



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **168750** | Service: **DCA** | Call **KSBS-CD** | Channel: **19 (UHF)** |
ID:
File **0000024837** | Sign:
Number:
FRN: **0002710192** | Date **12/03**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CHANNEL 3 TV COMPANY, LLC Doing Business As: KCDO-TV/KSBS-CD	Greg Armstrong 3001 S Jamaica Ct. Ste 210 Aurora, CO 80014 United States	+1 (303) 925-0303	garmstrong@ch3tv. com	Limited Liability Company

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
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.		Yes
Briefly describe transition plan		A Project Manager has been hired to work under station supervision to design and build a replacement facility on reassigned channel 19 and includes a new transmitter, antenna and flash transition with no interim facilities.

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	Dynamar
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.7 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	EC Series
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.5 kW
	Justification for New Transmitter	In order to do a flash cut to avoid an extended off air period a new transmitter is required as the station has no current standby facility.

**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	Yes
	Description	Adding 50 amp 240 volt service to support additional transmitter and HVAC load.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	Other
	Other Size	1 tons
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	400.0 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
Proof and Test	Cost of outside engineer and rental equipment to proof and test transmitter in output switching.
Inside RF System	Materials to adapt output load switching.

Antennas

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

Primary Antenna

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	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	Class A
	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Elliptical
	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)	15.0 kW

Manufacturer	
Model	PSILP 8CRC-41- CP Custom
Year	2012

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?	No
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	13.8 kW
	Manufacturer	

Model	TLP-8M/VP-R BB
Year	2018
Justification for New Antenna	Current antenna is slotted single channel on channel 41 and reassigned channel is 19. Initially proposed replacement was panel with wind-load issues. This replacement is slot design.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A

Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Side Mount Brackets	It has been found that it will be necessary to create custom brackets to mount the antenna.

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	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	59 feet per run

Primary **New Transmission Line**
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	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	66 feet per run
	Justification for New Transmission Line	Increased line length to meet new construction permit height of new antenna.

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)	No
	Others Types of Users	Yes
	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?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	39° 43' 45.9" N-
	Longitude (NAD83)	105° 14' 09.9" W-
	Overall Structure Height	66.10 feet
	Support Structure Height	50.50 feet
	Ground Elevation Above Mean Sea Level (AMSL)	7358.90 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Mauna Towers, LLC
Date Constructed	01/01/1980

Other Types of Users

Users

4 LPTV stations

6 FM stations

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

Primary Tower

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed
Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	520
	Explanation	Station lacks an experienced person on its small staff to execute this transition so a contract with a Project Manager is necessary.
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	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

Attorney and Other Outside Consulting Services	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	No
	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	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Other Professional Services Expenses Not Listed
Professional Services Costs Services not provided.

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	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses	Other Expenses Not Listed
	Information not provided.

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 EC Series	\$171,000.00	\$109,000.00		\$31,955.30	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$64,000.00	N/A	\$31,955.30	N/A
Other -- Building Addition Size: 400.0	<i>\$6,000.00</i>	\$6,000.00	Building modifications found to be necessary to support the installation of the repack transmitter.	N/A	N/A
Other Electrical Service: Adding 50 amp 240 volt service to support additional transmitter and HVAC load.	<i>\$14,500.00</i>	\$14,500.00	Landlord failed to live up to commitments regarding Improvement in the electrical System to include the capability of the generator system to support the repack transmitter during the test phase of the repack process.	N/A	N/A

Other -- HVAC Service Type: C Size:1 (Other)	\$6,000.00	\$6,000.00	Bids for the necessary air conditioning to support the repack transmitter were higher than the initial estimate.	N/A	N/A
Inside RF System	\$6,500.00	\$6,500.00	N/A	N/A	N/A
Proof and Test	\$12,000.00	\$12,000.00	N/A	N/A	N/A
Sub-total	\$171,000.00	\$109,000.00	N/A	\$31,955.30	N/A
Total for all systems	\$715,554.00	\$295,350.00	N/A	\$65,558.82	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<p>Component Description: 50% downpayment of replication transmitter; does not include upgrade. See attached explanation.</p> <p>Amount: \$31,955.30</p>
Other -- Building Addition Size: 400.0	Information not provided.
Other Electrical Service: Adding 50 amp 240 volt service to support additional transmitter and HVAC load.	Information not provided.
Other -- HVAC Service Type: C Size:1 (Other)	Information not provided.

Inside RF System	Information not provided.
Proof and Test	Information not provided.

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TLP-8M/VP-R BB	\$36,030.00	\$37,400.00		\$14,264.00	
Side Mount Brackets	<i>\$3,000.00</i>	\$3,000.00	It has been found that it will be necessary to create custom brackets to mount the antenna.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$3,200.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$28,000.00	Current antenna is "slot" design; initially proposed replacement was panel, which would cause wind load issues. New replacement, Dielectric TLP=8M/VP-R-BB is slot design. Estimating \$3,000 installation cost.	\$11,064.00	N/A
Sub-total	\$36,030.00	\$37,400.00	N/A	\$14,264.00	N/A

Total for all systems	\$715,554.00	\$295,350.00	N/A	\$65,558.82	N/A
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Components

