



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **10205** | Service: **DTV** | Call **KTXL** | Channel: **22 (UHF)**  
ID: | Sign:  
File **0000028562**  
Number:  
FRN: **0005047105** | Date **02/05**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>KTXL, LLC</b> Doing Business As: KTXL, LLC	Bob Karlinsey 4655 FRUITRIDGE ROAD SACRAMENTO, CA 95820 United States	+1 (916) 454-4422	bob. karlinsey@Fox40. com	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
<b>Bill Vanduyhoven ,</b> <b>Vanduyhov .</b> <i>Director of Engineering</i> <i>operations</i> <i>Tribune Broadcasting</i>	Bill Vanduyhoven 2211 Rabbit Hill Cir Dacula, GA 30019 United States	+1 (404) 312- 8693	BillV@Tribunemedia. 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.	Yes
Briefly describe transition plan	Replace top Mount Antenna Replace transmitter

**Transmitters**

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

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

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Ultimate 8K8
	Year	2011
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	8 kW

**Auxiliary  
Transmitter****New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	ULXTE-10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6.3 kW
	Justification for New Transmitter	Current transmitter is not re- tunable and is no longer supported

**Auxiliary  
Transmitter****Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes

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

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Sigma CD-3
	Year	1997
	Type	Inductive Output Tube
	IOT Power Type	Three
	Power Capacity	75 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-120
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	75 kW
	Justification for New Transmitter	Current transmitter is not re-tunable as stated by Manufacturer. Move to Ch 22 from assigned increase transmitter requirement

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches

	Length	200.0 feet
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Space modification</b>	Add structures to support RF system and cooling system
<b>Raised structure</b>	Add additional outside raised platform for equipment.
<b>HVAC Duct work</b>	Re-route cooling to new location



**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	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	TFU-24ETT /VP-R 3BP250SP
Year	2010

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	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) .....	1000.0 kW
	Manufacturer	

Model	TFU-19ETT /VP-R 4C170
Year	2018
Justification for New Antenna	Current antenna will not work on assigned channel

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	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
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	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
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	8
	Lower Limit	470.00 MHz
	Upper Limit	700.00 MHz
	Design power capacity in use	90.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	400.0 kW
	Manufacturer	
	Model	TFU-WB16
	Year	2018

Justification for New Antenna

Temporary antenna to provide service to the viewers during tower work.

**Interim Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	B
	Feed Line Size	4 1/16 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	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?

**Primary Transmission Line** **Add Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	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	Dielectric
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2020 feet per run

**Primary  
Transmission  
Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
Tower top	Special line to go from tower top past lower antenna to top antenna

**Auxiliary  
Transmission  
Line**

**Add Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Utilize Existing
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	Dielectric
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1200 feet per run

**Auxiliary**      **Other Transmission Line Expenses Not Listed**  
**Transmission**      information not provided.  
**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?	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?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1012278
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	38° 16' 18.0" N-
	Longitude (NAD83)	121° 30' 22.0" W-
	Overall Structure Height	1997.02 feet
	Support Structure Height	1939.94 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1.97 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	KTXL, LLC
Date Constructed	09/20/1985

**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
35855	KVIE	DTV
89079	KLRS	FM

**Other Types of Users**

Users
FBI-2 Way
DHS 2 Way

**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**

Information not provided.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	400
	Explanation	Project manger for the tower modification and rigging services.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	No
	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	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	No
	Prepare or Review FCC Form 399 for Reimbursement	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Information not provided.

**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	Yes
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	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?	No
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes



**Other  
Expenses**

**Other Expenses Not Listed**

Information not provided.

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter ULXTE-120</b>	<b>\$2,121,800.00</b>	<b>\$2,020,000.00</b>		<b>\$571,106.08</b>	
HVAC Duct work	<i>\$35,000.00</i>	\$35,000.00	N/A	N/A	N/A
Space modification	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$5,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 68.5 - 75 kW	\$1,999,000.00	\$1,900,000.00	N/A	\$571,106.08	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Raised structure	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
<b>Auxiliary Transmitter ULXTE-10</b>	<b>\$298,500.00</b>	<b>\$275,000.00</b>		<b>\$53,710.40</b>	

UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$250,000.00	N/A	\$53,710.40	N/A
Other Electrical Service: Electrical Install	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$2,420,300.00	\$2,295,000.00	N/A	\$624,816.48	N/A
<b>Total for all systems</b>	\$3,327,145.00	\$2,995,215.00	N/A	\$759,325.99	N/A

## Components

Actual Information	
Description	File Name
HVAC Duct work	Information not provided.
Space modification	Information not provided.
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 68.5 - 75 kW	<b>Component Description:</b> deposit for ULXTE-120  <b>Amount:</b> \$571,106.08
Service entrance 3 phase /800 amp/208 volt	Information not provided.
Raised structure	Information not provided.

UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	<b>Component Description:</b> deposit for ULXTE-10 <b>Amount:</b> \$53,710.40
Other Electrical Service: Electrical Install	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
<b>Interim Antenna TFU-WB16</b>	<b>\$207,180.00</b>	<b>\$119,800.00</b>		<b>\$49,242.38</b>	
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$105,000.00	N/A	\$46,362.38	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$2,880.00	N/A
Elbow complex, broadband, at antenna input, per 4 1/16. feedline (if needed)	\$10,950.00	\$8,400.00	N/A	\$0.00	N/A
<b>Primary Antenna TFU-19ETT /VP-R 4C170</b>	<b>\$308,530.00</b>	<b>\$207,400.00</b>		<b>\$85,267.13</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$2,880.00	N/A

UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$190,000.00	N/A	\$76,815.00	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,000.00	N/A	\$5,572.13	N/A
<b>Sub-total</b>	\$515,710.00	\$327,200.00	N/A	\$134,509.51	N/A
<b>Total for all systems</b>	\$3,327,145.00	\$2,995,215.00	N/A	\$759,325.99	N/A

## Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	<b>Component Description:</b> deposit - reducer 6-50 EIA
	<b>Amount:</b> \$496.13
	<b>Component Description:</b> deposit on TFU-16WB C160 CH 14-51
	<b>Amount:</b> \$45,866.25

Sweep test of existing antenna	<p><b>Component Description:</b> deposit - sweep test</p> <p><b>Amount:</b> \$2,880.00</p>
Elbow complex, broadband, at antenna input, per 4 1/16. feedline (if needed)	Information not provided.
Sweep test of existing antenna	<p><b>Component Description:</b> deposit - sweep test</p> <p><b>Amount:</b> \$2,880.00</p>
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<p><b>Component Description:</b> deposit - reducer 6-75 x 7-75 EIA</p> <p><b>Amount:</b> \$945.00</p> <p><b>Component Description:</b> deposit - VPOL</p> <p><b>Amount:</b> \$7,863.75</p> <p><b>Component Description:</b> deposit - TFU-19ETT/VP-R 4C170</p> <p><b>Amount:</b> \$68,006.25</p>
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	<p><b>Component Description:</b> deposit - elbow complex</p> <p><b>Amount:</b> \$5,572.13</p>

**Cost  
Information**

**Transmission Line**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmission Line</b>	<b>\$21,000.00</b>	<b>\$21,000.00</b>		<b>\$0.00</b>	
Tower top	<i>\$21,000.00</i>	\$21,000.00	N/A	N/A	N/A
<b>Auxiliary Transmission Line</b>	<b>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	
<b>Sub-total</b>	\$21,000.00	\$21,000.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,327,145.00	\$2,995,215.00	N/A	\$759,325.99	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
<b>Primary Tower TOWER</b>	<b>\$210,500.00</b>	<b>\$200,000.00</b>		<b>\$0.00</b>	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$210,500.00</b>	<b>\$200,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$3,327,145.00</b>	<b>\$2,995,215.00</b>	N/A	<b>\$759,325.99</b>	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
<b>Outside Professional Services</b>	<b>\$100,445.00</b>	<b>\$94,500.00</b>		<b>\$0.00</b>	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A

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Project management of the transition	\$63,200.00	\$60,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$100,445.00	\$94,500.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,327,145.00	\$2,995,215.00	N/A	\$759,325.99	N/A

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## Components

Information not provided.

**Cost Information**

**Other Expenses**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$59,190.00</b>	<b>\$57,515.00</b>		<b>\$0.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Local Zoning	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$11,000.00</i>	\$11,000.00	N/A	N/A	N/A

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<b>Sub-total</b>	\$59,190.00	\$57,515.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,327,145.00	\$2,995,215.00	N/A	\$759,325.99	N/A

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### **Components**

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$3,327,145.00	\$2,995,215.00	\$759,325.99

**Reimbursement Status**

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

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

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



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

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

**Teri Ann Guillory**  
*Broadcasting Operations*

02/05/2019

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

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

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

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

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

**Teri Ann  
Guillory**  
*Broadcasting  
Operations*

02/05/2019

## Attachments