



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **23342** | Service: **DTV** | Call **WOWK-TV** | Channel:  
ID: | Sign:  
**10 (High VHF)** | File **0000028501**  
Number:  
FRN: **0009961889** | Date **01/28**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NEXSTAR BROADCASTING, INC.</b>	ELIZABETH RYDER 545 E. JOHN CARPENTER FREEWAY SUITE 700 IRVING, TX 75062 United States	+1 (972) 373-8800	ERYDER@NEXSTAR.TV	Corporation

## 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>Elizabeth Ryder</b> <i>General Counsel</i> <i>Nexstar Broadcasting, Inc.</i>	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv

**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 transmitter and antenna using existing line. Acquire interim antenna and line for continued operation during construction and duration of the assigned phase. Map and analyze tower; design and implement modifications if required. See attached.

**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	PTCD10P1- i
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	4 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	VAXTE-3R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.4 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter advises that the transmitter cannot be re-tuned to the assigned channel. See attachment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	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**

Name	Description
<b>Standby Exciter and Switch</b>	Standby Exciter with Automatic Change Over Switch
<b>Additional Interior RF System</b>	Interior RF System Existing Transmitter to Interim Transmission line

**Antennas**

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

## Primary Antenna

### Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Other
	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	Travelling Wave
	ERP: (Effective Radiated Power) .....	12.5 kW

Manufacturer	
Model	TW-9A13-R
Year	2000



## 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?	Yes
	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	Top
	Polarization	Circular
	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) .....	37.0 kW
	Manufacturer	
	Model	THV-9A10 /VP-R O4

Year	2020
Justification for New Antenna	The existing primary antenna is a single channel traveling wave which cannot accommodate the 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?	
	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	4 1/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	
<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
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**Primary  
Antenna**

**Other Antenna Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Extension pole</b>	9.7-ft Extension Pole required in order to maintain authorized FAA height
<b>Elbow Kit</b>	Elbow kit 6-1/8" 50 Ohm to connect antenna input to existing line inside and at top of existing lower stack antenna

**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	192.00 MHz
	Upper Limit	216.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	12.5 kW
	Manufacturer	
	Model	TLS-V8BB- R
	Year	2019

	Justification for New Antenna	An interim antenna is necessary to keep station on the air during primary antenna replacement and for the duration of the assigned phase.
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## 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	3 1/8 inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<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?	Yes

**Primary**  
**Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1140 feet per run

**Primary**      **New Transmission Line**  
**Transmission Line**      **Section**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1210 feet per run
	Justification for New Transmission Line	Existing line lengths are 20' which will cause VSWR add up in band on CH10. The line must be replaced.

**Primary**      **Other Transmission Line Expenses Not Listed**  
**Transmission Line**      **Information not provided.**



**Interim**  
**Transmission Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Rigid
	Diameter	3 1/8 inches
	Segment Length	19 ½ '
	Other Segment Length	
	Number of parallel runs	1
	Length	1000 feet per run
	Justification for New Transmission Line	An interim transmission line is necessary for the interim antenna to keep station on the air during primary antenna replacement and for the duration of the assigned phase.

**Interim**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	38° 30' 21.1" N-
	Longitude (NAD83)	082° 12' 32.3" W-
	Overall Structure Height	1159.11 feet
	Support Structure Height	1154.84 feet
	Ground Elevation Above Mean Sea Level (AMSL)	971.77 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Nexstar Broadcasting, Inc.
Date Constructed	07/07/2015

**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
60450	WAMX	FM
65130	WQCW	DTV

## Primary Tower

### Tower Modification Costs

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

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A

<b>Helicopter Services Required</b>	Are helicopter services required?	No
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**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	304
	Explanation	Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. Internal accounting and Project management.
<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	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No

RF exposure measurements	No
Additional Field Engineering Service	Yes
Number of Days	17
Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

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

Services provided.

