



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **62182** | Service: **DTV** | Call **KETC** | Channel: **23 (UHF)** |  
ID: | Sign:  
File **0000028165**  
Number:  
FRN: **0002549566** | Date **09/10**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>ST. LOUIS REGIONAL PUBLIC MEDIA, INC.</b> Doing Business As: ST. LOUIS REGIONAL PUBLIC MEDIA, INC.	3655 OLIVE STREET ST. LOUIS, MO 63108 United States	+1 (314) 512-9145	rskalski@ketc.org	Not-for-Profit

## 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>Greg Best</b> <i>Consulting Engineer</i> <i>Greg Best Consulting Inc.</i>	16100 Outlook Ave. Stilwell, KS 66085 United States	+1 (816) 792-2913	gbconsulting54@gmail.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		Please see the attached KETC Transition Plan.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<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	Diamond
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	8 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?	No
	Manufacturer	
	Model	ULTXE20
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	12 kW
	Justification for New Transmitter	Per the manufacturer the existing transmitter is not supported for conversion to new channel. Transmitter TPO has been selected on the basis of the lower gain of the antenna. Liquid cooling was chosen due to extra HVAC unit & operating cost of air cooling

**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)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	100.0 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**

Information not provided.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	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	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	142.5 kW

Manufacturer	
Model	DIELECTRIC TFU-24DSB
Year	2009



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?	No
	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) .....	88.6 kW
	Manufacturer	

Model	TFU-20GTH O4
Year	2017
Justification for New Antenna	Existing coaxial slot antenna is not designed to operate on repacked 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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	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.
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**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary Transmission Line****Existing Transmission Line**

Section	Question	Response
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 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	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	1100 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Rigid BB Line section.	One section of 6" BB line is needed to adapt the existing line to the new antenna.

**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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	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	1003920
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	38° 28' 56.0" N-
	Longitude (NAD83)	090° 23' 53.0" W-
	Overall Structure Height	1073.15 feet
	Support Structure Height	1000.97 feet
	Ground Elevation Above Mean Sea Level (AMSL)	576.11 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	St. Louis Regional Public Media Inc.
	Date Constructed	11/11/2010

**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
56512	WXOS	FM
72390	WIL-FM	FM

## Primary Tower

### Tower Modification Costs

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

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**  
Information not provided.



**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<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	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare request for Special Temporary Authority	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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	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**

Name	Description
<b>FCC-Required Reporting</b>	Prepare and file FCC required progress reports on Schedule 387 on a quarterly basis.

## Other Expenses

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

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
<b>Additional Legal Fees</b>	Per legal counsel, additional legal fees for top market PBS station with tenants on tall tower requiring extra coordination with project manager.

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 ULTXE20	\$577,850.00	\$549,200.00		\$334,156.44	
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	\$0.00	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	\$6,733.75	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$470,000.00	N/A	\$327,422.69	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Sub-total	\$577,850.00	\$549,200.00	N/A	\$334,156.44	N/A
Total for all systems	\$1,424,200.00	\$1,353,650.00	N/A	\$763,298.96	N/A

Components

Actual Information	
Description	File Name

3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	<p><b>Component Description:</b> Please see attached variance explanation. Reimbursement for line D, Electrical. All other lines will be reimbursed under a different cost line.</p> <p><b>Amount:</b> \$6,733.75</p>
Switchgear - industrial 800 amp	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	<p><b>Component Description:</b> Total invoice \$1,393.78 reimbursable under this category.</p> <p><b>Amount:</b> \$1,393.78</p> <p><b>Component Description:</b> Please see the attached variance explanation. Reimbursement for everything except line D, Electrical, which was requested on a different cost line.</p> <p><b>Amount:</b> \$326,028.91</p>
Service entrance 3 phase /800 amp/208 volt	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
Primary Antenna TFU- 20GTH O4	\$296,230.00	\$281,400.00		\$194,934.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$6,400.00	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$275,000.00	N/A	\$188,534.00	N/A
Sub-total	\$296,230.00	\$281,400.00	N/A	\$194,934.00	N/A
Total for all systems	\$1,424,200.00	\$1,353,650.00	N/A	\$763,298.96	N/A

