



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **10202** | Service: **DTV** | Call **KSCE** | Channel: **21 (UHF)** |  
ID: | Sign: |  
File **0000027688**  
Number: |  
FRN: **0008529935** | Date **02/18**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>CHANNEL 38</b> <b>CHRISTIAN TELEVISION</b> Doing Business As: CHANNEL 38 CHRISTIAN TELEVISION	GRACE G. RENDALL 2201 EAST WYOMING AVENUE EL PASO, TX 79903 United States	+1 (915) 532- 8588	GRACER143@AOL. COM	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>Joseph C. Chautin III</b> <i>Attorney</i> <i>Hardy, Carey, Chautin &amp;</i> <i>Balkin, LLP</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey. 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		Replace existing Ch38/39 antenna with a wideband antenna. Replace transmission line, with 4" Heliax. This keeps the center of radiation and location on tower the same, allowing either channel to be able to operate. Replace the transmitter.

**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	NV7340V
	Year	2016
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power Capacity	5 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	TMU9-5
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3.0 kW
	Justification for New Transmitter	Existing Main transmitter is no longer supported by manufacturer. AXCERA Innovator HX original transmitter replaced with current R&S NV7340 in December, 2016, due to severe system failure. See Narrative.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No

	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	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) .....	150.0 kW
	Manufacturer	

Model	PSIUSMD24AP-38/39
Year	2006



## Primary Antenna

### New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	2
	Number of Panels/Bays	24
	Lower Limit	500.00 MHz
	Upper Limit	626.00 MHz
	Design power capacity in use	19.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	75.0 kW
	Manufacturer	
	Model	RD-24C170- 500626-SL

Year	2017
Justification for New Antenna	Broadband antenna to replace existing Ch 39 antenna to accommodate both existing Ch 39 and repack Ch 21. No tower modifications required. Helix 4" line to replace existing 6-1/8" rigid coax.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
<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?	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

**Enter a list of RF channel numbers.**

RF Channel Number
39
21

**Primary  
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	362 feet per run

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

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	Flexible Air
	Diameter	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	362 feet per run
	Justification for New Transmission Line	Existing line is 20 ft. and will not accommodate Ch 21 repack assignment. The 4" Helix will accommodate both Ch 39 and Ch 21. See Narrative

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

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	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?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1202400
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	31° 48' 18.9" N-
	Longitude (NAD83)	106° 29' 00.7" W-
	Overall Structure Height	388.12 feet
	Support Structure Height	340.88 feet
	Ground Elevation Above Mean Sea Level (AMSL)	5604.92 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Pinnacle Towers LLC
Date Constructed	01/05/2000

**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
49832	KVIA-TV	DTV
68753	KTFN	DTV
67760	KTSM-TV	DTV

## 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**

Name	Description
Tower Rigging	Tower rigging required to exchange antennas, install new 4" Helix and remove existing 6-1/8" rigid coax

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	695
	Explanation	Interface with landlord, reimbursement filing, expense tracking, progress reporting, budget creation, coordinate tower crew, manufacturers and other contractors, deliveries, installation and other work on site by the construction deadline for phase 8.
<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	No
	Quantity	N/A

	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	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	Yes
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A

	Justification	N/A
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Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Services Costs

Name	Description
Other Attorney Fees	Attorney Fees and Other Matters outside of Construction Permit Application and Licence to Cover

## 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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	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

<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 TMU9-5	\$300,635.00	\$195,000.00		\$161,383.00	
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	\$155,600.00	\$49,965.00	N/A	\$16,348.00	N/A
UHF - Air Cooled Solid State Transmitter 3.0 kW	\$145,035.00	\$145,035.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$145,035.00	N/A
Sub-total	\$300,635.00	\$195,000.00	N/A	\$161,383.00	N/A
Total for all systems	\$1,195,128.00	\$859,909.00	N/A	\$724,884.04	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	<div>Component Description: LU220 dual rack-mounted encoder video transmit</div> <div>Amount: \$16,348.00</div>

UHF - Air Cooled Solid State  
Transmitter 3.0 kW

**Component Description:**

R&S TMU9-5  
transmitter w  
/installation and  
parts

**Amount:**

\$14,503.50

**Component Description:**

Primary  
Transmitter

**Amount:**

\$72,517.50

**Component Description:**

R&S TMU9-5  
transmitter w  
/installation and  
parts

**Amount:**

\$58,014.00



## 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>Primary Antenna RD-24C170-500626-SL</b>	<b>\$161,955.00</b>	<b>\$87,374.00</b>		<b>\$86,887.80</b>	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	Study required to determine best distance from tower to be able to make proper brackets.	\$5,000.00	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$14,989.00	Per Marsand, Inc. Invoice 7011	\$14,989.00	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$18,370.00	2 channel 3.5 kW combiner with shipping	\$18,370.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	Sweep test of new line and antenna with report.	\$6,400.00	N/A

