868 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 30° 33' 16.5" N- |
| | Longitude (NAD83) | 096° 01' 52.3" W- |
| | Overall Structure Height | 1649.91 feet |
| | Support Structure Height | 1600.05 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 331.69 feet |

| | | |
|--|------------------|--|
| | Structure Type | TOWER - Free Standing or Guyed Structure |
| | Tower Owner | Gray Television Group, Inc. |
| | Date Constructed | 05/01/2009 |

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: | Serious 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 Analysis and Mapping | Tower Analysis and Mapping performed by TCI in 2016 |

**Outside
Professional Services Costs**

| Section | Question | Response |
|---|--|--------------------|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 900 |
| | Explanation | Strategic Planning |
| Outside RF consulting Engineering Services | 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 | Yes |
| | Quantity | 1 |
| | 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 | Yes |
| | Quantity | 1 |
| | NEPA Section 106 environmental review | No |
| | 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 | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

If wireless is 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 | 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)? | No |
| | 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 |

| | |
|-----------------------|---|
| 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 ULXTE-72 | \$1,787,060.00 | \$1,651,492.09 | | \$0.00 | |
| Additional field engineering time, 10-30 days | \$63,100.00 | \$64,950.00 | Includes state and local tax | N/A | N/A |
| Channel 14 Mask Filter | \$189,500.00 | \$180,000.00 | N/A | N/A | N/A |
| RF Consulting Engineer | \$5,260.00 | \$5,412.50 | State and local taxes | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | \$1,473,000.00 | \$1,347,779.59 | N/A | N/A | N/A |
| Transformer 3 phase/480v - 500 KVA | \$48,400.00 | \$46,000.00 | N/A | N/A | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$7,800.00 | \$7,350.00 | N/A | N/A | N/A |
| Auxiliary Transmitter ULXTE-50 | \$1,267,458.14 | \$1,259,960.64 | | \$0.00 | |
| Ice Shield | <i>\$28,375.00</i> | \$28,375.00 | See attached Jay Burch Construction, Inc. estimate #314. | N/A | N/A |

| | | | | | |
|---|---------------------|----------------|------------------------------|-------------|-----|
| Additional field engineering time, 10-30 days | \$63,100.00 | \$64,950.00 | Includes state and local tax | N/A | N/A |
| Channel 14 Mask Filter | \$189,500.00 | \$180,000.00 | N/A | N/A | N/A |
| Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors. | \$8,000.00 | \$8,000.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 31.7 kW | \$973,223.14 | \$973,223.14 | N/A | N/A | N/A |
| RF Consulting Engineer | \$5,260.00 | \$5,412.50 | State and local taxes | N/A | N/A |
| Sub-total | \$3,054,518.14 | \$2,911,452.73 | N/A | \$0.00 | N/A |
| Total for all systems | \$5,489,975.64 | \$5,130,102.34 | N/A | \$50,019.10 | N/A |

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 Cost Justification |
|--|-----------------------------|---------------------|------------------------------|---------------|---------------------------|
| Interim Antenna TFU-24 WB | \$196,230.00 | \$171,339.75 | | \$0.00 | |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized | \$189,500.00 | \$164,939.75 | See vendor quote | N/A | N/A |
| Primary Antenna TFU-19ETT /VP-R 6T140 (SP) | \$308,530.00 | \$362,857.54 | | \$0.00 | |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | \$12,300.00 | \$12,768.00 | DVT pros quote JEHQ1249 | N/A | N/A |

| | | | | | |
|--|----------------|----------------|--|-------------|-----|
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00 | \$343,161.54 | DTV pros quote JEHQ1249-01 Includes shipping costs | N/A | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,928.00 | State and local taxes | N/A | N/A |
| Sub-total | \$504,760.00 | \$534,197.29 | N/A | \$0.00 | N/A |
| Total for all systems | \$5,489,975.64 | \$5,130,102.34 | N/A | \$50,019.10 | N/A |