Actual Information	
Description	File Name
Side Mount Brackets	Information not provided.
Sweep test of existing antenna	<p>Component Description: This down-payment invoice also includes charges for antenna and transmission line.</p> <p>Amount: \$3,200.00</p>
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<p>Component Description: This down-payment Invoice is also for transmission line and sweep. Portion of antenna cost not requested is for upgrade. See attached explanation.</p> <p>Amount: \$11,064.00</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	\$1,584.00	\$6,200.00		\$2,615.39	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$1,584.00	\$6,200.00	Catalog of Estimated Cost price of \$23/foot appears to be based on 1,000 ft. lengths and does not scale down to 66 fee with hangers, other accessories, and installation costs.	\$2,615.39	N/A
Sub-total	\$1,584.00	\$6,200.00	N/A	\$2,615.39	N/A
Total for all systems	\$715,554.00	\$295,350.00	N/A	\$65,558.82	N/A

Components

Actual Information	
Description	File Name

Flexible Foam Transmission
Line - dielectric, 1 5/8"

Component Description:

This down-
payment invoice
also includes
charges for
antenna and
sweep.

Amount:

\$2,615.39

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 GTOWER	\$268,500.00	\$20,500.00		\$0.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$8,500.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$6,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$6,000.00	N/A	N/A	N/A
Sub-total	\$268,500.00	\$20,500.00	N/A	\$0.00	N/A
Total for all systems	\$715,554.00	\$295,350.00	N/A	\$65,558.82	N/A

Components

Information not provided.

Cost
Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$212,390.00	\$104,750.00		\$16,724.13	
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$3,500.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$0.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$5,000.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$15,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$6,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Project management of the transition	\$82,160.00	\$60,000.00	N/A	\$5,724.13	N/A
Sub-total	\$212,390.00	\$104,750.00	N/A	\$16,724.13	N/A
Total for all systems	\$715,554.00	\$295,350.00	N/A	\$65,558.82	N/A

Components

Actual Information	
Description	File Name
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.

Perform engineering study for new channel assignment and antenna development	Component Description: Engineering study work for new channel assignment Amount: \$500.00
	Component Description: Engineering study work for new channel assignment and antenna development Amount: \$750.00
	Component Description: Engineering study work for new channel assignment and antenna development Amount: \$375.00
	Component Description: Engineering study work for new channel assignment and antenna development Amount: \$1,875.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="708 174 1015 210">Component Description:</td><td data-bbox="1150 174 1358 327">Attorney Fees: prepare for Construction Permit application</td></tr> <tr> <td data-bbox="708 338 815 374">Amount:</td><td data-bbox="1150 338 1230 374">\$50.00</td></tr> <tr> <td data-bbox="708 477 1015 512">Component Description:</td><td data-bbox="1150 477 1358 629">Attorney Fees: prepare and file Construction Permit Application</td></tr> <tr> <td data-bbox="708 640 815 676">Amount:</td><td data-bbox="1150 640 1267 676">\$4,950.00</td></tr> </table>	Component Description:	Attorney Fees: prepare for Construction Permit application	Amount:	\$50.00	Component Description:	Attorney Fees: prepare and file Construction Permit Application	Amount:	\$4,950.00
Component Description:	Attorney Fees: prepare for Construction Permit application								
Amount:	\$50.00								
Component Description:	Attorney Fees: prepare and file Construction Permit Application								
Amount:	\$4,950.00								
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Comprehensive coverage verification via field study, if needed</p>	<p>Information not provided.</p>								
<p>RF Exposure Measurements</p>	<p>Information not provided.</p>								
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 1265 1015 1301">Component Description:</td><td data-bbox="1150 1265 1374 1417">Attorney fees: Prepare and review reimbursement form.</td></tr> <tr> <td data-bbox="708 1429 815 1464">Amount:</td><td data-bbox="1150 1429 1267 1464">\$1,620.00</td></tr> <tr> <td data-bbox="708 1568 1015 1603">Component Description:</td><td data-bbox="1150 1568 1382 1720">Attorney fees: prepare for reimbursement form</td></tr> <tr> <td data-bbox="708 1686 815 1722">Amount:</td><td data-bbox="1150 1686 1246 1722">\$880.00</td></tr> </table>	Component Description:	Attorney fees: Prepare and review reimbursement form.	Amount:	\$1,620.00	Component Description:	Attorney fees: prepare for reimbursement form	Amount:	\$880.00
Component Description:	Attorney fees: Prepare and review reimbursement form.								
Amount:	\$1,620.00								
Component Description:	Attorney fees: prepare for reimbursement form								
Amount:	\$880.00								

Project management of the transition	<div> <div> Component Description: </div> <div> Project Management 5/3-5/26/17 </div> </div> <div> Amount: </div> <div> \$2,622.92 </div>
	<div> <div> Component Description: </div> <div> Blair engineering project management 7-11/2017 </div> </div> <div> Amount: </div> <div> \$3,101.21 </div>

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	\$26,050.00	\$17,500.00		\$0.00	
MVPD Notification of Channel Change	<i>\$200.00</i>	\$200.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$11,000.00</i>	\$11,000.00	Original equipment delivery costs were underestimated.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,000.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,300.00</i>	\$1,300.00	N/A	N/A	N/A
Sub-total	\$26,050.00	\$17,500.00	N/A	\$0.00	N/A
Total for all systems	\$715,554.00	\$295,350.00	N/A	\$65,558.82	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$715,554.00	\$295,350.00
			\$65,558.82

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> 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.

**DAVID H
PAWLIK**
*Legal
Counsel*

12/03/2018

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

<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>Greg Armstrong <i>President and General Manager</i></p> <p>12/03/2018</p>

Attachments