UHF - High Power, Side Mount, basic slot antenna, 24 bay,, 75 kW input, directional,, horizontally polarized	<b>\$42,615.00</b>	\$42,615.00	Side mount antenna includes shipping.	\$42,128.80	N/A
<b>Sub-total</b>	\$161,955.00	\$87,374.00	N/A	\$86,887.80	N/A
<b>Total for all systems</b>	\$1,195,128.00	\$859,909.00	N/A	\$724,884.04	N/A

## Components

Actual Information	
Description	File Name
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	<b>Component Description:</b>
	Primary Antenna - Pattern Scatter Analysis
	<b>Amount:</b>
	\$500.00
	<b>Component Description:</b>
	Primary Antenna Pattern Scatter Analysis
	<b>Amount:</b>
	\$2,000.00
	<b>Component Description:</b>
	Primary Antenna - Pattern Scatter Analysis
	<b>Amount:</b>
	\$2,500.00

Side mount brackets for high power antennas (if not included in antenna base cost)	<div> <b>Component Description:</b> Primary Antenna - Side Mount Brackets         </div> <div> <b>Amount:</b> \$1,000.00         </div>
	<div> <b>Component Description:</b> Primary Antenna - Side Mount Brackets         </div> <div> <b>Amount:</b> \$4,000.00         </div>
	<div> <b>Component Description:</b> Additional work on tower for antenna mounting brackets modifications         </div> <div> <b>Amount:</b> \$4,989.00         </div>
	<div> <b>Component Description:</b> Primary Antenna - Side Mount Brackets for Antenna         </div> <div> <b>Amount:</b> \$5,000.00         </div>
New combiner, cost per channel (without antenna)	<div> <b>Component Description:</b> Primary Antenna - Combiner System         </div> <div> <b>Amount:</b> \$1,837.00         </div>
	<div> <b>Component Description:</b> Primary Antenna Combiner System         </div> <div> <b>Amount:</b> \$7,348.00         </div>
	<div> <b>Component Description:</b> Primary Antenna - Combiner System         </div> <div> <b>Amount:</b> \$9,185.00         </div>

Sweep test of existing antenna	<b>Component Description:</b>	Primary Antenna - Sweep Test
	<b>Amount:</b>	\$640.00
	<b>Component Description:</b>	Primary Antenna - Sweep Test
	<b>Amount:</b>	\$2,560.00
	<b>Component Description:</b>	Primary Antenna - Sweep Test
	<b>Amount:</b>	\$3,200.00
UHF - High Power, Side Mount, basic slot antenna, 24 bay,, 75 kW input, directional,, horizontally polarized	<b>Component Description:</b>	Primary Antenna
	<b>Amount:</b>	\$4,212.88
	<b>Component Description:</b>	Primary Antenna
	<b>Amount:</b>	\$16,851.52
	<b>Component Description:</b>	Primary Antenna
	<b>Amount:</b>	\$21,064.40

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	\$26,788.00	\$22,000.00		\$17,544.11	
Flexible Air Transmission Line - dielectric, 4"	\$26,788.00	\$22,000.00	Transmission line, mounting hardware and shipping	\$17,544.11	N/A
Sub-total	\$26,788.00	\$22,000.00	N/A	\$17,544.11	N/A
Total for all systems	\$1,195,128.00	\$859,909.00	N/A	\$724,884.04	N/A

Components

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 4"	Component Description: Primary Transmission Line
	Amount: \$1,754.41
	Component Description: Primary Transmission Line
	Amount: \$8,772.06
	Component Description: Primary Transmission Line
	Amount: \$7,017.64

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	\$516,640.00	\$339,340.00		\$339,340.00	
Minor tower reinforcement /modifications	\$158,000.00	\$50,000.00	N/A	\$50,000.00	N/A
Short Tower (less than 500')	\$84,200.00	\$20,000.00	Crown Castle Lessor costs	\$20,000.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$7,500.00	N/A	\$7,500.00	N/A
Tower Rigging	<i>\$261,840.00</i>	\$261,840.00	Please see uploaded cancellation and new Marsand quote 1802. Includes installation of 4" Heliac and wideband antenna and removal of 6-1/8" rigid coax and Ch 39 antenna.	\$261,840.00	N/A
Sub-total	\$516,640.00	\$339,340.00	N/A	\$339,340.00	N/A