Components

Actual Information Description	File Name
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Sweep test of existing antenna	<div> <div> <b>Component Description:</b> </div> <div> Please see variance details on attachment. Line 6 of the invoice is being requested on this cost line. Lines 1,3,4,&amp; 5 will be requested on a separate cost line. Line 2 is not reimbursable. </div> </div> <div> <b>Amount:</b> </div> <div> \$6,400.00 </div>
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	<div> <div> <b>Component Description:</b> </div> <div> Please see variance details on attachment. Lines 1,3,4,&amp; 5 are being requested on this cost line. Line 6 of the invoice is being requested on a separate cost line. Line 2 is not reimbursable. </div> </div> <div> <b>Amount:</b> </div> <div> \$188,534.00 </div>



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	\$300.00	\$300.00		\$0.00	
Rigid BB Line section.	<i>\$300.00</i>	\$300.00	N/A	N/A	N/A
Sub-total	\$300.00	\$300.00	N/A	\$0.00	N/A
Total for all systems	\$1,424,200.00	\$1,353,650.00	N/A	\$763,298.96	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	\$381,100.00	\$362,000.00		\$212,276.27	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	\$201,796.27	Additional expense incurred due to fees related to un- anticipated weather days.
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$10,480.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Sub-total	\$381,100.00	\$362,000.00	N/A	\$212,276.27	N/A
Total for all systems	\$1,424,200.00	\$1,353,650.00	N/A	\$763,298.96	N/A

Components

Actual Information	
Description	File Name

Tall Tower (greater than 500')	<div> <div> <b>Component Description:</b> </div> <div> Invoice 2 of 2 - represents final invoice following completion of work. </div> </div> <div> <b>Amount:</b> </div> <div> \$69,136.27 </div> <div> <b>Component Description:</b> </div> <div> Invoice 1 of 2 - represents deposit to begin work. </div> <div> <b>Amount:</b> </div> <div> \$132,660.00 </div>
Structural engineering tower load study for well documented tower	<div> <div> <b>Component Description:</b> </div> <div> Services rendered in connection with a re-run structure analysis to determine pole /tower adequacy - Please note that the email chain will serve as the proposal (as noted in the body of the email) </div> </div> <div> <b>Amount:</b> </div> <div> \$5,280.00 </div> <div> <b>Component Description:</b> </div> <div> Feasibility Tower Analysis </div> <div> <b>Amount:</b> </div> <div> \$5,200.00 </div>
Minor tower reinforcement /modifications	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>\$145,170.00</b>	<b>\$137,750.00</b>		<b>\$14,232.85</b>	
FCC-Required Reporting	<i>\$5,000.00</i>	\$5,000.00	Prepare and file FCC-required progress reports on Schedule 387.	\$3,198.50	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	\$80,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$2,403.00	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$2,166.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$4,950.35	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$202.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,313.00	N/A
<b>Sub-total</b>	\$145,170.00	\$137,750.00	N/A	\$14,232.85	N/A
<b>Total for all systems</b>	\$1,424,200.00	\$1,353,650.00	N/A	\$763,298.96	N/A

## Components

Actual Information	
Description	File Name
FCC-Required Reporting	<p><b>Component Description:</b> Total invoice \$431.00. The first two lines (\$207) are reimbursable under this category. The last two lines (\$224) are reimbursable under "Addl. Legal Fees.</p> <p><b>Amount:</b> \$207.00</p> <p><b>Component Description:</b> Entire invoice reimbursable under this category (\$56.00)</p> <p><b>Amount:</b> \$56.00</p> <p><b>Component Description:</b> Total inv \$35 is reimbursable under this category.</p> <p><b>Amount:</b> \$35.00</p>

