

(REFERENCE COPY - Not for submission)

#### FCC Form 399: Reimbursement Request

Facility 62424 Service: DTV Call KCDT Channel: 18 (UHF)

Sign:

ID:

File **0000026396** 

Number:

FRN: **0001631738** Date **10/04** 

Submitted: /2018

## Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
STATE BOARD OF EDUCATION, STATE OF IDAHO Doing Business As: IDAHO PUBLIC TELEVISION	Technology Director 1455 NORTH ORCHARD STREET ATTN: RICHARD VAN GENDEREN BOISE, ID 83706 United States	+1 (208) 373- 7220	Dutch@idahoptv.	Government Entity

#### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email	
[Confidential]				

Preparer Contact Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email	
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Richard Van Genderen  Director of Technology  State Board of Education, State of Idaho dba Idaho Public Television	Director of Technology Idaho Public Television 1455 N. Orchard Street Boise, ID 83706 United States	+1 (208) 373-7220	dutch@idahoptv. org
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# 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.	Yes
Briefly describe transition plan	Install interim Aux.antenna and move KCDT-45 and K26LJ-D over to it at reduced output power. (Requires STA) Then decommission existing KCDT-45 antenna and damaged transmission line. Install new UHF wideband antenna and 3 1/8" rigid line on tower.

#### **Transmitters**

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

#### Primary Transmitter

#### **Existing Transmitter Information**

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	DHD15P1
	Year	2002
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	3.75 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	UAXTE-8
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	4.8 kW
	Justification for New Transmitter	Current transmitter is 15 years old and not re-tuneable to new assigned lower 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)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	1.5 inches
	Length	20.0 feet

	Other Electrical Service	Yes
	Description	Will have to add a couple of standard 110V circuits for operation of the dual exciters.
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

#### Primary Transmitter

#### **Other Transmitter Cost Not Listed**

•	Name	Description
	2-port UHF channel combiner	A new 2 port UHF channel combiner will be required. We currently utilize one and it is not tuneable to the new assigned channel.
	Stringent Mask filter	New Stringent Mask filter for new channel assignment

#### **Antennas**

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

#### **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?	Yes
	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	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	8
	Design power capacity in use	60.0 %
	Lower Limit	626.00 MHz
	Upper Limit	806.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	55.0 kW

Manufacturer	
Model	881-8
Year	2002

## Facility ID's and Call Signs of all stations with whom the antenna is shared.

Facility ID	Call Sign
61953	K26LJ-D

#### **New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Broadband Panel
	Number of Stations Supported	2
	Number of Panels/Bays	8
	Lower Limit	494.00 MHz
	Upper Limit	548.00 MHz
	Design power capacity in use	38.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	36.1 kW
	Manufacturer	
	Model	TFU8-WB

Year	2018
Justification for New Antenna	Existing antenna is broadband, but for upper UHF frequencies which KCDT will not be authorized to operate on. A new antenna must be employed for the new lower UHF assignment.

#### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Туре	New
	Number of channels supported	2
	Frequencies of channels supported	Upper and lower frequency
	Frequency	494.0 MHz - 548.0 MHz
	Do you need a combiner output splitter /switcher for dual feed lines?	No
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	3 1/8 inches 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 pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

#### **Other Antenna Cost Not Listed**

Name	Description
Line Adapters	Adapters to go from 3 inch line to 1.5 inch line for proposed aux antenna.
Flexible foam core heliax	To connect Aux/Temp antenna to combiner; 1 5/8" heliax and mounting hardware.
Aux.Temp Antenna	Proposed 2 panel medium power light weight antenna array to be used while tower work being performed for new full power antenna.

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

#### **Existing Transmission Line**

## Primary Transmission Line

n 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?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission	Manufacturer	
Line Manufacturer and Type	Туре	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	105 feet per run

Facility ID's and Call Signs of all stations with whom the transmission line is shared.

Facility ID	Call Sign
61953	K26LJ-D

#### Primary Transmi

#### **New Transmission Line**

nsmissio	n 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
		Туре	Rigid
		Diameter	3 1/8 inches
		Other Diameter	N/A
		Segment Length	Broadband
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	105 feet per run
	Justification for New Transmission Line	Existing line is ice damaged and should be replaced.	

