



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **35862** | Service: **DTV** | Call **KVOS-TV** | Channel: **14 (UHF)** |  
ID: | Sign: |  
File **0000027892**  
Number: |  
FRN: **0027496082** | Date **12/22**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>OTA BROADCASTING (SEA), LLC</b>	11710 PLAZA AMERICA DRIVE	+1 (703) 865-4442	tolpegin@otabroadcasting.com	Limited Liability Company
Doing Business As: OTA BROADCASTING (SEA), LLC	SUITE 2000 RESTON, VA 20190 United States			

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>David Sanderford</b> <i>Marsand, Inc.</i>	David Sanderford 1957 Reynolds Dr Azle, TX 76020 United States	+1 (817) 783-5566	david@marsand.com

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	See attached Transition Plan Narrative.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	QXD1
	Year	2009
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	33 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	THU9-10 EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	15.5 kW
	Justification for New Transmitter	Existing transmitter is no longer supported by the manufacturer.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No

	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	5

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Electrical and Room Prep</b>	Electrical distribution to new transmitter and removal of abandoned equipment to make space for the new equipment.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	580.0 kW

Manufacturer	
Model	TFU-31JTH- R O4SP
Year	2009



Primary  
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	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) .....	362.0 kW
	Manufacturer	

Model	TFU-20JTH /VP-R 04SP
Year	2018
Justification for New Antenna	Existing antenna is fixed on CH35 and is not retunable. Comparable antenna would be horizontally polarized only. Station requests upgraded, elliptically polarized antenna.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel

	Feed Line Size	6 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	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
<b>New Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	12
	Lower Limit	470.00 MHz
	Upper Limit	602.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	100.0 kW
	Manufacturer	
	Model	TLP-BB- 12B
	Year	2018

	Justification for New Antenna	Provide interim service on pre-auction channel when top mount antenna is replaced with post-auction channel antenna.
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**Interim  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Interim  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary Transmission Line****Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	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	Dielectric
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	500 feet per run

Primary

Other Transmission Line Expenses Not Listed

Transmission Line

Information not provided.

Interim

New Transmission Line

Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	500 feet per run
	Justification for New Transmission Line	Provide interim service for current channel while re-assigned facility is built out.

Interim

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?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1251758
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	48° 40' 49.4" N-
	Longitude (NAD83)	122° 50' 26.4" W-
	Overall Structure Height	498.68 feet
	Support Structure Height	498.68 feet



Ground Elevation Above Mean Sea Level (AMSL)	2270.31 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Marsha Coulthurst ET AL.DBA Mt. Constitution Sites Inc
Date Constructed	07/14/2006

**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
14506	KWPZ	FM

## Primary Tower

### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

## Primary Tower

### Tower Rigging Costs

Section	Question	Response
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<b>Tower Rigging Costs</b>	Complex Tower	Terrain constrained
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Interim Installation	Install interim antenna and transmission line

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	300
	Explanation	The ownership group has multiple transmitter sites (14 TV) and operates with minimal staff. It does not have personnel available for any of these tasks, nor is the staff trained to provide any of these services.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes

	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

	Number of Days	N/A
	Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Name	Description
Site Survey	Site visit to determine final layout and required equipment needed.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## Cost Information

### Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter THU9-10 EVO</b>	<b>\$971,171.00</b>	<b>\$695,417.00</b>		<b>\$0.00</b>	
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$418,006.00	Combined cost for transmitter and installation.	N/A	N/A
RF Consulting Engineer	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Channel 14 Mask Filter	\$189,500.00	\$180,000.00	A standard reflective CH14 mask filter is included in the transmitter costs, however a constant impedance filter (CIF) is anticipated for this site due to the high humidity and frequency drift and will require additional costs.	N/A	N/A



Channel 14 -- Additional field engineering time, 5 days	<b>\$8,500.00</b>	\$8,500.00	Confirm and /or develop plan to mitigate CH14 into Land Mobile interference issues.	\$0.00	N/A
Electrical and Room Prep	<b>\$83,911.00</b>	\$83,911.00	Add distribution of electrical to new transmitter. Incorporates removal of some abandoned station equipment. Difficult access to this site.	N/A	N/A
<b>Sub-total</b>	\$971,171.00	\$695,417.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,983,811.00	\$1,254,629.50	N/A	\$3,456.90	N/A

## Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	Information not provided.
RF Consulting Engineer	Information not provided.
Channel 14 Mask Filter	Information not provided.

