Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID: **35843** | Service: **DTV** | Call Sign: **KSTC-TV** | Channel: **30 (UHF)**

File Number: **0000028534**

FRN: **0009769514** | Date Submitted: **05/03/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|---|---|---|---|
| **KSTC-TV, LLC**<br>Doing Business As:<br>KSTC-TV, LLC | David A. Jones<br>3415 UNIVERSITY AVENUE, WEST<br>ST. PAUL, MN 55114<br>United States | +1 (651) 642-4334 | djones@hbi.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 |
|---|---|---|---|
| **Charles Naftalin**<br>*Legal Counsel to Licensee*<br>*Holland & Knight LLP* | Charles Naftalin<br>800 17th Street, NW<br>Suite 1100<br>Washington, DC 20006<br>United States | +1 (202) 457-7040 | charles.naftalin@hklaw.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. | Yes |
| Briefly describe transition plan | See Exhibit 1. |

## Transmitters

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

## Auxiliary Transmitter

### Add Transmitter Information

| Section | Question | Response |
|---|---|---|
| **Existing Transmitter Description** | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | Backup transmitter |
| | 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 | DHD-20P1 |
| | Year | 2002 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 20 kW |

## Auxiliary Transmitter

### New Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **New Transmitter** | Use | Auxiliary (Backup) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | UAXTE-12R44 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 12 kW |
| | Justification for New Transmitter | See Exhibit 1. |

## Auxiliary 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 |
| **HVAC Service** | Does the replacement transmitter require HVAC Service? | No |

| | | |
|---|---|---|
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| **Transmitter Building Addition/Modification or Leasehold Improvement** | Does the Transmitter Building require an addition, modification, other leashold improvement? | No |
| | Size | N/A |
| **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 |

## Auxiliary Transmitter

### Other Transmitter Cost Not Listed

| Name | Description |
|---|---|
| **UHF inside RF system** | See Exhibit 1. |

## 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 | HP140DAW |
| | Year | 2000 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 50 kW |

## Primary Transmitter

### New Transmitter Costs

| Section | Question | Response |
|---|---|---|
| **New Transmitter** | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Manufacturer | |
| | Model | ULXTE-72 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Liquid Cooled |
| | Solid State Power capacity | 47.2 kW |
| | Justification for New Transmitter | See Exhibit 1 and August 2017 Supplement. |

## 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 |

| | | |
|---|---|---|
| **HVAC Service** | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | Other Size | N/A |
| **Transmitter Building Addition/Modification or Leasehold Improvement** | Does the Transmitter Building require an addition, modification, other leashold improvement? | Yes |
| | Size | 610.0 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

Information not provided.

## Antennas

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

## Auxiliary Antenna

### Add Antenna Information

| Section | Question | Response |
|---|---|---|
| **Existing Antenna Description** | Type of change | Purchase New |
| | Antenna Use | Auxiliary (Backup) |
| | Description of Use | Currently able to assist with transition and then to transition to new channel. See Exhibit 1. |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this antenna currently shared with any other stations? | No |
| | Is this antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | Yes |
| **Existing Antenna Manufacturer and Type** | Class | Full Power |
| | Mounting | Side 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) | 1000.0 kW |
| Manufacturer | |
| Model | TFU-36JSMR |
| Year | 1999 |

## Auxiliary Antenna

### New Antenna Costs

| Section | Question | Response |
|---|---|---|
| **New Antenna Description** | Use | Auxiliary (Backup) |
| | Description of Use | To limit any disruption to broadcast services during transition. See Exhibit 1. |
| | 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? | Yes |
| **New Antenna Manufacturer and Types** | Class | Full Power |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | 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) | 500.0 kW |
| Manufacturer | |
| Model | TFU-24JSC-RT140 |
| Year | 2017 |
| Justification for New Antenna | See Exhibit 1. |

## Auxiliary 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? | Yes |
| | Broadband or Single Channel? | Single Channel |
| | Feed Line Size | 8 3/16 inches inches |
| **Side Mount Brackets** | Do you require the separate purchase of side mount brackets for a high power antenna? | Yes |

| | | |
|---|---|---|
| **Pattern Scatter Analysis** | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | Yes |
| **Sweep Test** | Do you require the sweep testing of transmission line and antenna? | Yes |

## Auxiliary Antenna

### Other Antenna Cost Not Listed

Information not provided.