## 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	No
	Non-zoning permits	Yes
	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?	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



<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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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 VAXTE-3R37	\$302,450.00	\$239,422.50		\$30,974.17	
Additional Interior RF System	<i>\$56,000.00</i>	\$56,000.00	N/A	N/A	N/A
Standby Exciter and Switch	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	\$152,500.00	\$92,922.50	See GatesAir quote Q-84090	\$30,974.17	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Sub-total	\$302,450.00	\$239,422.50	N/A	\$30,974.17	N/A
Total for all systems	\$1,907,988.00	\$1,717,138.30	N/A	\$616,388.81	N/A

Components

Actual Information	
Description	File Name
Additional Interior RF System	Information not provided.
Standby Exciter and Switch	Information not provided.
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	<div> <div>Component Description:</div> <div>Transmitter, installment #1</div> <div>Amount:</div> <div>\$30,974.17</div> </div>
Transformer 3 phase/480v - 150 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
3" Rigid Conduit and Wiring (Cost per foot)	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 TLS-V8BB-R</b>	<b>\$126,830.00</b>	<b>\$113,993.00</b>		<b>\$83,396.70</b>	
High VHF - High Power Side Mount One Station horizontally polarized	<i>\$82,350.00</i>	\$82,350.00	See attached Dielectric quote (700455CMZ-2)	\$74,115.00	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,260.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 3 1/8. feedline (if needed)	\$9,340.00	\$9,340.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,730.00	N/A	N/A	N/A

Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$10,313.00	See attached Dielectric quote (700455CMZ-2)	\$9,281.70	N/A
<b>Primary Antenna THV-9A10 /VP-R 04</b>	<b>\$311,086.00</b>	<b>\$309,894.00</b>		<b>\$272,847.60</b>	
Sweep test of existing antenna	\$6,730.00	\$6,730.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	\$9,570.00	\$8,378.00	See attached Dielectric quote (DMS163-5)	\$7,540.20	N/A
Elbow Kit	<b>\$7,530.00</b>	\$7,530.00	See attached Dielectric quote (DMS163-5)	\$6,777.00	N/A
Extension pole	<b>\$39,306.00</b>	\$39,306.00	See attached Dielectric quote (DMS163-5)	\$35,375.40	N/A
High VHF - High Power Top Mount One Station elliptically or circularly polarized	<b>\$247,950.00</b>	\$247,950.00	See attached Dielectric quote (DMS163-5) less vpol (\$39,724)	\$223,155.00	N/A

<b>Sub-total</b>	\$437,916.00	\$423,887.00	N/A	\$356,244.30	N/A
<b>Total for all systems</b>	\$1,907,988.00	\$1,717,138.30	N/A	\$616,388.81	N/A

## Components

Actual Information	
Description	File Name
High VHF - High Power Side Mount One Station horizontally polarized	<p><b>Component Description:</b> Auxiliary antenna, installment #2</p> <p><b>Amount:</b> \$37,057.50</p> <p><b>Component Description:</b> Auxiliary antenna, installment #1</p> <p><b>Amount:</b> \$37,057.50</p>
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Information not provided.
Elbow complex, broadband, at antenna input, per 3 1/8. feedline (if needed)	Information not provided.
Sweep test of existing antenna	Information not provided.
Side mount brackets for high power antennas (if not included in antenna base cost)	<p><b>Component Description:</b> Mounting brackets, installment #2</p> <p><b>Amount:</b> \$4,640.85</p> <p><b>Component Description:</b> Mounting brackets, installment #1</p> <p><b>Amount:</b> \$4,640.85</p>

Sweep test of existing antenna	Information not provided.	
Elbow complex, single channel, at antenna input, per 4 1/16. feedline (if needed)	<b>Component Description:</b> <b>Amount:</b>	Elbow complex, installment #1 \$3,770.10
	<b>Component Description:</b> <b>Amount:</b>	Elbow complex, installment #2 \$3,770.10
Elbow Kit	<b>Component Description:</b> <b>Amount:</b>	Elbow kit, installment #1 \$3,388.50
	<b>Component Description:</b> <b>Amount:</b>	Elbow kit, installment #2 \$3,388.50
Extension pole	<b>Component Description:</b> <b>Amount:</b>	Extension pole, installment #1 \$17,687.70
	<b>Component Description:</b> <b>Amount:</b>	Extension pole, installment #2 \$17,687.70
High VHF - High Power Top Mount One Station elliptically or circularly polarized	<b>Component Description:</b> <b>Amount:</b>	Main antenna, installment #1 \$111,577.50
	<b>Component Description:</b> <b>Amount:</b>	Main antenna, installment #2 \$111,577.50

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	\$104,000.00	\$87,400.60		\$78,660.54	
Rigid Transmission Line - copper, 3 1/8"	\$104,000.00	\$87,400.60	See attached Dielectric quote (700455CMZ-2)	\$78,660.54	N/A
Primary Transmission Line	\$171,820.00	\$112,578.20		\$100,554.30	
Rigid Transmission Line - copper, 4 1/16"	\$171,820.00	\$112,578.20	See attached Dielectric quote (DMS163-5)	\$100,554.30	N/A
Sub-total	\$275,820.00	\$199,978.80	N/A	\$179,214.84	N/A
Total for all systems	\$1,907,988.00	\$1,717,138.30	N/A	\$616,388.81	N/A