Channel 14 -- Additional field engineering time, 5 days	<div> <div> <b>Component Description:</b> </div> <div> Please see line 4 of the invoice - RF consulting engineer, initial CH14 interference survey. </div> </div> <div> <b>Amount:</b> </div> <div> \$281.25 </div>
Electrical and Room Prep	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
<b>Interim Antenna TLP- BB-12B</b>	<b>\$101,390.00</b>	<b>\$11,400.00</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, One station antenna - medium power (50- 200 kW), horizontally polarized	\$89,400.00	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
<b>Primary Antenna TFU- 20JTH/VP-R 04SP</b>	<b>\$308,530.00</b>	<b>\$293,100.00</b>		<b>\$0.00</b>	

UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$275,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
<b>Sub-total</b>	\$409,920.00	\$304,500.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,983,811.00	\$1,254,629.50	N/A	\$3,456.90	N/A

## Components

Information not provided.

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
Interim Transmission Line	\$29,500.00	\$28,000.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$29,500.00	\$28,000.00	N/A	N/A	N/A
Primary Transmission Line	\$0.00	\$0.00		\$0.00	
Sub-total	\$29,500.00	\$28,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,983,811.00	\$1,254,629.50	N/A	\$3,456.90	N/A

Components

Information not provided.

Cost  
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$433,600.00	\$99,700.00		\$0.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$0.00	N/A
Interim Installation	\$0.00	\$0.00	Included in quote for tower rigging work.	N/A	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$87,700.00	N/A	N/A	N/A
Sub-total	\$433,600.00	\$99,700.00	N/A	\$0.00	N/A
Total for all systems	\$1,983,811.00	\$1,254,629.50	N/A	\$3,456.90	N/A

Components

Actual Information	
Description	File Name

<p>Structural engineering tower load study for well documented tower</p>	<table> <tr> <td data-bbox="711 98 1145 414"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1145 98 1428 414"> <p>Please refer to line 2 of the invoice for details</p> <p>\$4,480.00</p> </td></tr> <tr> <td data-bbox="711 414 1145 884"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1145 414 1428 884"> <p>Please see line 4 of the invoice - Structural engineering tower load study for well documented tower. re-run for antenna spec change.</p> <p>\$1,680.00</p> </td></tr> </table>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Please refer to line 2 of the invoice for details</p> <p>\$4,480.00</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Please see line 4 of the invoice - Structural engineering tower load study for well documented tower. re-run for antenna spec change.</p> <p>\$1,680.00</p>
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Please refer to line 2 of the invoice for details</p> <p>\$4,480.00</p>				
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Please see line 4 of the invoice - Structural engineering tower load study for well documented tower. re-run for antenna spec change.</p> <p>\$1,680.00</p>				
<p>Interim Installation</p>	<p>Information not provided.</p>				
<p>Complex Tower (includes, for example, those with candelabras and/or stacked antennas)</p>	<p>Information not provided.</p>				

## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$85,480.00</b>	<b>\$81,250.00</b>		<b>\$3,456.90</b>	
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,025.00	N/A
Site Survey	<i>\$10,000.00</i>	\$10,000.00	N/A	\$0.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	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	\$619.20	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	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
Project management of the transition	\$47,400.00	\$45,000.00	N/A	\$0.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$812.70	The original estimate was only for the consulting engineer and did not include attorney's fees.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$0.00	N/A
<b>Sub-total</b>	\$85,480.00	\$81,250.00	N/A	\$3,456.90	N/A
<b>Total for all systems</b>	\$1,983,811.00	\$1,254,629.50	N/A	\$3,456.90	N/A

