

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

66781 Service: DTV Channel: 23 (UHF) Facility Call **KIRO-TV** Sign:

0000028117

Number:

ID:

File

FRN: 0014361620 Date 11/30

> Submitted: /2020

#### **Applicant Information**

#### **Applicant Name, Type, and Contact Information**

| Applicant                                       | Address   |
|---|---|
| KIRO-TV, Inc.  Doing Business As: KIRO-TV, Inc. | Chief Engineer<br>2807 Third Avenue<br>Seattle, WA 98121<br>United States |

#### **Reimbursement Contact** Information

#### **Reimbursement Contact Name and Information**

| Applicant      | Address |
|----------------|---------|
| [Confidential] |         |

#### **Preparer Contact** Information

#### **Preparer Contact Name and Information**

| Applicant                           | Address  |
|-------------------------------------|----------|
| Keith Nealey                        | Keith Ne |
| Director Of Engineering KIRO TV INC | 2807 Th  |
| KIRO-TV, Inc.                       | Seattle, |
|                                     | United S |

#### **Broadcaster Information** and Transition Plan

#### Question

Will the station be sharing equipment with another broadcast television station or s g., a shared antenna, co-location on a tower, use of the same transmitter room, mu transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other state click 'prefill' to download those stations' licensing information.

Briefly describe transition plan

## **Transmitters**

| Section                         | Question                                  |
|---------------------------------|---|
| Transmitter Related<br>Expenses | Do you have transmitter related expenses? |

## **Auxiliary Transmitter**

#### **Add Transmitter Information**

| Section                          | Question  |
|----------------------------------|---|
| Existing Transmitter Description | Type of change  |
|                                  | Use   |
|                                  | Description of Use                                    |
|                                  | Ownership   |
|                                  | Owner   |
|                                  | Site  |
|                                  | Is this transmitter currently shared with another sta |
|                                  | Is this transmitter currently in operating condition? |
| Existing Transmitter             | Manufacturer  |
| Manufacturer and Type            | Model   |
|                                  | Year  |
|                                  | Туре  |
|                                  | Solid State Cooling                                   |
|                                  | Solid State Power Capacity                            |

## **Auxiliary Transmitter**

#### **New Transmitter Costs**

| Section         | Question                                  |
|-----------------|---|
| New Transmitter | Use                                       |
|                 | Change Type                               |
|                 | Is this a request for upgraded equipment? |
|                 | Manufacturer                              |
|                 | Model                                     |
|                 | Transmitter Type                          |
|                 | Solid State Cooling                       |
|                 | Solid State Power capacity                |
|                 | Justification for New Transmitter         |
|                 |   |

## **Auxiliary Transmitter**

#### **Other Transmitter Costs**

| other transmitter costs |   |
|-------------------------|---|
| Section                 | Question  |
| Electrical Service      | Service Entrance (3 phases 800A 208V)           |
|                         | Switchgear (industrial 800 amp)                 |
|                         | Transformer (480V)                              |
|                         | Power   |
|                         | Rigid Conduit and Wiring                        |
|                         | Size  |
|                         | Length  |
|                         | Other Electrical Service                        |
|                         | Description                                     |
| HVAC Service            | Does the replacement transmitter require HVAC S |

|   | Туре   |
|---|--|
|   | Size   |
|   | Other Size   |
| Transmitter Building                              | Does the Transmitter Building require an addition, |
| Addition/Modification or<br>Leasehold Improvement | Size   |
| Channel 14 Costs                                  | Is an RF Consulting Engineer needed?               |
|   | Is a channel 14 Mask Filer needed?                 |
|   | Is additional field engineering time needed?       |
|   | Number of Days                                     |

## **Auxiliary Transmitter**

#### **Other Transmitter Cost Not Listed**

Information not provided.

## **Primary Transmitter**

## **Existing Transmitter Information**

| Section                          | Question  |
|----------------------------------|---|
| Existing Transmitter Description | Type of change  |
|                                  | Use   |
|                                  | Description of Use                                    |
|                                  | Ownership   |
|                                  | Owner   |
|                                  | Site  |
|                                  | Is this transmitter currently shared with another sta |
|                                  | Is this transmitter currently in operating condition? |
| Existing Transmitter             | Manufacturer  |
| Manufacturer and Type            | Model   |
|                                  | Year  |
|                                  | Туре  |
|                                  | IOT Power Type  |
|                                  | Power Capacity  |