## 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? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | Yes |
| **Existing Antenna Manufacturer and Type** | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Bottom |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 5 |
| | Number of Panels | 4 |
| | Design power capacity in use | 67.0 % |
| | Lower Limit | 650.00 MHz |
| | Upper Limit | 662.00 MHz |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 1000.0 kW |
| | | |

| | |
|---|---|
| Manufacturer | |
| Model | TAD-32UDC-5/80-MRST |
| Year | 2010 |

## 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? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | Yes |
| **New Antenna Manufacturer and Types** | Class | Full Power |
| | Mounting | Top Mount |
| | Antenna position in stack | Bottom |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 4 |
| | Number of Panels/Bays | 4 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 692.00 MHz |
| | Design power capacity in use | 67.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 1000.0 kW |
| | Manufacturer | |

| | | |
|---|---|---|
| | Model | TUM-O5-16-80H-1-R-B |
| | Year | 2017 |
| | Justification for New Antenna | See Exhibit 1. |

**Primary Antenna**

### Other Antenna Costs

| Section | Question | Response |
|---|---|---|
| **Combiner for Shared Antenna** | Do you need a Combiner for a Shared Antenna? | Yes |
| | Type | New |
| | Number of channels supported | 2 |
| | Frequencies of channels supported | Upper and lower frequency |
| | Frequency | 54.0 MHz - 698.0 MHz |
| | Do you need a combiner output splitter /switcher for dual feed lines? | No |
| **Elbow Complex** | Do you require the separate purchase of the Elbow Complex? | Yes |
| | Broadband or Single Channel? | Broadband |
| | Feed Line Size | 8 3/16 inches inches |
| **Side Mount Brackets** | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
| **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**

Information not provided.

## Transmission Line

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

## Auxiliary Transmission Line

### Add Transmission Line

| Section | Question | Response |
|---|---|---|
| **Existing Transmission Line Description** | Type of change | Purchase New |
| | Use | Auxiliary (Backup) |
| | Description of Use | To limit disruption to broadcast signal in case of loss of main antenna |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is this transmission currently shared with any other stations? | No |
| | Is Transmission Line in operating condition? | Yes |
| **Existing Transmission Line Manufacturer and Type** | Manufacturer | |
| | Type | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | Broadband |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1320 feet per run |

**Auxiliary Transmission Line**

## New Transmission Line

| Section | Question | Response |
|---|---|---|
| **New Transmission Line Costs** | Use | Auxiliary (Backup) |
| | Description of Use | New transmission line necessary to continue to support backup operations. See Exhibit 1. |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | Broadband |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1320 feet per run |
| | Justification for New Transmission Line | See Exhibit 1. |

**Auxiliary Transmission Line**

## Other Transmission Line Expenses Not Listed

Information not provided.

## 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 | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | Broadband |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1475 feet per run |

## Primary Transmission Line

### New Transmission Line

| Section | Question | Response |
|---|---|---|
| **New Transmission Line Costs** | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Type | Rigid |
| | Diameter | 8 3/16 inches |
| | Other Diameter | N/A |
| | Segment Length | Broadband |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1475 feet per run |
| | Justification for New Transmission Line | See Exhibit 1. |

## Primary Transmission Line

### Other Transmission Line Expenses Not Listed

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 |

## Auxiliary Tower

### Add Tower

| Section | Question | Response |
|---|---|---|
| **Existing Tower Description** | Type of change | Modify Existing |
| | Tower Use | Auxiliary (Backup) |
| | Description of Use | Tower is used for established backup antenna |
| | 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) | 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 | 1023882 |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 45° 03' 44.0" N- |
| | Longitude (NAD83) | 093° 08' 22.0" W- |
| | Overall Structure Height | 1436.01 feet |

| | |
|---|---|
| Support Structure Height | 1304.12 feet |
| Ground Elevation Above Mean Sea Level (AMSL) | 997.04 feet |
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | Telefarm, Inc. |
| Date Constructed | 01/01/2000 |

**FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared**

| Facility ID | Call Sign | Service |
|---|---|---|
| 42949 | KNOW-FM | FM |
| 23079 | KARE | DTV |
| 36395 | WUCW | DTV |
| 28010 | KSTP-TV | DTV |
| 09629 | WCCO-TV | DTV |

## Auxiliary 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: | Minor Reinforcements needed |

**Auxiliary Tower**

### Tower Rigging Costs

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

**Auxiliary Tower**

### Other Tower Expenses Not Listed

Information not provided.