## Components

**Actual Information**  
**Description**

**File Name**

Perform engineering study for new channel assignment and antenna development	<div data-bbox="708 174 1369 327"> <p><b>Component Description:</b> Please refer to line 1 of the invoice for details</p> <p><b>Amount:</b> \$1,317.56</p> </div> <div data-bbox="708 434 1369 586"> <p><b>Component Description:</b> Please refer to line 1 of the invoice for details</p> <p><b>Amount:</b> \$1,637.50</p> </div> <div data-bbox="708 694 1369 846"> <p><b>Component Description:</b> Please refer to line 2 of the invoice for details</p> <p><b>Amount:</b> \$437.50</p> </div> <div data-bbox="708 954 1369 1303"> <p><b>Component Description:</b> Please refer to line one of the invoice - KVOS-DT Perform engineering study for new channel assignment and antenna development</p> <p><b>Amount:</b> \$2,025.00</p> </div>
Site Survey	<div data-bbox="708 1442 1369 1594"> <p><b>Component Description:</b> Please refer to line 1 of the invoice for details</p> <p><b>Amount:</b> \$1,403.54</p> </div>
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
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	<p><b>Component Description:</b></p> <p>Please refer to lines 3,4 and 5 of the attached invoice \$688. Less the 10% discount received the amount due is \$619.20. Please note the hours and rates are provided at the bottom of the invoice.</p> <p><b>Amount:</b></p> <p>\$619.20</p>
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Project management of the transition	<p><b>Component Description:</b></p> <p>Please refer to line 1 of the invoice for details</p> <p><b>Amount:</b></p> <p>\$37.50</p>

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="708 174 1015 210"><b>Component Description:</b></td><td data-bbox="1150 174 1374 645">Please refer to lines 1,2,6 and 7 of the attached invoice \$903. Less the 10% discount received the amount due is \$812.70. Please note the hours and rates are provided at the bottom of the invoice.</td></tr> <tr> <td data-bbox="708 658 815 689"><b>Amount:</b></td><td data-bbox="1150 658 1246 689">\$812.70</td></tr> <tr> <td data-bbox="708 792 1015 828"><b>Component Description:</b></td><td data-bbox="1150 792 1350 1025">Please see line 2 of the invoice - Prepare and or review reimbursement form.</td></tr> <tr> <td data-bbox="708 1039 815 1070"><b>Amount:</b></td><td data-bbox="1150 1039 1267 1070">\$2,500.00</td></tr> </table>	<b>Component Description:</b>	Please refer to lines 1,2,6 and 7 of the attached invoice \$903. Less the 10% discount received the amount due is \$812.70. Please note the hours and rates are provided at the bottom of the invoice.	<b>Amount:</b>	\$812.70	<b>Component Description:</b>	Please see line 2 of the invoice - Prepare and or review reimbursement form.	<b>Amount:</b>	\$2,500.00
<b>Component Description:</b>	Please refer to lines 1,2,6 and 7 of the attached invoice \$903. Less the 10% discount received the amount due is \$812.70. Please note the hours and rates are provided at the bottom of the invoice.								
<b>Amount:</b>	\$812.70								
<b>Component Description:</b>	Please see line 2 of the invoice - Prepare and or review reimbursement form.								
<b>Amount:</b>	\$2,500.00								
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="708 1205 1015 1240"><b>Component Description:</b></td><td data-bbox="1150 1205 1374 1482">Please see line 1 of the invoice - Prepare engineering section of FCC form 2100, construction permit application</td></tr> <tr> <td data-bbox="708 1496 815 1527"><b>Amount:</b></td><td data-bbox="1150 1496 1267 1527">\$2,250.00</td></tr> </table>	<b>Component Description:</b>	Please see line 1 of the invoice - Prepare engineering section of FCC form 2100, construction permit application	<b>Amount:</b>	\$2,250.00				
<b>Component Description:</b>	Please see line 1 of the invoice - Prepare engineering section of FCC form 2100, construction permit application								
<b>Amount:</b>	\$2,250.00								

## 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
<b>Other Expenses</b>	<b>\$54,140.00</b>	<b>\$45,762.50</b>		<b>\$0.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$3,227.50	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Non-zoning permits	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$12,500.00</i>	\$12,500.00	See Transition Plan Narrative.	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$24,000.00</i>	\$24,000.00	Freight for main and interim antenna & transmission line.	N/A	N/A

Equipment Storage	<b>\$1,500.00</b>	\$1,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<b>\$250.00</b>	\$250.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<b>\$1,200.00</b>	\$1,200.00	N/A	N/A	N/A
<b>Sub-total</b>	\$54,140.00	\$45,762.50	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,983,811.00	\$1,254,629.50	N/A	\$3,456.90	N/A

## Components

Information not provided.

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$1,983,811.00	\$1,254,629.50	\$3,456.90

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"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	



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

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Charles Hultman</b>  <i>VP Finance</i></p> <p>12/22/2017</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Charles Hultman</b>  <i>VP Finance</i></p> <p>12/22/2017</p>

## Attachments