## **Primary Transmitter**

#### **New Transmitter Costs**

| Section         | Question                                  |
|-----------------|---|
| New Transmitter | Use                                       |
|                 | Change Type                               |
|                 | Is this a request for upgraded equipment? |
|                 | Manufacturer                              |
|                 | Model                                     |
|                 | Transmitter Type                          |
|                 | Solid State Cooling                       |
|                 | Solid State Power capacity                |
|                 | Justification for New Transmitter         |
|                 |   |
|                 |   |

## **Primary Transmitter**

#### **Other Transmitter Costs**

| Section            | Question  |
|--------------------|---|
| Electrical Service | Service Entrance (3 phases 800A 208V)           |
|                    | Switchgear (industrial 800 amp)                 |
|                    | Transformer (480V)                              |
|                    | Power   |
|                    | Rigid Conduit and Wiring                        |
|                    | Size  |
|                    | Length  |
|                    | Other Electrical Service                        |
|                    | Description                                     |
| HVAC Service       | Does the replacement transmitter require HVAC S |

|   | Туре   |
|---|--|
|   | Size   |
|   | Other Size   |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, |
|   | Size   |
| Channel 14 Costs  | Is an RF Consulting Engineer needed?               |
|   | Is a channel 14 Mask Filer needed?                 |
|   | Is additional field engineering time needed?       |
|   | Number of Days                                     |

## **Primary Transmitter**

#### **Other Transmitter Cost Not Listed**

Information not provided.

#### **Antennas**

| Section                  | Question                              |
|--------------------------|---------------------------------------|
| Antenna Related Expenses | Do you have antenna related expenses? |

## **Auxiliary Antenna**

#### **Add Antenna Information**

| Section                      | Question  |
|------------------------------|---|
| Existing Antenna Description | Type of change                                      |
|                              | Antenna Use   |
|                              | Description of Use                                  |
|                              | Ownership   |
|                              | Owner   |
|                              | Site  |
|                              | Is this antenna currently shared with any other sta |
|                              | Is this antenna directional?                        |
|                              | Is antenna in operating condition?                  |
|                              | Is antenna located on or in close proximity to an a |
| Existing Antenna             | Class   |
| Manufacturer and Type        | Mounting  |
|                              | Antenna position in stack                           |
|                              | Polarization  |
|                              | Туре  |
|                              | Number of Stations Supported                        |
|                              | Number of Panels                                    |
|                              | Design power capacity in use                        |
|                              | Lower Limit   |
|                              | Upper Limit   |
|                              | Other Antenna Type                                  |
|                              | ERP: (Effective Radiated Power)                     |
|                              | Manufacturer  |
|                              | Model   |
|                              | Year  |
|                              |   |

## **Auxiliary Antenna**

#### **New Antenna Costs**

| Section                 | Question  |
|-------------------------|---|
| New Antenna Description | Use   |
|                         | Description of Use                                  |
|                         | Change Type   |
|                         | Is this a request for upgraded equipment?           |
|                         | Ownership   |
|                         | Owner   |
|                         | Is antenna shared?                                  |
|                         | Is antenna directional?                             |
|                         | Will antenna be located on or in close proximity to |
| New Antenna             | Class   |
| Manufacturer and Types  | Mounting  |
|                         | Antenna position in stack                           |
|                         | Polarization  |
|                         | Туре  |
|                         | Number of Stations Supported                        |
|                         | Number of Panels/Bays                               |
|                         | Lower Limit   |
|                         | Upper Limit   |
|                         | Design power capacity in use                        |
|                         | Other Antenna Type                                  |
|                         | ERP: (Effective Radiated Power)                     |
|                         | Manufacturer  |
|                         | Model   |
|                         | Year  |
|                         |   |

Justification for New Antenna

## **Auxiliary Antenna**

#### **Other Antenna Costs**

| Section                        | Question  |
|--------------------------------|---|
| Combiner for Shared<br>Antenna | Do you need a Combiner for a Shared Antenna?                            |
|                                | Туре  |
|                                | Number of channels supported  |
|                                | Frequencies of channels supported                                       |
|                                | Frequency   |
|                                | Do you need a combiner output splitter/switcher fc                      |
| Elbow Complex                  | Do you require the separate purchase of the Elbo                        |
|                                | Broadband or Single Channel?  |
|                                | Feed Line Size  |
| Side Mount Brackets            | Do you require the separate purchase of side mou                        |
| Pattern Scatter Analysis       | Do you require separate purchase of pattern scatt medium power antenna? |
| Sweep Test                     | Do you require the sweep testing of transmission I                      |

## **Auxiliary Antenna**

#### **Other Antenna Cost Not Listed**

| Name                      |  |
|---------------------------|--|
| Freight Charges           |  |
| Dielectric Custom Flanges |  |
| Antenna Support Brackets  |  |