## 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? | |
| | 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 | 1023883 |
| **Coordinates (NAD83 ( North American Datum of 1983))** | Latitude (NAD83) | 45° 03' 45.0" N- |
| | Longitude (NAD83) | 093° 08' 22.0" W- |
| | Overall Structure Height | 1437.97 feet |
| | Support Structure Height | 1288.04 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 1000.32 feet |
| | Structure Type | TOWER - Free Standing or Guyed Structure |
| | | |

| | |
|---|---|
| Tower Owner | Telefarm, Inc. |
| Date Constructed | 01/01/2001 |

**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 |
|---|---|---|
| 9629 | WCCO-TV | DTV |
| 60641 | KTMY | FM |
| 9641 | KMNB | FM |
| 35642 | KSTP-FM | 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: | Minor Reinforcements needed |

**Primary Tower**

### Tower Rigging Costs

| Section | Question | Response |
|---|---|---|
| **Tower Rigging Costs** | Complex Tower | Other |
| **Helicopter Services Required** | Are helicopter services required? | No |

| | Other Tower Expenses Not Listed |
| --- | --- |
| **Primary Tower** | Information not provided. |

## Outside Professional Services Costs

| Section | Question | Response |
|---|---|---|
| **Outside Project Management Services** | Do you require outside project management services? | Yes |
| | Number of Hours | 864 |
| | Explanation | Outside project management services are likely necessary to coordinate work, delivery, testing, and other issues with other users of antenna farm - please see Exhibit 1. |
| **Outside RF consulting Engineering Services** | Perform engineering study for new channel assignment and antenna development | Yes |
| | Prepare engineering section of Form FCC Construction Permit Application | Yes |
| | For Auxiliary Facility | Yes |
| | For Main Facility | Yes |
| | Prepare engineering section of Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | Yes |
| | 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 | Yes |
| | For Main Facility | Yes |
| | Prepare and file Form FCC License to Cover Application | Yes |
| | For Auxiliary Facility | Yes |
| | 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 | Yes |
| | 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 Professional Services Costs

### Other Professional Services Expenses Not Listed

| Name | Description |
| --- | --- |
| **Comprehensive coverage verification, Auxiliary Antenna** | Conduct field study coverage verification for backup antenna |
| **RF exposure measurements, Auxiliary Antenna** | Conduct RF exposure measurements for backup antenna operations |
| **Outside Legal Advice and Analysis** | Attorney fees and FCC transition requirement |

## 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 | Yes |
| | FCC Special Temporary Authority Application | No |
| **Other Miscellaneous Expenses** | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | Yes |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | Yes |
| | Does this relocation require Equipment Storage? | No |
| | 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

| Name | Description |
| --- | --- |
| **Internal Staff Work** | Director of Engineering, RF supervisor and transmitter engineer are expected to devote more than 900 hours on this channel transition. See Exhibit 1. |
| **Transmitter Control** | Remote control needed to comply with FCC requirements for main studio control. |

## 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 ULXTE-72** | **$1,476,321.00** | **$1,358,486.99** | | **$0.00** | |
| Other -- Building Addition Size: 610.0 | ***$3,321.00*** | $3,321.00 | Expected cost to add approximately 610 square feet of concrete floor for heat exchangers necessary for repacked transmitters. See Exhibit 1. | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW | $1,473,000.00 | $1,355,165.99 | See Exhibit 1, August 2017 Supplement, and additional supporting documentation. Amount includes appropriate state and local sales tax. | N/A | N/A |
| **Auxiliary Transmitter UAXTE-12R44** | **$476,500.00** | **$389,895.57** | | **$0.00** | |
| UHF inside RF system | ***$140,000.00*** | $140,000.00 | See Exhibit 1. | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| UHF - Air Cooled Solid State Transmitter 10 - 12 kW | $336,500.00 | $249,895.57 | Potential costs include those noted on price quote, state sales tax, and other currently projected costs. See Exhibit 1. | N/A | N/A |
| **Sub-total** | $1,952,821.00 | $1,748,382.56 | N/A | $0.00 | N/A |
| **Total for all systems** | $5,875,830.20 | $5,467,735.65 | N/A | $46,818.62 | N/A |

