

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

168750 Service: DCA KSBS-CD Channel: 19 (UHF) Facility Call Sign:

ID:

File 0000024837

Number:

FRN: **0002710192** Date 01/08

> Submitted: /2019

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 Name and Information Reimbursement Contact 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

| rs | 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 | |
| Manufacturer and Type | Model | Dynamar |
| | Year | 2012 |
| | Туре | 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? | Yes |
| | Manufacturer | |
| | Model | EC 702-HP |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 1.7 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. This is a higher powered transmitter, but broadcaster does not seek reimbursement for the upgrade costs. |

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 |
| | Туре | Cooling Only |
| | Size | Other |
| | Other Size | 1 tons |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold 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

| Nan | ne | 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 |

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 | Class | Class A |
| Manufacturer and Type | Mounting | Side Mount |
| | Antenna position in stack | Middle |
| | Polarization | Elliptical |
| | Туре | 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 |

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 | Class | Class A |
| Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Middle |
| | Polarization | Elliptical |
| | Туре | 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. |

Other Antenna Costs

| Section | Question | Response |
|--------------------------------|---|----------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Туре | |
| | 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 |

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 ^{Seffien} | Question | Response |
|------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | Yes |

Primary Transmission Line

Existing Transmission Line

| n 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 | Manufacturer | |
| Line Manufacturer and Type | Туре | 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

| Transmissio | n 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 |
| | | Туре | 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 |
| | 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 loine tion 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

| | 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 | Do you have a tower registration number? | No |
| Structure Registration | ASR Number | |
| Coordinates (NAD83 (| Latitude (NAD83) | 39° 43' 45.9" N- |
| North American Datum of 1983)) | 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 |
|--|--|-----|
| Services | 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
Outside
Professional Services Expenses Not Listed
Professional Services © ostsided.

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 Not Listed

Expenses 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 702-HP | \$171,000.00 | \$109,000.00 | | \$64,639.68 | |
| 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 |
| Other Building Addition Size: 400.0 | \$6,000.00 | \$6,000.00 | Building modifications found to be necessary to support the installation of the repack transmitter. | \$729.08 | 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 |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$126,000.00 | \$64,000.00 | N/A | \$63,910.60 | N/A |

| Other | \$14,500.00 | \$14,500.00 | Landlord | N/A | N/A | |
|-----------------------|--------------|--------------|----------------|-------------|-----|--|
| Electrical | | | failed to live | | | |
| Service: | | | up to | | | |
| Adding 50 | | | commitments | | | |
| amp 240 | | regarding | | | | |
| volt service | | | Improvement | | | |
| to support | | | in the | | | |
| additional | | | electrical | | | |
| transmitter | | | System to | | | |
| and HVAC | | | include the | | | |
| load. | | | capability of | | | |
| | | | the | | | |
| | | | generator | | | |
| | | | system to | | | |
| | | | support the | | | |
| | | | repack | | | |
| | | | transmitter | | | |
| | | | during the | | | |
| | | | test phase of | | | |
| | | | the repack | | | |
| | | | process. | | | |
| Sub-total | \$171,000.00 | \$109,000.00 | N/A | \$64,639.68 | N/A | |
| Total for all systems | \$715,554.00 | \$295,350.00 | N/A | \$98,243.20 | N/A | |

Components

| Actual Information Description | File Name | |
|--|--------------------------------|--|
| Inside RF System | Information not provided. | |
| Proof and Test | Information not provided. | |
| Other Building Addition Size: 400.0 | Component Description: Amount: | Transmitter building modifications. \$729.08 |
| Other HVAC Service Type: C Size:1 (Other) | Information not provided. | |

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW

Component Description:

This is the second and final payment for the transmitter (there are two invoices, both for \$31955.30). This does not include the cost of the transmitter upgrade.

Amount:

\$31,955.30

Component Description:

of replication transmitter; does

50% downpayment

not include upgrade. See attached explanation.

Amount:

\$31,955.30

Other Electrical Service: Adding 50 amp 240 volt service to support additional transmitter and HVAC load. 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 | \$3,000.00 | \$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 | \$715,554.00 | \$295,350.00 | N/A | \$98,243.20 | N/A |
|---------------|--------------|--------------|-----|-------------|-----|
| systems | | | | | |

Components

| Actual Information Description | File Name | |
|---|---------------------------------|--|
| Side Mount Brackets | Information not provided. | |
| Sweep test of existing antenna | Component Description: Amount: | This down-payment invoice also includes charges for antenna and transmission line. \$3,200.00 |
| UHF - Lower Power Side Mount, Class A One Station antenna basic | Component Description: Amount: | This down-payment Invoice is also for transmission line and sweep. Portion of antenna cost not requested is for upgrade. See attached explanation. \$11,064.00 |

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 | \$98,243.20 | 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 | \$98,243.20 | 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 | |
| RF Exposure Measurements | \$21,050.00 | \$6,000.00 | 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 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$3,000.00 | N/A | \$0.00 | N/A |
| Project management of the transition | \$82,160.00 | \$60,000.00 | N/A | \$5,724.13 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$2,250.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | \$5,000.00 | 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 |
|--|--------------|--------------|-----|-------------|-----|
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | \$3,500.00 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | \$2,500.00 | 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 | \$98,243.20 | N/A |

Components

| Actual Information Description | File Name |
|---|---------------------------|
| RF Exposure Measurements | Information not provided. |
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. |

| Project management of the transition | | |
|---|---------------------------|--|
| แลกรแบบ | Component Description: | Project Management 5/3-5 |
| | | /26/17 |
| | Amount: | \$2,622.92 |
| | Component Description: | Blair engineering project management 7-11 /2017 |
| | Amount: | \$3,101.21 |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Component Description: | Attorney Fees: prepare and file Construction |
| | Amount: | Permit Application \$4,950.00 |
| | Component Description: | Attorney Fees: prepare for Construction Permit application |
| | Amount: | \$50.00 |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | 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

Address transition timing and coordination issues w/ other stations and wireless

Information not provided.

Prepare and or review reimbursement form

Component Description: Attorney fees:

Prepare and review

reimbursement

form.

Amount: \$1,620.00

Component Description: Attorney fees:

prepare for

reimbursement form

Amount: \$880.00

Cost Information

Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|-----------------------------|-------------------|--|----------------|------------------------------|
| Other Expenses | \$26,050.00 | \$17,500.00 | | \$0.00 | |
| DTV Medical Facility Notification | \$11,550.00 | \$3,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$11,000.00 | \$11,000.00 | Original equipment delivery costs were underestimated. | N/A | N/A |
| MVPD Notification of Channel Change | \$200.00 | \$200.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Equipment Storage | \$1,300.00 | \$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 | \$98,243.20 | 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 | \$98,243.20 |

| Reimbursem | envestiatus | 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 |

Section Question Response

Submission of Estimated Expenses Statements

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.

- 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 abovenamed applicant for the Authorization(s) specified above. David H
Pawlik
Legal
Counsel

01/08/2019

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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 certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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 abovenamed applicant for the Authorization(s) specified above. Greg
Armstrong
President
and
General
Manager

01/08/2019

Attachments