## **Primary Antenna**

#### **Existing Antenna Information**

| Section                      | Question  |
|------------------------------|---|
| Existing Antenna Description | Type of change                                      |
|                              | Antenna Use   |
|                              | Description of Use                                  |
|                              | Ownership   |
|                              | Owner   |
|                              | Site  |
|                              | Is the existing antenna shared with another statior |
|                              | Is the existing antenna directional?                |
|                              | Is antenna in operating condition?                  |
|                              | Is antenna located on or in close proximity to an a |
| Existing Antenna             | Class   |
| Manufacturer and Type        | Mounting  |
|                              | Antenna position in stack                           |
|                              | Polarization  |
|                              | Туре  |
|                              | Number of Stations Supported                        |
|                              | Number of Panels                                    |
|                              | Design power capacity in use                        |
|                              | Lower Limit   |
|                              | Upper Limit   |
|                              | Other Antenna Type                                  |
|                              | ERP: (Effective Radiated Power)                     |
|                              | Manufacturer  |
|                              | Model   |
|                              | Year  |
|                              |   |

## **Primary Antenna**

#### **New Antenna Costs**

| Section                 | Question  |
|-------------------------|---|
| New Antenna Description | Use   |
|                         | Description of Use                                  |
|                         | Change Type   |
|                         | Is this a request for upgraded equipment?           |
|                         | Ownership   |
|                         | Owner   |
|                         | Is antenna shared?                                  |
|                         | Is antenna directional?                             |
|                         | Will antenna be located on or in close proximity to |
| New Antenna             | Class   |
| Manufacturer and Types  | Mounting  |
|                         | Antenna position in stack                           |
|                         | Polarization  |
|                         | Туре  |
|                         | Number of Stations Supported                        |
|                         | Number of Panels/Bays                               |
|                         | Lower Limit   |
|                         | Upper Limit   |
|                         | Design power capacity in use                        |
|                         | Other Antenna Type                                  |
|                         | ERP: (Effective Radiated Power)                     |
|                         | Manufacturer  |
|                         | Model   |
|                         | Year  |
|                         |   |

Justification for New Antenna

## **Primary Antenna**

#### **Other Antenna Costs**

| Section                        | Question  |
|--------------------------------|---|
| Combiner for Shared<br>Antenna | Do you need a Combiner for a Shared Antenna?                            |
|                                | Туре  |
|                                | Number of channels supported  |
|                                | Frequencies of channels supported                                       |
|                                | Frequency   |
|                                | Do you need a combiner output splitter/switcher fc                      |
| Elbow Complex                  | Do you require the separate purchase of the Elbo                        |
|                                | Broadband or Single Channel?  |
|                                | Feed Line Size  |
| Side Mount Brackets            | Do you require the separate purchase of side mou                        |
| Pattern Scatter Analysis       | Do you require separate purchase of pattern scatt medium power antenna? |
| Sweep Test                     | Do you require the sweep testing of transmission I                      |

## **Primary Antenna**

#### **Other Antenna Cost Not Listed**

| Name                          |
|-------------------------------|
| Main Antenna Freight          |
| Main antenna Support Brackets |
| Dielectric Custom Flanges     |

#### **Transmission Line**

| Section                            | Question  |
|------------------------------------|---|
| Transmission Line Related Expenses | Do you have transmission line related expenses? |

# **Primary Transmission Line**

## **Existing Transmission Line**

| Section                                | Question   |
|--|--|
| Existing Transmission Line Description | Type of change                                       |
|  | Use  |
|  | Description of Use                                   |
|  | Ownership  |
|  | Owner  |
|  | Site   |
|  | Is the existing transmission line shared with anoth- |
|  | Is Transmission Line in operating condition?         |
| Existing Transmission                  | Manufacturer   |
| Line Manufacturer and Type             | Туре   |
|  | Diameter   |
|  | Other Diameter                                       |
|  | Segment Length                                       |
|  | Other Segment Length                                 |
|  | Number of parallel runs                              |
|  | Length   |

# **Primary Transmission Line**

#### Other Transmission Line Expenses Not Listed

| Name              |  |  |
|-------------------|--|--|
| Required Category |  |  |

# **Auxiliary Transmission** Line

#### **Add Transmission Line**

| Section                                     | Question  |
|---|---|
| Existing Transmission Line Description      | Type of change                                      |
|   | Use   |
|   | Description of Use                                  |
|   | Ownership   |
|   | Owner   |
|   | Site  |
|   | Is this transmission currently shared with any othe |
|   | Is Transmission Line in operating condition?        |
| Existing Transmission Line Manufacturer and | Manufacturer  |
| Type  | Туре  |
|   | Diameter  |
|   | Other Diameter                                      |
|   | Segment Length                                      |
|   | Other Segment Length                                |
|   | Number of parallel runs                             |
|   | Length  |