<b>Total for all systems</b>	\$1,195,128.00	\$859,909.00	N/A	\$724,884.04	N/A
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## Components

Actual Information	
Description	File Name
Minor tower reinforcement /modifications	<b>Component Description:</b> Existing Primary Tower - Minor Tower Reinforcement /Modification <b>Amount:</b> \$5,000.00
	<b>Component Description:</b> Existing Primary Tower - Minor Tower Reinforcement /Modification <b>Amount:</b> \$20,000.00
	<b>Component Description:</b> Existing Tower - Minor Tower Reinforcement /Modification <b>Amount:</b> \$25,000.00
Short Tower (less than 500')	<b>Component Description:</b> Existing Tower - Short Tower, Tower Equipment and Rigging Cost <b>Amount:</b> \$20,000.00

Structural engineering tower load study for well documented tower	<b>Component Description:</b>		Existing Primary Tower - Structural Engineering Load Study
	<b>Amount:</b>		\$750.00
	<b>Component Description:</b>		Existing Tower - Structural Load Study
	<b>Amount:</b>		\$3,750.00
	<b>Component Description:</b>		Existing Primary Tower - Structural Engineering Load Study
	<b>Amount:</b>		\$3,000.00
Tower Rigging	<b>Component Description:</b>		Existing Primary Tower - Tower Rigging/Crew
	<b>Amount:</b>		\$190,672.00
	<b>Component Description:</b>		Existing Primary Tower - Tower Rigging/Crew
	<b>Amount:</b>		\$52,368.00
	<b>Component Description:</b>		Existing Tower - Tower Rigging /Crew
	<b>Amount:</b>		\$18,800.00



## 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>\$150,310.00</b>	<b>\$179,995.00</b>		<b>\$95,906.93</b>	
Other Attorney Fees	<i>\$5,000.00</i>	\$5,000.00	N/A	\$2,431.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$156.00	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
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$3,570.00	Quote 1802	\$3,256.00	N/A

Project management of the transition	\$109,810.00	\$144,675.00	See Narrative and Widelity quote. Prolonged management due to late phase, coordination and planning at congested site.	\$74,267.93	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$5,500.00	N/A	\$0.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,796.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$1,500.00	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
<b>Sub-total</b>	\$150,310.00	\$179,995.00	N/A	\$95,906.93	N/A

<b>Total for all systems</b>	\$1,195,128.00	\$859,909.00	N/A	\$724,884.04	N/A
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**Components**

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>

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Other Attorney Fees

**Component Description:** Attorney Fees -  
Other Matters  
**Amount:** \$78.00

**Component Description:** Legal services  
**Amount:** \$156.00

**Component Description:** Load and partially  
complete 3Q 2018  
transition progress  
report  
**Amount:** \$156.00

**Component Description:** Coordinate with  
engineer on  
completion of 2019  
1Q and  
construction  
complete transition  
progress reports.  
**Amount:** \$572.00