	<p><b>Component Description:</b></p> <p>Total inv \$2,350.50. Lines 1 (\$50.50), 4 (\$252.50) and 6 (\$151.50) are reimbursable under this category. All other lines reimbursable under other categories.</p> <p><b>Amount:</b></p> <p>\$454.50</p>
	<p><b>Component Description:</b></p> <p>Total invoice \$151.50. The second line (\$50.50) is reimbursable under this category. The first line (\$101) is reimbursable under "Addl. Legal Fees".</p> <p><b>Amount:</b></p> <p>\$50.50</p>
	<p><b>Component Description:</b></p> <p>Entire invoice reimbursable under this category (\$353.50)</p> <p><b>Amount:</b></p> <p>\$353.50</p>
	<p><b>Component Description:</b></p> <p>Total inv \$4,059. Lines 2-7 (\$2,042) are reimbursable under this category. All other lines reimbursable under other categories.</p> <p><b>Amount:</b></p> <p>\$2,042.00</p>
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	<div> <div> <b>Component Description:</b> </div> <div> Total inv \$2,958.50. Lines 1-6 and 9-13 (\$2,201) are reimbursable under this category. All other lines reimbursable under other categories. </div> </div> <div> <b>Amount:</b> </div> <div> \$2,201.00 </div> <div> <b>Component Description:</b> </div> <div> Total inv \$4,059. Line 1 (\$202) is reimbursable under this category. All other lines reimbursable under other categories. </div> <div> <b>Amount:</b> </div> <div> \$202.00 </div>
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<div> <div> <b>Component Description:</b> </div> <div> Entire invoice reimbursable under this category (\$351) </div> </div> <div> <b>Amount:</b> </div> <div> \$351.00 </div> <div> <b>Component Description:</b> </div> <div> Total inv \$4,059. Lines 8-12 (\$1,815) are reimbursable under this category. All other lines reimbursable under other categories. </div> <div> <b>Amount:</b> </div> <div> \$1,815.00 </div>



<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="702 174 1015 208"><b>Component Description:</b></td><td data-bbox="1147 174 1366 483">The second line of this invoice is the only reimbursable portion. The remainder of the lines will not be submitted for reimbursement.</td></tr> <tr> <td data-bbox="702 495 815 528"><b>Amount:</b></td><td data-bbox="1147 495 1246 528">\$151.50</td></tr> <tr> <td data-bbox="702 633 1015 667"><b>Component Description:</b></td><td data-bbox="1147 633 1374 786">Entire invoice is reimbursable under this category (\$151.50)</td></tr> <tr> <td data-bbox="702 797 815 831"><b>Amount:</b></td><td data-bbox="1147 797 1246 831">\$151.50</td></tr> <tr> <td data-bbox="702 936 1015 969"><b>Component Description:</b></td><td data-bbox="1147 936 1374 1088">Entire invoice is reimbursable under this category (\$3,274.85)</td></tr> <tr> <td data-bbox="702 1099 815 1133"><b>Amount:</b></td><td data-bbox="1147 1099 1267 1133">\$3,274.85</td></tr> <tr> <td data-bbox="702 1238 1015 1272"><b>Component Description:</b></td><td data-bbox="1147 1238 1374 1391">Entire invoice is reimbursable under this category (\$1,372.50)</td></tr> <tr> <td data-bbox="702 1402 815 1435"><b>Amount:</b></td><td data-bbox="1147 1402 1267 1435">\$1,372.50</td></tr> </table>	<b>Component Description:</b>	The second line of this invoice is the only reimbursable portion. The remainder of the lines will not be submitted for reimbursement.	<b>Amount:</b>	\$151.50	<b>Component Description:</b>	Entire invoice is reimbursable under this category (\$151.50)	<b>Amount:</b>	\$151.50	<b>Component Description:</b>	Entire invoice is reimbursable under this category (\$3,274.85)	<b>Amount:</b>	\$3,274.85	<b>Component Description:</b>	Entire invoice is reimbursable under this category (\$1,372.50)	<b>Amount:</b>	\$1,372.50
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<b>Amount:</b>	\$1,372.50																
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>																
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>																
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>																

