



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **67910** | Service: **DTV** | Call **KDTX-TV** | Channel: **21 (UHF)**
 ID: | Sign:
 File **0000027716**
 Number:
 FRN: **0004346060** | Date **08/20**
 Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
TRINITY BROADCASTING OF TEXAS, INC. Doing Business As: Trinity Broadcasting Network	13600 Heritage Parkway Fort Worth, TX 76177 United States	+1 (855) 826-2255	cmmay@maylawoffices.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
The Preparer is same as the reimbursement contact.			

Broadcaster Information and Transition Plan

Question	Response
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<p>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.</p>	<p>Yes</p>
<p>Briefly describe transition plan</p>	<p>Remain on the air at full power. Install new SS xmitter at the ATC "Milton Tower" location. test.</p>

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

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	DCX 2
	Year	2004
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 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	HPTV PRLX U18
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	30 kW
	Justification for New Transmitter	See Attached

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	500.0 feet
	Other Electrical Service	Yes
	Description	disconnects, labor, panels

HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	10 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	1500.0 square feet
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Ice Shield	Ice shield for HVAC
install	xmitter install

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	Leased
	Owner	Americanm Tower
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	4
	Number of Panels	16
	Design power capacity in use	80.0 %
	Lower Limit	470.00 MHz
	Upper Limit	800.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW

Manufacturer	
Model	PHP-36C
Year	2000

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

Facility ID	Call Sign
22201	KDAF
42359	KTXD-TV
49326	KDTN

**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	Leased
	Owner	American Tower
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Broadband Panel
	Number of Stations Supported	4
	Number of Panels/Bays	14
	Lower Limit	490.00 MHz
	Upper Limit	593.00 MHz
	Design power capacity in use	80.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW
	Manufacturer	
Model	TUM-AP-C4- 14/48H-2-R-B	

Year	2017
Justification for New Antenna	RELOCATING TO NEW SITE.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	4
	Frequencies of channels supported	Upper and lower frequency
	Frequency	483.0 MHz - 597.0 MHz
	Do you need a combiner output splitter /switcher for dual feed lines?	No
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband
	Feed Line Size	8 3/16 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Installation	Combiner Installation

**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	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing transmission line shared with another station or stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1800 feet per run

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

Facility ID	Call Sign
42359	KTXD-TV
22201	KDAF

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

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	2
	Length	1700 feet per run
	Justification for New Transmission Line	Relocating to new site

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

Name	Description
Transmission line Bridge	transmission line bridge

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?	Candelabra
	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?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1059733
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 32' 36.0" N-
	Longitude (NAD83)	096° 57' 33.0" W-
	Overall Structure Height	1635.15 feet
	Support Structure Height	1523.60 feet
	Ground Elevation Above Mean Sea Level (AMSL)	813.97 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Towers, LLC
Date Constructed	06/18/2000

**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
49326	KDTN	DTV
51517	KTXA	DTV
49324	KERA-TV	DTV
23422	KTVT	DTV
42359	KTXD-TV	DTV
22201	KDAF	DTV
68834	KPXD-TV	DTV
17037	KDFI	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:	Minor Reinforcements needed
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Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Name	Description
Ground	Permit package
Construction project	Construction project management
structural	load study
Permit	Drawing package

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	95
	Explanation	American Tower
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A

	Prepare request for Special Temporary Authority	Yes
	Quantity	2
	NEPA Section 106 environmental review	Yes
	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
RF System test	RF System Test
migratory bird assessment	Migratory Bird assessment
site coordination meeting	site coordination meetings

Other Expenses

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

**Other
Expenses**

Other Expenses Not Listed

Name	Description
cost of construction	cost of construction electrical permits
cost of construction	Electrical permits
site security	Site security theft and vandalism
tree clearing	tag alley
Nitrogen Generator	Nitrogen Generator
Lease Application fee	Lease Application fee

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 HPTV PRLX U18	\$1,349,900.00	\$1,230,850.00		\$932,882.99	
Ice Shield	<i>\$40,000.00</i>	\$40,000.00	Quoted by American Tower	\$40,000.00	N/A
install	<i>\$40,000.00</i>	\$40,000.00	xmitter install quoted	\$40,000.00	N/A
Other -- Building Addition Size: 1500.0	<i>\$130,000.00</i>	\$130,000.00	quoted by American Tower	\$62,699.99	N/A
10 Ton system	\$60,500.00	\$50,600.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$34,800.00	quoted
Other Electrical Service: disconnects, labor, panels	<i>\$30,000.00</i>	\$30,000.00	N/A	\$0.00	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$13,000.00	\$6,250.00	N/A	N/A	N/A

Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$17,500.00	N/A	\$0.00	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$12,000.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$4,500.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$900,000.00	N/A	\$755,383.00	N/A
Sub-total	\$1,349,900.00	\$1,230,850.00	N/A	\$932,882.99	N/A
Total for all systems	\$3,584,935.00	\$2,185,785.00	N/A	\$1,493,026.15	N/A

Components

Actual Information	
Description	File Name
Ice Shield	<p>Component Description: invoiced</p> <p>Amount: \$30,000.00</p> <p>Component Description: 25% deposit, see attached cap Con for details</p> <p>Amount: \$10,000.00</p>
install	<p>Component Description: xmitter install</p> <p>Amount: \$40,000.00</p>

<p>Other -- Building Addition Size: 1500.0</p>	<p>Component Description: invoiced Amount: \$41,799.99</p> <p>Component Description: 25% deposit see attached Cap Con KDTX. Amount: \$20,900.00</p>
<p>10 Ton system</p>	<p>Component Description: invoiced Amount: \$23,200.00</p> <p>Component Description: 25% deposit HVAC for new addition. see attached Cap Con for details Amount: \$11,600.00</p>
<p>Other Electrical Service: disconnects, labor, panels</p>	<p>Information not provided.</p>
<p>2" Rigid Conduit and Wiring (Cost per foot)</p>	<p>Information not provided.</p>
<p>Transformer 3 phase/480v - 300 KVA</p>	<p>Information not provided.</p>
<p>Switchgear - industrial 800 amp</p>	<p>Information not provided.</p>
<p>Service entrance 3 phase /800 amp/208 volt</p>	<p>Information not provided.</p>

UHF - Liquid Cooled Solid
State Transmitter 21 - 31 kW

Component Description: final balance
Amount: \$37,769.15

Component Description: Deposit for U18
xmitter
Amount: \$264,384.05

Component Description: 30% due prior to
shipment
Amount: \$226,614.90

Component Description: 30% within 60
days
Amount: \$226,614.90

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 TUM-AP-C4-14/48H-2-R-B	\$275,980.00	\$239,050.00		\$158,374.98	
Installation	<i>\$8,100.00</i>	\$8,100.00	Combiner installation quoted by ATC	\$4,687.50	N/A
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	\$18,950.00	\$9,200.00	N/A	\$4,875.00	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$60,000.00	N/A	\$45,000.00	N/A
Sweep test of existing antenna	\$6,730.00	\$3,750.00	N/A	\$2,812.50	N/A

UHF - Lower Power, Top Mount, Class A, broadband panel, 14 bay,, 1000 kW input, directional,, elliptically or circularly polarized	\$158,000.00	\$158,000.00	quoted by ATC	\$100,999.98	N/A
Sub-total	\$275,980.00	\$239,050.00	N/A	\$158,374.98	N/A
Total for all systems	\$3,584,935.00	\$2,185,785.00	N/A	\$1,493,026.15	N/A

Components

Actual Information	
Description	File Name
Installation	<p>Component Description: invoiced Amount: \$3,125.00</p> <p>Component Description: 25% deposit see attached Cap Con KDTX. Amount: \$1,562.50</p>
Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed)	<p>Component Description: invoiced Amount: \$3,250.00</p> <p>Component Description: 25% deposit elbow complex. see attached Cap Con Amount: \$1,625.00</p>

<p>New combiner, cost per channel (without antenna)</p>	<p>Component Description: 50% cap 2 Amount: \$30,000.00</p> <p>Component Description: 25% deposit. See attached cap Con new combiner Amount: \$15,000.00</p>
<p>Sweep test of existing antenna</p>	<p>Component Description: invoiced Amount: \$1,875.00</p> <p>Component Description: 25% deposit sweep. see attached Cap Con Amount: \$937.50</p>
<p>UHF - Lower Power, Top Mount, Class A, broadband panel, 14 bay,, 1000 kW input, directional,, elliptically or circularly polarized</p>	<p>Component Description: invoiced Amount: \$67,333.32</p> <p>Component Description: 25% deposit for antenna. see attached Cap Con Amount: \$33,666.66</p>

Cost Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$1,169,200.00	\$337,000.00		\$168,716.25	
Transmission line Bridge	<i>\$37,000.00</i>	\$37,000.00	Transmission line bridge. quoted by American tower.	\$16,875.00	N/A
Rigid Transmission Line - copper, 7 3 /16" broadband	\$1,132,200.00	\$300,000.00	N/A	\$151,841.25	N/A
Sub-total	\$1,169,200.00	\$337,000.00	N/A	\$168,716.25	N/A
Total for all systems	\$3,584,935.00	\$2,185,785.00	N/A	\$1,493,026.15	N/A