# **Auxiliary Transmission** Line

#### Other Transmission Line Expenses Not Listed

Name

**AUX Transmission Extension** 

# Tower Equipment And Rigging Costs

| Section                                     | Question   |
|---|--|
| Tower Equipment or<br>Rigging Costs Changes | Do you have tower equipment or rigging costs cha |

## **Primary Tower**

#### **Existing Tower**

| Section                        | Question   |
|--------------------------------|--|
| Existing Tower Description     | Type of change                                       |
|                                | Tower Use  |
|                                | Description of Use                                   |
|                                | Ownership  |
|                                | Is this tower consider Complex?                      |
|                                | Is this tower currently shared with any other statio |
|                                | One or more FM, AM or TV radio broadcaster(s)        |
|                                | Others Types of Users                                |
|                                | Is tower documented for structural analysis?         |
|                                | Is tower compliant with Rev G?                       |
| Existing Tower Structure       | Do you have a tower registration number?             |
| Registration                   | ASR Number   |
| Coordinates (NAD83 (           | Latitude (NAD83)                                     |
| North American Datum of 1983)) | Longitude (NAD83)                                    |
|                                | Overall Structure Height                             |
|                                | Support Structure Height                             |
|                                | Ground Elevation Above Mean Sea Level (AMSL)         |
|                                | Structure Type                                       |
|                                | Tower Owner  |
|                                | Date Constructed                                     |

# 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 |
|-------------|-----------|---------|
| 182983      | KYMU-LD   | LPD     |
| 128217      | K35PB-D   | LPD     |

#### **Primary Tower**

#### **Tower Modification Costs**

| Section              | Question   |
|----------------------|--|
| Engineering Study    | Please what type of engineering study is required, |
| Tower Reinforcements | Please select whether tower reinforcements are no  |

#### **Primary Tower**

#### **Tower Rigging Costs**

| Section                         | Question                          |
|---------------------------------|-----------------------------------|
| Tower Rigging Costs             | Complex Tower                     |
| Helicopter Services<br>Required | Are helicopter services required? |

#### **Primary Tower**

#### Other Tower Expenses Not Listed

Information not provided.

# Outside Professional Services Costs

| Section                             | Question  |
|-------------------------------------|---|
| Outside Project Management Services | Do you require outside project management service |
|                                     | Number of Hours                                   |
|                                     | Explanation                                       |
| Outside RF consulting               | Perform engineering study for new channel assigr  |
| Engineering Services                | Prepare engineering section of Form FCC Constru   |
|                                     | For Auxiliary Facility                            |
|                                     | For Main Facility                                 |
|                                     | Prepare engineering section of Form FCC License   |
|                                     | For Auxiliary Facility                            |
|                                     | For Main Facility                                 |
|                                     | Prepare request for Special Temporary Authority   |
|                                     | Quantity  |
|                                     | Do you have Distributed Transmission System enเ   |
|                                     | Critical Facility                                 |
|                                     | Terrain-Shielded Facility                         |
| Attorney and Other                  | Prepare and file Form FCC Construction Permit A   |
| Outside Consulting<br>Services      | For Auxiliary Facility                            |
|                                     | For Main Facility                                 |
|                                     | Prepare and file Form FCC License to Cover Appl   |
|                                     | For Auxiliary Facility                            |
|                                     | For Main Facility                                 |
|                                     | Prepare request for Special Temporary Authority   |
|                                     | Quantity  |
|                                     | NEPA Section 106 environmental review             |

|                               | Environmental Assessment                           |
|-------------------------------|--|
|                               | ASR Modification                                   |
|                               | FAA Consultation (including preparation of FAA Fo  |
|                               | Negotiation of Lease and other Matter for Shared   |
|                               | Prepare or Review FCC Form 399 for Reimburser      |
|                               | Address transition timing and coordination issues  |
| RF Field Engineering Services | Comprehensive coverage verification via field stuc |
| Services                      | RF exposure measurements                           |
|                               | Additional Field Engineering Service               |
|                               | Number of Days                                     |
|                               | Justification                                      |