**Primary** Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

#### Interim New Transmission Line

Trans	smiss	sion

n Line Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Туре	Flexible Foam
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	75 feet per run
	Justification for New Transmission Line	This line will connect auxiliary antenna to existing combiner in the effort to keep signals on the air while new antenna and line are installed on tower. It is smaller since the aux antenna has lower power capacity than full power replacement antenna.

#### Interim

#### Other Transmission Line Expenses Not Listed

Transmission Line		Description	
	Hangers- Grounding kit	Will require line hangers and 2 grounding kits for this heliax line.	

# 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	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	No
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure	Do you have a tower registration number?	No
Registration	ASR Number	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	47° 43' 53.66" N-
	Longitude (NAD83)	116° 43' 50.7" W-
	Overall Structure Height	93.00 feet
	Support Structure Height	80.00 feet

Ground Elevation Above Mean Sea Level (AMSL)	4062.00 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Idaho Public Television
Date Constructed	06/01/1991

#### Other Types of Users

Users	
WISP	
LPFM x 3	
LPTV x 4	

#### Primary Tower

#### **Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained
Helicopter Services Required	Are helicopter services required?	No

#### Primary Tower

#### Other Tower Expenses Not Listed

#### Outside Professional

Section	Question	Response
Services Costs Outside Project  Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
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	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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	Prepare and file Form FCC Construction Permit Application	No
Services	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare and file Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A

	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	4
	Justification	Installation of new transmitter by factory technician.

#### Outside Professional

#### Other Professional Services Expenses Not Listed

I Services Costs	Description
Tower Structural Study	Inventory and structural study of existing and proposed loading with new antennas.

## 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	Yes
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	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

Other Expenses Not Listed

**Expenses** 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 UAXTE-8	\$256,800.00	\$165,300.00		\$0.00	
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	\$236,500.00	\$145,000.00	N/A	N/A	N/A
1.5" Rigid Conduit and Wiring	\$800.00	\$800.00	N/A	N/A	N/A
Other Electrical Service: Will have to add a couple of standard 110V circuits for operation of the dual exciters.	\$500.00	\$500.00	N/A	N/A	N/A
Stringent Mask filter	\$5,500.00	\$5,500.00	N/A	N/A	N/A
2-port UHF channel combiner	\$13,500.00	\$13,500.00	N/A	N/A	N/A
Sub-total	\$256,800.00	\$165,300.00	N/A	\$0.00	N/A
Total for all systems	\$1,072,514.00	\$522,731.00	N/A	\$20,615.22	N/A

#### Components

## **Cost Information**

#### **Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TFU8-WB	\$197,679.00	\$149,779.00		\$0.00	
Aux.Temp Antenna	\$15,000.00	\$15,000.00	N/A	N/A	N/A
Flexible foam core heliax	\$1,500.00	\$1,500.00	N/A	N/A	N/A
Line Adapters	\$2,999.00	\$2,999.00	N/A	N/A	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	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$10,500.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 3 1 /8. feedline (if needed)	\$9,340.00	\$8,880.00	N/A	N/A	N/A

UHF - High Power, Side Mount, broadband panel, 8 bay,, 36 kW input, directional,, elliptically or circularly polarized	\$49,500.00	\$49,500.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$50,000.00	N/A	N/A	N/A
Sub-total	\$197,679.00	\$149,779.00	N/A	\$0.00	N/A
Total for all systems	\$1,072,514.00	\$522,731.00	N/A	\$20,615.22	N/A

#### Components

## **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
Interim Transmission Line	\$2,550.00	\$2,475.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$1,800.00	\$1,725.00	N/A	N/A	N/A
Hangers- Grounding kit	\$750.00	\$750.00	N/A	N/A	N/A
Primary Transmission Line	\$12,600.00	\$21,927.00		\$0.00	
Rigid Transmission Line - copper, 3 1 /8" broadband	\$12,600.00	\$21,927.00	Manufacturer quote, includes hangers and grounding, entry port, etc.	N/A	N/A
Sub-total	\$15,150.00	\$24,402.00	N/A	\$0.00	N/A
Total for all systems	\$1,072,514.00	\$522,731.00	N/A	\$20,615.22	N/A

#### Components

## **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	\$421,000.00	\$55,000.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$55,000.00	N/A	N/A	N/A
Sub-total	\$421,000.00	\$55,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,072,514.00	\$522,731.00	N/A	\$20,615.22	N/A