Components

Actual Information	
Description	File Name
Transmission line Bridge	<p>Component Description: invoiced</p> <p>Amount: \$11,250.00</p> <p>Component Description: 25% deposit see attached Cap Con KDTX.</p> <p>Amount: \$5,625.00</p>

Rigid Transmission Line -
copper, 7 3/16" broadband

Component Description:

invoiced

Amount:

\$101,227.50

Component Description:

25% deposit

coax. see

attached Cap Con

Amount:

\$50,613.75

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	\$633,610.00	\$267,115.00		\$179,711.53	
GTOWER					
Construction project	<i>\$15,000.00</i>	\$15,000.00	Construction project management, quoted ATC	\$5,625.00	N/A
Permit	<i>\$4,700.00</i>	\$4,700.00	N/A	\$3,525.00	N/A
Ground	<i>\$4,700.00</i>	\$4,700.00	N/A	\$3,525.00	N/A
structural	<i>\$3,910.00</i>	\$3,910.00	N/A	\$2,932.50	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$63,845.00	N/A	\$47,884.03	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$4,960.00	N/A	\$3,720.00	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$170,000.00	Quoted by ATC	\$112,500.00	N/A
Sub-total	\$633,610.00	\$267,115.00	N/A	\$179,711.53	N/A

Total for all systems	\$3,584,935.00	\$2,185,785.00	N/A	\$1,493,026.15	N/A
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Components

Actual Information	
Description	File Name
Construction project	Component Description: invoiced Amount: \$3,750.00
	Component Description: 25% deposit, see attached Cap con for details. Amount: \$1,875.00
	Component Description: invoiced Amount: \$2,350.00
	Component Description: 25% deposit, see attached Cap Con Amount: \$1,175.00
Permit	Component Description: invoiced Amount: \$2,350.00
	Component Description: 25% deposit, see attached Cap Con Amount: \$1,175.00
Ground	Component Description: invoiced Amount: \$2,350.00
	Component Description: 25% deposit, see attached Cap Con Amount: \$1,175.00

structural	<p>Component Description: invoiced Amount: \$1,955.00</p> <p>Component Description: 25% deposit, see attached Cap Con Amount: \$977.50</p>
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	<p>Component Description: invoiced Amount: \$31,922.69</p> <p>Component Description: 25% deposit, see attached Cap Con Amount: \$15,961.34</p>
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<p>Component Description: invoiced Amount: \$2,480.00</p> <p>Component Description: 25% deposit, see attached Cap Con Amount: \$1,240.00</p>
Minor tower reinforcement /modifications	<p>Component Description: invoiced Amount: \$75,000.00</p> <p>Component Description: 25% deposit, tower mods. see attached Cap Con Amount: \$37,500.00</p>

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
Outside Professional Services	\$97,445.00	\$56,490.00		\$23,982.50	
site coordination meeting	<i>\$2,500.00</i>	\$2,500.00	Site coordination meeting. 25% deposit see attached cap Con for details.	\$1,875.00	N/A
migratory bird assessment	<i>\$350.00</i>	\$350.00	Migratory Bird assessment. Quoted by American Tower.	\$262.50	N/A
RF System test	<i>\$5,000.00</i>	\$5,000.00	Quoted by American tower	\$3,000.00	N/A
RF Exposure Measurements	\$21,050.00	\$3,000.00	N/A	\$2,250.00	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$1,080.00	N/A	\$810.00	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$1,080.00	N/A	\$0.00	N/A

Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$2,105.00	\$2,000.00	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	\$4,100.00	\$3,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,750.00	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$5,050.00	Q
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	\$1,875.00	N/A
Project management of the transition	\$15,010.00	\$9,480.00	N/A	\$7,110.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$97,445.00	\$56,490.00	N/A	\$23,982.50	N/A
Total for all systems	\$3,584,935.00	\$2,185,785.00	N/A	\$1,493,026.15	N/A

Components

Actual Information	
Description	File Name

site coordination meeting	<p>Component Description: invoiced Amount: \$1,250.00</p> <p>Component Description: 25% deposit see attached cap Con for details. Amount: \$625.00</p>
migratory bird assessment	<p>Component Description: invoiced Amount: \$175.00</p> <p>Component Description: 25% deposit see attached cap Con for details. Amount: \$87.50</p>
RF System test	<p>Component Description: invoiced Amount: \$2,000.00</p> <p>Component Description: RF system test. 25% deposit see attached cap Con for details. Amount: \$1,000.00</p>
RF Exposure Measurements	<p>Component Description: invoiced Amount: \$1,500.00</p> <p>Component Description: 25% deposit, see attached Cap Con Amount: \$750.00</p>