# Outside Professional Services Costs

## Other Professional Services Expenses Not Listed

Name

**DTV Medical Notifications** 

## Other Expenses

| Section                         | Question   |
|---------------------------------|--|
| AM Pattern Disturbance          | Is an Impact Study needed?   |
|                                 | Is Remediation needed?   |
| Facility Expenses               | Name   |
|                                 | Other Distributed Transmission System Expenses                               |
|                                 | Name   |
|                                 | Is Notification of a Medical Facility required as a re                       |
| Permit and Filing Costs         | Local Zoning   |
|                                 | Non-zoning permits   |
|                                 | BLM or NFS Coordination  |
|                                 | FCC Construction Permit Minor Change   |
|                                 | FCC License to Cover Application   |
|                                 | FCC Special Temporary Authority Application                                  |
| Other Miscellaneous<br>Expenses | Does this relocation require paying Disposal Costs any salvage value)?       |
|                                 | Does this relocation require Equipment Delivery or in individual item costs? |
|                                 | Does this relocation require Equipment Storage?                              |
|                                 | Does this relocation require the Development and upcoming channel change?    |
|                                 | Does this relocation require MVPD Notification of                            |

## Other Expenses

#### Other Expenses Not Listed

| Name  |
|---|
| Merrill Weiss Group                           |
| Lead based paint - Disposal Costs             |
| Lead based paint - Environmental Safety Study |

#### **Cost Information**

#### **Transmitters**

Where no predetermined cost estimate is available, any estimate provided w

| Description  | Predetermined Cost Estimate | Estimated<br>Cost | Estimated Cost Justification  |
|--|-----------------------------|-------------------|---|
| Primary<br>Transmitter<br>ULXTE-50   | \$1,222,042.09              | \$1,220,792.09    |   |
| Other Electrical Service: Electrician will remove existing electrical and install new transformer, conduits, and heat exchanger feeds for primary transmitter. See quote from Schneider for cost breakdowns. | \$61,501.86                 | \$61,501.86       | Labor to remove existing electric includes 150KVA 480V to 208  Propos |
| UHF -<br>Liquid<br>Cooled<br>Solid State<br>Transmitter<br>31.7 kW   | \$1,134,990.23              | \$1,134,990.23    | 10/15/18: Added Gates Air C<br>transmitter Cost \$8827.93-See         |
| Transformer<br>3 phase<br>/480v - 150<br>KVA   | \$25,550.00                 | \$24,300.00       |   |
| Auxiliary<br>Transmitter<br>ULXTE-24   | \$751,388.00                | \$697,457.46      |   |

| UHF -<br>Liquid<br>Cooled<br>Solid State<br>Transmitter<br>14.2 - 20 kW  | \$684,000.00   | \$631,319.46   | 10/15/18: Added Change Ord "KIRO_AUX_COVER_LETTER pdf" for details. Estimated               |
|--|----------------|----------------|---|
| Other Electrical Service: Electrician will remove existing service connections and dispose. New transformer conduits and heat exchanger feeds will be installed for new Aux. See Schneider proposal Queen Anne for cost details. | \$41,838.00    | \$41,838.00    | Labor to remove existing of transformer and heat exchant transformer and wiring/conditions. |
| Transformer<br>3 phase<br>/480v - 150<br>KVA   | \$25,550.00    | \$24,300.00    |   |
| Sub-total  | \$1,973,430.09 | \$1,918,249.55 |   |
| Total for all systems  | \$4,171,015.37 | \$3,961,548.68 |   |
|  |                |                |   |

#### Components

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

| Other Electrical Service: Electrician will remove existing electrical and install new transformer, conduits, and heat exchanger feeds for primary transmitter. See quote from Schneider for cost breakdowns. | Component De Amount: |
|--|----------------------|
| UHF - Liquid Cooled Solid State Transmitter 31.7 kW  | Component De         |
|  | Component De         |
|  | Amount:              |
|  | Component De         |
|  | Amount:              |
|  | Component De         |
| Transformer 3 phase/480v - 150 KVA   | Component De         |
|  | Component De         |
|  | Component De         |

| UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW   | Component De      |
|--|-------------------|
|  | Amount:           |
|  | Component Des     |
|  | Component Des     |
|  | Component Des     |
|  | Amount:           |
| Other Electrical Service: Electrician will remove existing service connections and dispose. New transformer conduits and heat exchanger feeds will be installed for new Aux. See Schneider proposal Queen Anne for cost details. | Information not p |
| Transformer 3 phase/480v - 150 KVA   |                   |
|  | Component Des     |
|  | Component Des     |
|  | Component Des     |