**Component Description:** KSCE-590-Attorney  
Fees - Other  
Matters  
**Amount:** \$182.00

**Component Description:** Legal services  
**Amount:** \$1,053.00

**Component Description:** Review email from  
Mark Bishop re  
KSCE Crown  
Castle lease  
**Amount:** \$234.00

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<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<table> <tr> <td data-bbox="697 100 1011 324"> <p><b>Component Description:</b></p> </td><td data-bbox="1011 100 1428 324"> <p>Load and complete initial drafts of KSCE license to cover application</p> </td></tr> <tr> <td data-bbox="697 324 1011 436"> <p><b>Amount:</b></p> </td><td data-bbox="1011 324 1428 436"> <p>\$156.00</p> </td></tr> <tr> <td data-bbox="697 436 1011 660"> <p><b>Component Description:</b></p> </td><td data-bbox="1011 436 1428 660"> <p>Portion of Invoice attributable to Form 2100 Atty Fees</p> </td></tr> <tr> <td data-bbox="697 660 1011 685"> <p><b>Amount:</b></p> </td><td data-bbox="1011 660 1428 685"> <p>\$1,718.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Load and complete initial drafts of KSCE license to cover application</p>	<p><b>Amount:</b></p>	<p>\$156.00</p>	<p><b>Component Description:</b></p>	<p>Portion of Invoice attributable to Form 2100 Atty Fees</p>	<p><b>Amount:</b></p>	<p>\$1,718.00</p>				
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<p><b>Amount:</b></p>	<p>\$1,718.00</p>												
<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="697 685 1011 929"> <p><b>Component Description:</b></p> </td><td data-bbox="1011 685 1428 929"> <p>RF Engineer - Engineering Study for New Channel Assignment</p> </td></tr> <tr> <td data-bbox="697 929 1011 1019"> <p><b>Amount:</b></p> </td><td data-bbox="1011 929 1428 1019"> <p>\$7,000.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>RF Engineer - Engineering Study for New Channel Assignment</p>	<p><b>Amount:</b></p>	<p>\$7,000.00</p>								
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<p><b>Amount:</b></p>	<p>\$7,000.00</p>												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<table> <tr> <td data-bbox="697 1019 1011 1265"> <p><b>Component Description:</b></p> </td><td data-bbox="1011 1019 1428 1265"> <p>Transition Timing and Coordination</p> </td></tr> <tr> <td data-bbox="697 1265 1011 1377"> <p><b>Amount:</b></p> </td><td data-bbox="1011 1265 1428 1377"> <p>\$250.00</p> </td></tr> <tr> <td data-bbox="697 1377 1011 1624"> <p><b>Component Description:</b></p> </td><td data-bbox="1011 1377 1428 1624"> <p>Transition Timing and Coordination</p> </td></tr> <tr> <td data-bbox="697 1624 1011 1704"> <p><b>Amount:</b></p> </td><td data-bbox="1011 1624 1428 1704"> <p>\$1,000.00</p> </td></tr> <tr> <td data-bbox="697 1704 1011 1951"> <p><b>Component Description:</b></p> </td><td data-bbox="1011 1704 1428 1951"> <p>Transition Timing and Coordination</p> </td></tr> <tr> <td data-bbox="697 1951 1011 2063"> <p><b>Amount:</b></p> </td><td data-bbox="1011 1951 1428 2063"> <p>\$1,250.00</p> </td></tr> </table>	<p><b>Component Description:</b></p>	<p>Transition Timing and Coordination</p>	<p><b>Amount:</b></p>	<p>\$250.00</p>	<p><b>Component Description:</b></p>	<p>Transition Timing and Coordination</p>	<p><b>Amount:</b></p>	<p>\$1,000.00</p>	<p><b>Component Description:</b></p>	<p>Transition Timing and Coordination</p>	<p><b>Amount:</b></p>	<p>\$1,250.00</p>
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<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="703 174 1011 210"><b>Component Description:</b></td><td data-bbox="1145 174 1374 322">KSCE-590-Prepare and Review Reimbursement Form</td></tr> <tr> <td data-bbox="703 336 815 371"><b>Amount:</b></td><td data-bbox="1145 336 1241 371">\$104.00</td></tr> <tr> <td data-bbox="703 474 1011 510"><b>Component Description:</b></td><td data-bbox="1145 474 1369 586">Review, certify and file Form 399 for KSCE</td></tr> <tr> <td data-bbox="703 600 815 636"><b>Amount:</b></td><td data-bbox="1145 600 1228 636">\$78.00</td></tr> <tr> <td data-bbox="703 734 1011 770"><b>Component Description:</b></td><td data-bbox="1145 734 1353 806">Review Form 399 filing</td></tr> <tr> <td data-bbox="703 819 815 855"><b>Amount:</b></td><td data-bbox="1145 819 1241 855">\$156.00</td></tr> <tr> <td data-bbox="703 954 1011 990"><b>Component Description:</b></td><td data-bbox="1145 954 1334 1102">Prepare and Review Reimbursement Form</td></tr> <tr> <td data-bbox="703 1115 815 1151"><b>Amount:</b></td><td data-bbox="1145 1115 1241 1151">\$418.00</td></tr> <tr> <td data-bbox="703 1249 1011 1285"><b>Component Description:</b></td><td data-bbox="1145 1249 1374 1397">Portion of Invoice attributable to initial submission of Form 399</td></tr> <tr> <td data-bbox="703 1411 815 1447"><b>Amount:</b></td><td data-bbox="1145 1411 1241 1447">\$496.00</td></tr> <tr> <td data-bbox="703 1545 1011 1581"><b>Component Description:</b></td><td data-bbox="1145 1545 1334 1657">Review Reimbursement Form</td></tr> <tr> <td data-bbox="703 1671 815 1706"><b>Amount:</b></td><td data-bbox="1145 1671 1264 1706">\$2,500.00</td></tr> </table>	<b>Component Description:</b>	KSCE-590-Prepare and Review Reimbursement Form	<b>Amount:</b>	\$104.00	<b>Component Description:</b>	Review, certify and file Form 399 for KSCE	<b>Amount:</b>	\$78.00	<b>Component Description:</b>	Review Form 399 filing	<b>Amount:</b>	\$156.00	<b>Component Description:</b>	Prepare and Review Reimbursement Form	<b>Amount:</b>	\$418.00	<b>Component Description:</b>	Portion of Invoice attributable to initial submission of Form 399	<b>Amount:</b>	\$496.00	<b>Component Description:</b>	Review Reimbursement Form	<b>Amount:</b>	\$2,500.00
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<p>Project management of the transition</p>	<table> <tr> <td data-bbox="703 1841 1011 1877"><b>Component Description:</b></td><td data-bbox="1145 1841 1302 1912">Project management</td></tr> <tr> <td data-bbox="703 1926 815 1962"><b>Amount:</b></td><td data-bbox="1145 1926 1264 1962">\$5,069.58</td></tr> </table>	<b>Component Description:</b>	Project management	<b>Amount:</b>	\$5,069.58																				
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<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,251.65