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 Cost Justification |
|---|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmission Line | \$341,380.00 | \$324,480.00 | | \$0.00 | |
| Rigid Transmission Line - copper, 6 1/8" | \$341,380.00 | \$324,480.00 | N/A | N/A | N/A |
| Auxiliary Transmission Line | \$0.00 | \$0.00 | | \$0.00 | |
| Sub-total | \$341,380.00 | \$324,480.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$5,489,975.64 | \$5,130,102.34 | N/A | \$50,019.10 | N/A |

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 | Actual Cost | Actual Cost Justification |
|---|-----------------------------|----------------|--|-------------|---------------------------|
| Primary Tower TOWER | \$1,291,337.50 | \$1,056,051.95 | | \$0.00 | |
| Tower Analysis and Mapping | \$16,237.50 | \$16,237.50 | TCI-16-176 | \$0.00 | N/A |
| Serious tower reinforcement /modifications | \$1,052,000.00 | \$476,200.00 | TCI-17-136 | N/A | N/A |
| Structural engineering tower load study for well documented tower | \$12,600.00 | \$12,990.00 | Includes state and local taxes | N/A | N/A |
| Tall Tower (greater than 500') | \$210,500.00 | \$550,624.45 | See attached TCI proposal TCI-17-136, this proposal address the installation of both the main antenna and the interim antenna. | N/A | N/A |
| Sub-total | \$1,291,337.50 | \$1,056,051.95 | N/A | \$0.00 | N/A |
| Total for all systems | \$5,489,975.64 | \$5,130,102.34 | N/A | \$50,019.10 | 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 Cost Justification |
|--|-----------------------------|---------------------|---------------------------------|--------------------|---------------------------|
| Outside Professional Services | \$261,320.00 | \$274,948.13 | | \$50,019.10 | |
| Project management of the transition | \$142,200.00 | \$146,137.50 | Includes state and local taxes. | \$33,720.10 | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$86,600.00 | Includes state and local taxes. | N/A | N/A |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00 | \$2,165.00 | Includes state and local taxes. | N/A | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$3,797.50 | Includes state and local taxes. | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,435.63 | Includes state and local taxes. | N/A | N/A |

| | | | | | |
|---|------------|-------------|---------------------------------------|-------------|-----|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,412.50 | Includes state and local taxes. | \$196.50 | N/A |
| Prepare request for Special Temporary Authorization | \$2,050.00 | \$1,623.75 | Includes state and local taxes. | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,623.75 | Includes state and local taxes. | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,247.50 | Includes state and local taxes. | \$1,775.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$14,327.50 | Increased cost for channel 16 | \$14,327.50 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,706.25 | Includes state and local taxes. | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,706.25 | Includes state and local taxes. | N/A | N/A |

| | | | | | |
|--|----------------|----------------|---------------------------------------|-------------|-----|
| ASR modification (prepare FCC Form 854) | \$2,105.00 | \$2,165.00 | Includes state and local taxes. | N/A | N/A |
| Sub-total | \$261,320.00 | \$274,948.13 | N/A | \$50,019.10 | N/A |
| Total for all systems | \$5,489,975.64 | \$5,130,102.34 | N/A | \$50,019.10 | N/A |

Components

| Actual Information Description | File Name |
|---|--|
| Project management of the transition | Component Description: Project Management Amount: \$3,275.15 |
| | Component Description: Project Management Amount: \$1,833.10 |
| | Component Description: Project Management Amount: \$2,086.25 |
| | Component Description: Project Management Amount: \$2,007.60 |
| | Component Description: Project Mgt, Budget Review, Cost Reconciliation Amount: \$830.80 |
| | Component Description: Project management Amount: \$3,319.40 |

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|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$2,165.40 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$1,328.55 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$1,938.10 |

| | |
|-------------------------------|---|
| Component Description: | Project Mgt, Budget Review, Cost Reconciliation |
| Amount: | \$1,026.45 |

| | |
|-------------------------------|---|
| Component Description: | Project Mgt, Budget Review, Cost Reconciliation |
| Amount: | \$3,624.80 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$1,706.25 |