#### **Cost Information**

#### **Antennas**

Where no predetermined cost estimate is available, any estimate provided w

| Description  | Predetermined Cost Estimate |
|--|-----------------------------|
| Primary Antenna TFU-26JSC/VP-R C164  | \$272,765.75                |
| Main Antenna Freight   | \$17,500.00                 |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)                                   | \$12,300.00                 |
| Main antenna Support Brackets  | \$21,750.00                 |
| UHF - High Power, Side Mount, basic slot antenna, 715 kW input, directional,, elliptically or circularly polarized | \$145,275.0C                |
| Dielectric Custom Flanges  | \$3,837.00                  |
| Sweep test of existing antenna   | \$6,730.00                  |

| UHF - Lower Power, Side Mount, Class A, basic slot antenna, 715 kW input, directional,, horizontally polarized | \$65, |
|--|-------|
| Auxiliary Antenna TFU-26JSC-R C164   | \$205 |
| Sweep test of existing antenna   | \$6,7 |
| Freight Charges  | \$17, |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)                               | \$12, |
| Antenna Support Brackets   | \$21, |
| Dielectric Custom Flanges  | \$1,8 |
| UHF - High Power, Side Mount, basic slot antenna, 715 kW input, directional,, horizontally polarized           | \$79, |
| UHF - Lower Power, Side Mount, Class A, basic slot antenna, 715 kW input, directional,, horizontally polarized | \$65, |
| Sub-total  | \$478 |

#### Components

| Actual Information Description   | File Name         |
|--|-------------------|
| Main Antenna Freight   |                   |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | Compon<br>Amount: |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
| Main antenna Support Brackets  |                   |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |

| UHF - High Power, Side Mount, basic slot antenna, 715 kW input, directional,, elliptically or circularly polarized | Compon<br>Amount: |
|--|-------------------|
| Dielectric Custom Flanges  | Compon            |
|  | Amount:           |
|  |                   |
|  | Compon            |
|  | Amount:           |
|  | Compon            |
|  | Amount:           |
| Sweep test of existing antenna   | Compon<br>Amount: |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
| UHF - Lower Power, Side Mount, Class A, basic slot antenna, 715 kW input, directional,, horizontally polarized     | Compon<br>Amount: |
|  | Compon            |
|  | Amount            |

| Sweep test of existing antenna   |                   |
|--|-------------------|
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
| Freight Charges  |                   |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
| Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed) | Compon<br>Amount: |
|  | 7 modile.         |
|  | Compon<br>Amount: |
| Antenna Support Brackets   |                   |
|  | Compon<br>Amount: |
|  | Compon<br>Amount: |
| Dielectric Custom Flanges  |                   |
|  | Compon            |
|  | Amount:           |
|  | Compon            |
|  | Amount:           |

| UHF - High Power, Side Mount, basic slot antenna, 715 kW input, directional,, horizontally polarized           | Information    |
|--|----------------|
| UHF - Lower Power, Side Mount, Class A, basic slot antenna, 715 kW input, directional,, horizontally polarized | Compon Amount: |

#### **Cost Information**

## **Transmission Line**

Where no predetermined cost estimate is available, any estimate provided w

| Description                 | Predetermined Cost Estimate |
|-----------------------------|-----------------------------|
| Primary Transmission Line   | \$0.00                      |
| Required Category           | \$0.00                      |
| Auxiliary Transmission Line | \$20,973.00                 |
| AUX Transmission Extension  | \$20,973.00                 |
| Sub-total                   | \$20,973.00                 |
| Total for all systems       | \$4,171,015.3               |

#### Components

Information not provided.

#### **Cost Information**

#### **Tower Equipment and Rigging Costs**

Where no predetermined cost estimate is available, any estimate provided w

| Description   | Predetermined Cost Estimate |
|---|-----------------------------|
| Primary Tower GTOWER  | \$1,275,100.0               |
| Tall Tower (greater than 500')                                    | \$210,500.00                |
| Structural engineering tower load study for well documented tower | \$12,600.00                 |
| Serious tower reinforcement/modifications                         | \$1,052,000.0               |
| Sub-total   | \$1,275,100.0               |
| Total for all systems   | \$4,171,015.3               |

#### Components

| Actual Information Description                                    | File Name         |
|---|-------------------|
| Tall Tower (greater than 500')                                    | Compon<br>Amount: |
|   | Compon<br>Amount: |
|   | Compon<br>Amount: |
| Structural engineering tower load study for well documented tower | Compon<br>Amount: |

| Serious tower reinforcement/modifications |         |
|---|---------|
|   | Compon  |
|   | Amount: |
|   |         |
|   |         |
|   | Compon  |
|   | Amount: |
|   |         |