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$4,726.55

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,527.35

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$332.50

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$797.50

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$231.25

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$3,081.95

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,711.10

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,093.60

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,906.95

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,277.50

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,613.55

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$526.25

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$1,981.25

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,798.00

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,370.60

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$2,221.30

<b>Component Description:</b>	Final Review and File of Form 387
<b>Amount:</b>	\$78.00



	<b>Component Description:</b> <b>Amount:</b>	Project Management \$1,851.35
	<b>Component Description:</b> <b>Amount:</b>	Project management \$29,100.00
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$1,672.65
	<b>Component Description:</b> <b>Amount:</b>	Project Management \$4,047.50
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<b>Component Description:</b>  <b>Amount:</b>	Review FCC Incentive Auction Closing Notice, Review channel reassignment notice; Load and prepare initial draft for Form 2100. \$1,796.00
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<b>Component Description:</b>  <b>Amount:</b>	RF Engineer - Prepare Engineering Section License to Cover Application \$1,500.00

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<b>Component Description:</b>  <b>Amount:</b>	RF Engineer - Prepare Engineering Section of Construction Permit Application  \$3,000.00
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## 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>\$38,800.00</b>	<b>\$36,200.00</b>		<b>\$23,822.20</b>	
MVPD Notification of Channel Change	<i>\$5,805.00</i>	\$5,805.00	Marsand, Inc. Quote #1802 and Invoice #6983	\$5,805.00	N/A
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	N/A	\$0.00	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	\$5,000.00	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	N/A	\$10,000.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	\$0.00	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	\$0.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$9,000.00	N/A	\$3,017.20	N/A

<b>Sub-total</b>	\$38,800.00	\$36,200.00	N/A	\$23,822.20	N/A
<b>Total for all systems</b>	\$1,195,128.00	\$859,909.00	N/A	\$724,884.04	N/A

## Components

Actual Information Description	File Name
MVPD Notification of Channel Change	<p><b>Component Description:</b> MVPD Notification</p> <p><b>Amount:</b> \$5,000.00</p> <p><b>Component Description:</b> MVPD Notification</p> <p><b>Amount:</b> \$805.00</p>
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	<p><b>Component Description:</b> Equipment Storage Cost</p> <p><b>Amount:</b> \$5,000.00</p>
Disposal Costs (for equipment and other waste, net of any salvage value)	<p><b>Component Description:</b> Disposal Cost</p> <p><b>Amount:</b> \$10,000.00</p>
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

DTV Medical Facility Notification	<b>Component Description:</b>	DTV Medical Notifications
	<b>Amount:</b>	\$130.00
	<b>Component Description:</b>	DTV notification service, notification of medical facilities
	<b>Amount:</b>	\$2,887.20

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$1,195,128.00	\$859,909.00
			\$724,884.04

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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>Grace Rendall</b>  <i>Vice-President &amp; General Manager</i></p> <p>02/18/2020</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>Grace Rendall</b>  <i>Vice-President &amp; General Manager</i></p> <p>02/18/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>2. 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>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Grace  
Rendall**  
*Vice-  
President &  
General  
Manager*

02/18/2020

**Attachments**