Perform engineering study for new channel assignment and antenna development	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	<p><b>Component Description:</b> Total inv \$2,350.50. Line 14 (\$202) is reimbursable under this category. All other lines reimbursable under other categories.</p> <p><b>Amount:</b> \$202.00</p>
Prepare and or review reimbursement form	<p><b>Component Description:</b> Total inv \$808 is reimbursable under this category.</p> <p><b>Amount:</b> \$808.00</p> <p><b>Component Description:</b> Total inv \$2,350.50. Line 7 (\$252.50) is reimbursable under this category. All other lines reimbursable under other categories.</p> <p><b>Amount:</b> \$252.50</p> <p><b>Component Description:</b> Total inv \$252.50 is reimbursable under this category.</p> <p><b>Amount:</b> \$252.50</p>

Cost  
Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$23,550.00	\$23,000.00		\$7,699.40	
Additional Legal Fees	<i>\$5,000.00</i>	\$5,000.00	Per legal counsel, additional legal fees required due to legal consultations with stations staff and consultants regarding interim operations on tall tower, as well as coordinating planned transition with multiple tenants.	\$2,608.90	N/A
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	\$1,161.50	N/A
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$2,000.00</b>	\$2,000.00	N/A	N/A	N/A
Local Zoning	<b>\$1,000.00</b>	\$1,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$3,929.00	N/A
<b>Sub-total</b>	\$23,550.00	\$23,000.00	N/A	\$7,699.40	N/A
<b>Total for all systems</b>	\$1,424,200.00	\$1,353,650.00	N/A	\$763,298.96	N/A

## Components

Actual Information	
Description	File Name
Additional Legal Fees	<p><b>Component Description:</b> Total inv \$2,350.50. Line 8 (\$303) is reimbursable under this category. All other lines reimbursable under other categories.</p> <p><b>Amount:</b> \$303.00</p> <p><b>Component Description:</b> All line items on invoice are reimbursable (\$606.40) under Additional Legal Fees</p> <p><b>Amount:</b> \$606.40</p>

<b>Component Description:</b>	Total inv \$2,350.50. Lines 7 (\$454.50) and 9 (\$101) are reimbursable under this category. All other lines reimbursable under other categories.
<b>Amount:</b>	\$555.50

<b>Component Description:</b>	Total invoice \$151.50. The first line (\$101) is reimbursable under this category. The last line (\$50.50) is reimbursable under "FCC Required Reporting".
<b>Amount:</b>	\$101.00

<b>Component Description:</b>	Entire invoice reimbursable under this category (\$819)
<b>Amount:</b>	\$819.00

<b>Component Description:</b>	Total invoice \$431.00. The last two lines (\$224) are reimbursable under this category. The first two lines (\$207) are reimbursable under "FCC Req'd Reporting".
<b>Amount:</b>	\$224.00

MVPD Notification of Channel Change	<p><b>Component Description:</b></p> <p>Total inv \$2,350.50. Lines 2 (\$404), 3 (\$454.50) and 5 (\$303) are reimbursable under this category. All other lines reimbursable under other categories.</p> <p><b>Amount:</b></p> <p>\$1,161.50</p>
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Local Zoning	Information not provided.

DTV Medical Facility Notification	<div data-bbox="702 168 1428 616"> <p><b>Component Description:</b> Total inv \$2,350.50. Lines 8 (\$101) and 10 (\$78) are reimbursable under this category. All other lines reimbursable under other categories.</p> <p><b>Amount:</b> \$179.00</p> </div> <div data-bbox="702 705 1428 918"> <p><b>Component Description:</b> Total inv \$3,750 is reimbursable under this category.</p> <p><b>Amount:</b> \$3,750.00</p> </div> <div data-bbox="702 1008 1428 1131"> <p><b>Component Description:</b> FCC Medical Notifications</p> <p><b>Amount:</b> \$3,750.00</p> </div>
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**Cost  
Information****Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,424,200.00	\$1,353,650.00	\$763,298.96

**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"> <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.

<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><b>Denise Kahle</b> <i>Controller</i></p> <p>09/10/2019</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<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.

<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><b>Denise Kahle</b> <i>Controller</i></p> <p>09/10/2019</p>

## Attachments