## **Cost Information**

### **Outside Professional Services**

Where no predetermined cost estimate is available, any estimate provided w

| Description  | Predetermined Cost Estimate |
|--|-----------------------------|
| Outside Professional Services  | \$181,940.00                |
| DTV Medical Notifications  | \$7,500.00                  |
| RF Exposure Measurements   | \$21,050.00                 |
| Comprehensive coverage verification via field study, if needed   | \$84,200.00                 |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00                  |
| Environmental Assessment, if triggered by NEPA<br>Section 106 review or for certain structures over 450<br>feet            | \$10,520.00                 |
| NEPA Section 106 environmental review, if needed   | \$6,310.00                  |
| Attorney Fees - Negotiation of lease and other matters for shared locations  | \$4,210.00                  |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application   | \$2,365.00                  |
| Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application                         | \$4,210.00                  |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application                                     | \$5,260.00                  |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application       | \$1,580.00                  |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application  | \$1,580.00                  |

| Prepare and or review reimbursement form  | \$2,630.00   |
|---|--------------|
| Perform engineering study for new channel assignment and antenna development  | \$7,360.00   |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application                                    | \$3,155.00   |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application | \$2,105.00   |
| Project management of the transition  | \$15,800.00  |
| Sub-total   | \$181,940.00 |

# Components

Total for all systems

| Actual Information Description   | File Name   |
|--|-------------|
| DTV Medical Notifications  | Information |
| RF Exposure Measurements   | Information |
| Comprehensive coverage verification via field study, if needed   | Information |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information |
| Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet                  | Information |
| NEPA Section 106 environmental review, if needed   | Information |

\$4,171,015.3

| Attorney Fees - Negotiation of lease and other matters for shared locations                        | Compon<br>Amount: |
|--|-------------------|
|  | Compon<br>Amount: |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application                 | Compon Amount:    |
| Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | Compon<br>Amount: |

| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application                               | Compon<br>Amount: |
|--|-------------------|
|  | Compon<br>Amount: |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application | Information       |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application                                    | Compon<br>Amount: |

|   | Compon            |
|---|-------------------|
|   |                   |
|   | Amount:           |
|   | Compon            |
|   | Amount:           |
|   | Compon<br>Amount: |
|   | Compon<br>Amount: |
|   | Compon<br>Amount: |
|   | Compon            |
|   | Amount:           |
|   | Compon<br>Amount: |
| Perform engineering study for new channel assignment and antenna development  | Information       |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application                                    | Information       |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application | Information       |
| Project management of the transition  | Compon<br>Amount: |

## **Cost Information**

## Other Expenses

Where no predetermined cost estimate is available, any estimate provided w

| Description  | Predetermined Cost Estimate |
|--|-----------------------------|
| Other Expenses   | \$241,410.28                |
| Lead based paint - Environmental Safety Study                            | \$84,777.00                 |
| Lead based paint - Disposal Costs  | \$71,873.28                 |
| Merrill Weiss Group  | \$32,825.00                 |
| MVPD Notification of Channel Change                                      | \$1,250.00                  |
| Equipment Delivery and Handling Charges                                  | \$32,300.00                 |
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$6,500.00                  |
| FCC Filing Fees - Form 2100 license to cover application                 | \$335.00                    |
| DTV Medical Facility Notification  | \$11,550.00                 |
| Sub-total  | \$241,410.28                |

# Components

| Actual Information Description   | File Name         |
|--|-------------------|
| Lead based paint - Environmental Safety Study                            | Compon<br>Amount: |
| Lead based paint - Disposal Costs  | Compon<br>Amount: |
| Merrill Weiss Group  | Compon Amount:    |
|  | Compon Amount:    |
| MVPD Notification of Channel Change                                      | Compon<br>Amount: |
| Equipment Delivery and Handling Charges                                  | Compon<br>Amount: |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information       |
| FCC Filing Fees - Form 2100 license to cover application                 | Information       |
| DTV Medical Facility Notification  | Compon<br>Amount: |

#### **Cost Information**

#### **Grand Total**

|                       | Predetermined Cost Estimate |
|-----------------------|-----------------------------|
| Total for all systems | \$4,171,015.37              |

#### **Reimbursement Status**

#### Question

The facility has ceased operating on its pre-auction channel.

Construction of final facilities or all necessary modifications are complete.

All receipts for reimbursement have been submitted no further costs are expected incurred. Note this will lock the Form 399 from further editing and begin close-out  $\wp$  with the Fund Administrator.

#### Certification

Section Question

#### Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM IMPRISONMENT (U.S. CODE, TITLE 18, SECTIC STATION LICENSE OR CONSTRUCTION PERM (1), AND/OR FORFEITURE (U.S. CODE, TITLE 4 STATEMENTS COULD SUBJECT THIS ENTITY CLAIMS ACT.