Components

Actual Information Description	File Name
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Rigid Transmission Line - copper, 3 1/8"	<div> <div> <b>Component Description:</b> </div> <div> Transmission line, installment #2, lines 3 and 6 of invoice </div> </div> <div> <b>Amount:</b> </div> <div> \$39,330.27 </div> <div> <b>Component Description:</b> </div> <div> Transmission line, installment #1, lines 3 and 6 of invoice </div> <div> <b>Amount:</b> </div> <div> \$39,330.27 </div>
Rigid Transmission Line - copper, 4 1/16"	<div> <div> <b>Component Description:</b> </div> <div> Transmission line, installment #1, lines 5 and 9 of invoice </div> </div> <div> <b>Amount:</b> </div> <div> \$50,277.15 </div> <div> <b>Component Description:</b> </div> <div> Transmission line, installment #2, lines 5 and 9 of invoice </div> <div> <b>Amount:</b> </div> <div> \$50,277.15 </div>

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	\$657,800.00	\$625,000.00		\$0.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Sub-total	\$657,800.00	\$625,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,907,988.00	\$1,717,138.30	N/A	\$616,388.81	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>\$116,952.00</b>	<b>\$112,350.00</b>		<b>\$24,955.50</b>	
Additional Field Engineering Service, 17 Days	<i>\$34,000.00</i>	\$34,000.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	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	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	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	\$3,000.00	N/A
Project management of the transition	\$48,032.00	\$45,600.00	N/A	\$12,455.50	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$7,000.00	N/A
<b>Sub-total</b>	\$116,952.00	\$112,350.00	N/A	\$24,955.50	N/A
<b>Total for all systems</b>	\$1,907,988.00	\$1,717,138.30	N/A	\$616,388.81	N/A

## Components

Actual Information	
Description	File Name
Additional Field Engineering Service, 17 Days	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<b>Component Description:</b>  <b>Amount:</b>	Prepare engineering section of Construction Permit Application \$3,000.00
	<b>Component Description:</b>  <b>Amount:</b>	Vendor has issued a revised invoice. (\$3,000.00)
	<b>Component Description:</b>  <b>Amount:</b>	Prepare engineering section of FCC Form 2100, item 4 from invoice summary. \$3,000.00
Project management of the transition	<b>Component Description:</b>  <b>Amount:</b>	Project management services 5/26/18 through 6/29/18 including Form 387 transition plan progress report \$270.00
	<b>Component Description:</b>  <b>Amount:</b>	Project Management for Structural Analysis and Tower Modifications. Services from June 30, 2018 through July 27, 2018. \$375.00

<b>Component Description:</b>	Project management services 12.1.18 through 1.31.19
<b>Amount:</b>	\$450.00

<b>Component Description:</b>	Project management services 09.29.18 through 10.26.18
<b>Amount:</b>	\$600.00

<b>Component Description:</b>	Project management services April 2019
<b>Amount:</b>	\$45.50

<b>Component Description:</b>	Project management services 6.1.19 through 6.28.19
<b>Amount:</b>	\$75.00

<b>Component Description:</b>	Project management services 3.30.19 through 4.26.19
<b>Amount:</b>	\$150.00

<b>Component Description:</b>	Project management services March 2019
<b>Amount:</b>	\$214.50

<b>Component Description:</b>	Project management services
<b>Amount:</b>	\$1,967.00

<b>Component Description:</b>	Project management services 3.2.19 through 3.29.19
<b>Amount:</b>	\$150.00

<b>Component Description:</b>	Project management services
<b>Amount:</b>	\$3,660.00

<b>Component Description:</b>	Project management services 4.27.19 through 5.31.19
<b>Amount:</b>	\$300.00

<b>Component Description:</b>	Project management services February 2019
<b>Amount:</b>	\$123.50

<b>Component Description:</b>	Project Management for Structural Analysis and Tower Modifications. Services from January 1, 2018 through January 26, 2018.
<b>Amount:</b>	\$750.00



<b>Component Description:</b>	Project Management for Structural Analysis and Tower Modifications. Services from July 1, 2017 through July 28, 2017.
<b>Amount:</b>	\$1,000.00

<b>Component Description:</b>	Project management services 2.1.19 through 3.1.19
<b>Amount:</b>	\$225.00