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|-------------------------------|---|
| Component Description: | Project Mgt, Budget Review, Cost Reconciliation |
| Amount: | \$2,868.80 |

| | |
|-------------------------------|----------------------------|
| Component Description: | Project Mgt /Budget Mgt |
| Amount: | \$839.75 |

| | |
|--|--|
| | Component Description: Project management of the transition Amount: \$3,300.00 |
| | Component Description: Project Management Amount: \$1,541.50 |
| | Component Description: Project Management Amount: \$28.20 |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information not provided. |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Component Description: Complete legal section and file initial repack CP application Amount: \$196.50 |
| Prepare request for Special Temporary Authorization | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. |

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|--|-------------------------------|---|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: | Prepare engineering section of FCC Form 2100, Construction Permit Application |
| | Amount: | \$1,650.00 |
| | Component Description: | Engineering Consulting |
| | Amount: | \$125.00 |
| Perform engineering study for new channel assignment and antenna development | Component Description: | Channel study |
| | Amount: | \$550.00 |
| | Component Description: | Regarding app for channel change of TV repack facility, discussion with FCC staff concerning protection of land-mobile operations on adjacent spectrum. |
| | Amount: | \$7,040.00 |
| | Component Description: | Provide coverage contour map and associated population counts regarding side mount interim antenna at 2 transmitter power levels, & compare '90 day' Ch 14 CP |
| | Amount: | \$250.00 |

| | |
|--|--|
| | <p>Component Description:</p> <p>Revisit prior channel study to identify alternate channels in lieu of repack Ch-14. Provide summary regarding use of Ch-16. Develop final ERP for sub, prep of engineering portion of FCC app.</p> <p>Amount:</p> <p>\$3,287.50</p> |
| | <p>Component Description:</p> <p>Perform engineering study for new channel assignment</p> <p>Amount:</p> <p>\$650.00</p> |
| | <p>Component Description:</p> <p>Perform engineering study for new channel assignment</p> <p>Amount:</p> <p>\$2,550.00</p> |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |
| Prepare and or review reimbursement form | Information not provided. |
| ASR modification (prepare FCC Form 854) | 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 Cost Justification |
|---|-----------------------------|--------------------|---|---------------|---------------------------|
| Other Expenses | \$36,660.00 | \$28,972.24 | | \$0.00 | |
| MVPD Notification of Channel Change | <i>\$1,623.75</i> | \$1,623.75 | Includes state and local taxes. | N/A | N/A |
| Develop and air announcement of upcoming channel change | <i>\$3,450.00</i> | \$3,450.00 | See attached KBTX Channel Change PSA Campaign estimate. | N/A | N/A |
| Equipment Storage | <i>\$2,706.25</i> | \$2,706.25 | Includes state and local taxes. | N/A | N/A |
| Equipment Delivery and Handling Charges | <i>\$16,800.00</i> | \$16,800.00 | TCI Proposal TCI-17-183 | N/A | N/A |
| FCC Filing Fees - Special Temporary Authorization request | \$195.00 | \$205.68 | Includes state and local taxes. | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$351.81 | Includes state and local taxes. | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$3,834.75 | Includes state and local taxes. | N/A | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|-------------|-----|
| Sub-total | \$36,660.00 | \$28,972.24 | N/A | \$0.00 | N/A |
| Total for all systems | \$5,489,975.64 | \$5,130,102.34 | N/A | \$50,019.10 | N/A |

Components

Information not provided.

| Cost Information | Grand Total | | |
|-----------------------|-----------------------------|----------------|-------------|
| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| Total for all systems | \$5,489,975.64 | \$5,130,102.34 | \$50,019.10 |

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

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

| | |
|---|--|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Robert Folliard <i>Assistant Secretary</i></p> <p>08/03/2018</p> |

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

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

| | |
|--|---|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> | |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p> | <p>Robert Folliard <i>Assistant Secretary</i></p> <p>08/03/2018</p> |

Attachments