- 1. The Authorized Person signing below certif /she is authorized to submit this TV Broadc Relocation Fund Reimbursement Form on the above-named entity.
- 2. The above-named entity acknowledges tha certifications and attached documentation a considered material representations.
- The above-named entity acknowledges the submission of the information herein create obligation on the part of the government to amount.
- **4.** The above-named entity certifies that the e and services paid for with money from the Broadcaster Relocation Fund are necessar change channels (broadcasters) or to conticarry the signal of a broadcaster that chang channels (MVPD).
- 5. The above-named entity certifies that all pa from the TV Broadcaster Relocation Fund ( received by the entity listed on this form will only for expenses that are eligible for reimb from the Fund.
- 6. The above-named entity certifies that it will and provide to the Commission detailed rec including receipts, of all costs eligible for reimbursement actually incurred.
- 7. The above-named entity acknowledges tha overpayments or payments in error must be refunded to the Commission.
- 8. The above-named entity certifies that it is in compliance with all statutes, rules, regulation governmental requirements for which compare-requisite for obtaining the payments he requested.

I declare, under penalty of perjury, that I am an au named applicant for the Authorization(s) specified

#### Certification

Section Question

Submission of Actual Cost Documentation Statements WILLFUL FALSE, FRAUDULENT, OR FICTITIOU PUNISHABLE BY FINE AND/OR IMPRISIONMEN 1001), AND/OR REVOCATION OF ANY STATION (U.S. CODE, TITLE 47, SECTION 312(a)(1), AND SECTION 503), AND ANY FALSE AND/OR FRAU SUBJECT THIS ENTITY TO LIABILITY UNDER TITLE 31, SECTIONS 3729-3733).

- The Authorized Person signing below certif represents that he/she is authorized to sub Broadcaster Relocation Fund Reimbursem on behalf of the above-named entity.
- **2.** The above-named entity certifies that the sin this form and attached documentation ar complete, and correct.
- **3.** The above-named entity acknowledges tha certifications and attached documentation ε considered material representations.
- 4. The above-named entity acknowledges the submission of the information herein create obligation on the part of the government to amount.
- 5. The above-named entity certifies that the e and services paid for with money from the Broadcaster Relocation Fund are necessar change channels (full power and Class A stand/or otherwise modify a television station as a result of the spectrum repack (LPTV/T Translator stations); or to minimize service resulting from a repacked television station stations); or to continue to carry the signal obroadcaster that changes channels (MVPD
- 6. The above-named entity certifies that all pa from the TV Broadcaster Relocation Fund ( received by the entity listed on this form will only for expenses that are eligible for reimb from the Fund.
- The above-named entity certifies that the conformation/documents submitted reflect conformation incurred.
- **8.** The above-named entity acknowledges tha overpayments or payments in error must be refunded to the Commission.
- The above-named entity certifies that it is in compliance with all statutes, rules, regulation governmental requirements for which computer prerequisite for obtaining the payments her requested.

I declare, under penalty of perjury, that I am an au named applicant for the Authorization(s) specified

#### Certification

#### Section Question

# Submission of Final Allocation or Accounting Information Statements

WILLFUL FALSE STATEMENTS ON THIS FORM IMPRISONMENT (U.S. CODE, TITLE 18, SECTIC STATION LICENSE OR CONSTRUCTION PERM (1), AND/OR FORFEITURE (U.S. CODE, TITLE 4 STATEMENTS COULD SUBJECT THIS ENTITY CLAIMS ACT.

- The Authorized Person signing below certif represents that he/she is authorized to sub-Broadcaster Relocation Fund Reimbursem on behalf of the above-named entity. The a named entity acknowledges that all certifica attached documentation are considered ma representations.
- The above-named entity acknowledges the submission of the information herein create obligation on the part of the government to amount.
- The above-named entity certifies that all co identified as "actual costs" herein accuratel represent the costs actually paid by the abounded entity, including any discounts, refurebates.
- 4. The above-named entity certifies that all pa from the TV Broadcaster Relocation Fund ( received by the entity listed on this form will only for expenses that are eligible for reimb from the Fund.
- 5. The above-named entity acknowledges tha overpayments or payments in error must be refunded to the Commission.
- 6. The above-named entity certifies that it is in compliance with all statutes, rules, regulation governmental requirements for which compare-requisite for obtaining the payments he requested.

I declare, under penalty of perjury, that I am an au named applicant for the Authorization(s) specified