#### Components

## **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 Outside	Predetermined Cost Estimate	Estimated	Estimated Cost	Actual	
Outside		Cost	Justification		Actual Cost Justification
Professional Services	\$150,890.00	\$104,000.00		\$20,282.72	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,009.25	Copy charges more than expected.
Tower Structural Study	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Additional Field Engineering Service, 4 Days	\$11,500.00	\$11,500.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$40,000.00	N/A	\$0.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$270.00	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	\$0.00	N/A

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$2,047.00	This is for a new auxiliary antenna.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$0.00	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	\$8,143.62	Exchanges with antenna manufacturer of proposed replacement antenna for repack. Also construction permit had to be submitted twice.
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$6,767.85	Need to open transmission line and install testing equipment for engineers
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$45.00	N/A
Sub-total	\$150,890.00	\$104,000.00	N/A	\$20,282.72	N/A

Actual Information Description	File Name	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Preparation of forms \$3,009.25
Tower Structural Study	Information not provided.	
Additional Field Engineering Service, 4 Days	Information not provided.	
RF Exposure Measurements	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Attorney Fees - Prepare and File request for Special Temporary Authorization	Component Description: Amount:	Attorney Fees - Prepare & File Request \$270.00
Prepare request for Special Temporary Authorization	Information not provided.	

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application

Component Description: CONSULTING

ENGINEERING
SERVICES
CONCERNING
COMMUNICATON
WITH ANTENNA
MANUFACTURER
AND PREP OF
EXHIBITS FOR
PRELIMINARY
DRAFT OF
ENGINEERING

**STATEMENT** 

**Amount:** \$1,315.00

Component Description: Consulting

engineering services thru 7/18 - draft of inquiry to seek guidance from FCC regarding new antenna installation

**Amount:** \$732.00

Prepare engineering section of FCC Form 2100 (main), License to Cover Application

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application

Component Description: Engineering

statement entitled
"Engineering
Statement....in
support of an
application to
construct repacked

facilities.

**Amount:** \$1,591.62

Component Description: CONSULTING

ENGINEERING SERVICES CONCERNING

ITEMS ON REPACK

**Amount:** \$4,172.00

Component Description: Contact with FCC

staff to present transmission line measurement data

**Amount:** \$2,380.00

Perform engineering study for new channel **Component Description:** RF Engineering assignment and antenna **Consulting Services** development **KCDT** \$5,767.85 Amount: **Component Description:** Prepare engineering statement entitled "Engineering Statement...in support of a modification of pending application to construct repacked facilities KCDT... Amount: \$2,203.90 **Component Description:** Opening transmission line and installing testing equipment on the end connector. Amount: \$1,000.00 Prepare and or review reimbursement form **Component Description:** Review repack transition plan

Amount:

progress report for

**KCDT** 

\$45.00

## **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	\$30,995.00	\$24,250.00		\$332.50	
MVPD Notification of Channel Change	\$500.00	\$500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$1,500.00	\$1,500.00	N/A	\$332.50	N/A
Equipment Storage	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$4,500.00	\$4,500.00	N/A	N/A	N/A
BLM or NFS Coordination	\$250.00	\$250.00	Cost recovery fee for change of use filing on existing lease.	N/A	N/A

FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$0.00	We do not pay filing fees	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$30,995.00	\$24,250.00	N/A	\$332.50	N/A
Total for all systems	\$1,072,514.00	\$522,731.00	N/A	\$20,615.22	N/A

#### Components

Actual Information Description	File Name	
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Component Description:  Amount:	Upcoming Channel Change Announcement. Only \$332.50 of the total charges are related to the upcoming channel change announcement. Other charges are programming related. \$332.50
Equipment Storage	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
BLM or NFS Coordination	Information not provided.	

FCC Filing Fees - Special Temporary Authorization request	Information not provided.
DTV Medical Facility Notification	Information not provided.

## Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,072,514.00	\$522,731.00	\$20,615.22

Reimbursem	envestiatus	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

Section Question Response

## Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

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

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

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

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Dawn Rose Senior Financial Specialist

10/04/2018

Section Question Response

## Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

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

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

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Dawn Rose Senior Financial Specialist

10/04/2018

#### **Attachments**