<p>Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet</p>	<p>Component Description: invoiced Amount: \$540.00</p> <p>Component Description: Environmental review if needed. 25% of CAP CON. See attached Amount: \$270.00</p>
<p>NEPA Section 106 environmental review, if needed</p>	<p>Component Description: 25% deposit, see attached Cap Con Amount: \$270.00</p>
<p>Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application</p>	<p>Information not provided.</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: Engineering for 2100 CP Amount: \$1,750.00</p>

Perform engineering study for new channel assignment and antenna development	<p>Component Description: invoiced Amount: \$2,500.00</p> <p>Component Description: Interference study for CP Amount: \$650.00</p> <p>Component Description: Further interference study for CP Amount: \$650.00</p> <p>Component Description: 25% deposit, engineering study Amount: \$1,250.00</p>
Address transition timing and coordination issues w/ other stations and wireless	<p>Component Description: invoiced Amount: \$1,250.00</p> <p>Component Description: 25% deposit, see attached Cap Con Amount: \$625.00</p>
Project management of the transition	<p>Component Description: invoiced Amount: \$4,740.00</p> <p>Component Description: 25% deposit, see attached Cap Con Amount: \$2,370.00</p>
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Prepare and or review reimbursement form	Information not provided.

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$58,800.00	\$55,280.00		\$29,357.90	
Lease Application fee	<i>\$2,500.00</i>	\$2,500.00	Quoted ATC	N/A	N/A
Nitrogen Generator	<i>\$3,800.00</i>	\$3,800.00	Quoted ATC	N/A	N/A
tree clearing	<i>\$1,600.00</i>	\$1,600.00	Quoted by ATC	\$1,200.00	N/A
site security	<i>\$8,550.00</i>	\$8,550.00	quoted by ATC	\$6,412.50	N/A
cost of construction	<i>\$10,000.00</i>	\$10,000.00	Cost of construction electrical permits. quoted by ATC	\$7,500.00	N/A
Equipment Storage	<i>\$6,000.00</i>	\$6,000.00	Quoted ATC	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	American Tower	\$3,750.00	N/A
Non-zoning permits	<i>\$0.00</i>	\$0.00	N/A	\$0.00	N/A
Local Zoning	<i>\$4,700.00</i>	\$4,700.00	Quoted by ATC	\$3,525.00	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,100.00</i>	\$5,100.00	Quoted ATC	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$8,030.00	N/A	\$6,970.40	N/A
Sub-total	\$58,800.00	\$55,280.00	N/A	\$29,357.90	N/A
Total for all systems	\$3,584,935.00	\$2,185,785.00	N/A	\$1,493,026.15	N/A

Components

Actual Information	
Description	File Name
Lease Application fee	Information not provided.
Nitrogen Generator	Information not provided.
tree clearing	<p>Component Description: invoiced Amount: \$800.00</p> <p>Component Description: tree clearing for tag alley 25% deposit, see attached Cap Con Amount: \$400.00</p>

site security	<p>Component Description: invoiced Amount: \$4,275.00</p> <p>Component Description: site security during construction 25% deposit, see attached Cap Con Amount: \$2,137.50</p>
cost of construction	<p>Component Description: invoiced Amount: \$5,000.00</p> <p>Component Description: Cost of construction electrical permits. 25% deposit see attached cap Con for details. Amount: \$2,500.00</p>
Equipment Storage	Information not provided.
Equipment Delivery and Handling Charges	<p>Component Description: invoiced Amount: \$2,500.00</p> <p>Component Description: equipment delivery & handling charges 25% deposit, see attached Cap Con Amount: \$1,250.00</p>
Non-zoning permits	Information not provided.

Local Zoning	<p>Component Description: invoiced Amount: \$2,350.00</p> <p>Component Description: obtain building permits from local zoning 25% deposit, see attached Cap Con Amount: \$1,175.00</p>
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
DTV Medical Facility Notification	<p>Component Description: medical notifications Amount: \$6,970.40</p>

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$3,584,935.00	\$2,185,785.00	\$1,493,026.15

Reimbursement Status

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

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

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

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

Steve Hastings
Network RF Manager

08/20/2020

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<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"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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

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

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

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

**Steve
Hastings**
*Network RF
Manager*

08/20/2020

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 data-bbox="758 772 1037 1456">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 data-bbox="758 1478 1037 1758">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. 	

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.

Steve Hastings
Network RF Manager

08/20/2020

Attachments