<b>Component Description:</b>	Project Management for Structural Analysis and Tower Modifications including consultants Kessler and Gehman Associates. Services from October 27, 2017 through December 31, 2017.
<b>Amount:</b>	\$300.00

<b>Component Description:</b>	Project management services 10.27.18 through 11.30.18
<b>Amount:</b>	\$700.00

<b>Component Description:</b>	Vendor has issued a revised invoice.
<b>Amount:</b>	(\$1,000.00)

<b>Component Description:</b>	Project management services, item 1 from invoice summary
<b>Amount:</b>	\$525.00

<b>Component Description:</b>	Vendor has issued a revised invoice.
<b>Amount:</b>	(\$300.00)

<b>Component Description:</b>	Prepare FCC Schedule 387, item 5 from invoice summary.
<b>Amount:</b>	\$300.00

<b>Component Description:</b>	Project management services 7.28.18 through 9.28.18
<b>Amount:</b>	\$1,575.00

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<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 174 1015 210"><b>Component Description:</b></td><td data-bbox="1150 174 1370 365">Per KGA invoice 918-46 and related Service Order Agreement for these services.</td></tr> <tr> <td data-bbox="708 376 815 412"><b>Amount:</b></td><td data-bbox="1150 376 1267 412">\$2,500.00</td></tr> <tr> <td data-bbox="708 517 1015 553"><b>Component Description:</b></td><td data-bbox="1150 517 1353 667">Prepare reimbursement form, item 2 from invoice summary.</td></tr> <tr> <td data-bbox="708 678 815 714"><b>Amount:</b></td><td data-bbox="1150 678 1267 714">\$2,500.00</td></tr> <tr> <td data-bbox="708 819 1015 855"><b>Component Description:</b></td><td data-bbox="1150 819 1366 884">Vendor has issued a revised invoice.</td></tr> <tr> <td data-bbox="708 896 815 931"><b>Amount:</b></td><td data-bbox="1150 896 1283 931">(\$2,500.00)</td></tr> </table>	<b>Component Description:</b>	Per KGA invoice 918-46 and related Service Order Agreement for these services.	<b>Amount:</b>	\$2,500.00	<b>Component Description:</b>	Prepare reimbursement form, item 2 from invoice summary.	<b>Amount:</b>	\$2,500.00	<b>Component Description:</b>	Vendor has issued a revised invoice.	<b>Amount:</b>	(\$2,500.00)
<b>Component Description:</b>	Per KGA invoice 918-46 and related Service Order Agreement for these services.												
<b>Amount:</b>	\$2,500.00												
<b>Component Description:</b>	Prepare reimbursement form, item 2 from invoice summary.												
<b>Amount:</b>	\$2,500.00												
<b>Component Description:</b>	Vendor has issued a revised invoice.												
<b>Amount:</b>	(\$2,500.00)												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>												

Perform engineering study for new channel assignment and antenna development	<b>Component Description:</b>	Perform engineering study for new channel assignment, item 3 from invoice summary
	<b>Amount:</b>	\$7,000.00
	<b>Component Description:</b>	Vendor has issued a revised invoice.
	<b>Amount:</b>	(\$7,000.00)
	<b>Component Description:</b>	Perform engineering study for new channel assignment and antenna development
	<b>Amount:</b>	\$7,000.00

## 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
<b>Other Expenses</b>	<b>\$117,050.00</b>	<b>\$116,500.00</b>		<b>\$25,000.00</b>	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$25,000.00</i>	\$25,000.00	N/A	\$25,000.00	N/A
Equipment Delivery and Handling Charges	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$117,050.00</b>	<b>\$116,500.00</b>	N/A	<b>\$25,000.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,907,988.00</b>	<b>\$1,717,138.30</b>	N/A	<b>\$616,388.81</b>	N/A

## Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
DTV Medical Facility Notification	Information not provided.
Non-zoning permits	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	<div> <b>Component Description:</b> Transmitter site work for removal of filters, combiners, RF System, waveguide, dummy loads with quote. </div> <div> <b>Amount:</b> \$25,000.00 </div>
Equipment Delivery and Handling Charges	Information not provided.
Equipment Storage	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>	\$1,907,988.00	\$1,717,138.30	\$616,388.81

**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
	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.

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.

**Elizabeth  
Ryder**  
*General  
Counsel*

01/28/2020

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>Elizabeth Ryder</b> <i>General Counsel</i></p> <p>01/28/2020</p>

## Attachments