### Components

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 TUM-O5-16-80H-1-R-B** | **$887,880.00** | **$1,067,428.00** | | **$0.00** | |
| Elbow complex, broadband, at antenna input, per 8 3/16. feedline (if needed) | $18,950.00 | $17,760.00 | N/A | N/A | N/A |
| New combiner, cost per channel (without antenna) | $84,200.00 | $80,000.00 | See Exhibit 1, but consistent with cost per channel in cost catalog. | N/A | N/A |
| UHF - High Power Top Mount (200-1000 kW), Four Station broadband panel antenna, horizontally polarized | $778,000.00 | $963,268.00 | See Exhibit 1, as the bottom position in a top-mount, stacked antenna, which results in additional cost, and including sales tax. | N/A | N/A |
| Sweep test of existing antenna | $6,730.00 | $6,400.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| **Auxiliary Antenna TFU-24JSC-RT140** | **$208,592.20** | **$203,118.81** | | **$0.00** | |
| 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 |
| UHF - High Power, Side Mount, basic slot antenna, 500 kW input, directional,, horizontally polarized | ***$158,202.20*** | $158,202.20 | See Exhibit 1 (and quote with sales tax). | 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 8 3/16. feedline (if needed) | $15,250.00 | $11,766.61 | See Exhibit 1, including sales tax. | N/A | N/A |
| Side mount brackets for high power antennas (if not included in antenna base cost) | $23,150.00 | $21,750.00 | See Exhibit 1 | N/A | N/A |
| **Sub-total** | $1,096,472.20 | $1,270,546.81 | N/A | $0.00 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| **Total for all systems** | $5,875,830.20 | $5,467,735.65 | N/A | $46,818.62 | 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 |
|---|---|---|---|---|---|
| **Primary Transmission Line** | **$588,525.00** | **$441,062.76** | | **$0.00** | |
| Rigid Transmission Line - copper, 8 3 /16" broadband | $588,525.00 | $441,062.76 | N/A | N/A | N/A |
| **Auxiliary Transmission Line** | **$526,680.00** | **$362,813.52** | | **$0.00** | |
| Rigid Transmission Line - copper, 8 3 /16" broadband | $526,680.00 | $362,813.52 | N/A | N/A | N/A |
| **Sub-total** | $1,115,205.00 | $803,876.28 | N/A | $0.00 | N/A |
| **Total for all systems** | $5,875,830.20 | $5,467,735.65 | N/A | $46,818.62 | 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** | **$591,600.00** | **$562,000.00** | | **$9,000.00** | |
| Structural engineering tower load study for well documented tower | $12,600.00 | $12,000.00 | N/A | $9,000.00 | N/A |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | $421,000.00 | $400,000.00 | N/A | N/A | N/A |
| Minor tower reinforcement /modifications | $158,000.00 | $150,000.00 | N/A | $0.00 | N/A |
| **Auxiliary Tower TOWER** | **$381,100.00** | **$362,000.00** | | **$9,000.00** | |
| Structural engineering tower load study for well documented tower | $12,600.00 | $12,000.00 | N/A | $9,000.00 | N/A |
| Tall Tower (greater than 500') | $210,500.00 | $200,000.00 | N/A | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Minor tower reinforcement /modifications | $158,000.00 | $150,000.00 | N/A | N/A | N/A |
| **Sub-total** | $972,700.00 | $924,000.00 | N/A | $18,000.00 | N/A |
| **Total for all systems** | $5,875,830.20 | $5,467,735.65 | N/A | $46,818.62 | N/A |

## Components

| Actual Information Description | File Name |
|---|---|
| Structural engineering tower load study for well documented tower | **Component Description:** Malouf North Tower Study<br>**Amount:** $9,000.00 |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | Information not provided. |
| Minor tower reinforcement /modifications | Information not provided. |
| Structural engineering tower load study for well documented tower | **Component Description:** Malouf South Tower Study<br>**Amount:** $9,000.00 |
| Tall Tower (greater than 500') | Information not provided. |
| Minor tower reinforcement /modifications | 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** | **$381,034.00** | **$367,037.00** | | **$26,044.49** | |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | $5,260.00 | $5,000.00 | N/A | $3,772.87 | N/A |
| Outside Legal Advice and Analysis | ***$2,187.00*** | $2,187.00 | N/A | $2,187.00 | N/A |
| RF exposure measurements, Auxiliary Antenna | ***$20,000.00*** | $20,000.00 | See Exhibit 1. | N/A | N/A |
| RF Exposure Measurements | $21,050.00 | $20,000.00 | N/A | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | $84,200.00 | $80,000.00 | N/A | N/A | N/A |
| Attorney Fees - Negotiation of lease and other matters for shared locations | $4,210.00 | $4,000.00 | 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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | $4,210.00 | $4,000.00 | 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 |
| Address transition timing and coordination issues w/ other stations and wireless | $2,630.00 | $2,500.00 | N/A | N/A | N/A |
| RF Consulting Engineer Fees-Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application | $2,105.00 | $2,000.00 | N/A | N/A | N/A |
| Perform engineering study for new channel assignment and antenna development | $7,360.00 | $7,000.00 | N/A | $2,125.00 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Comprehensive coverage verification, Auxiliary Antenna | ***$80,000.00*** | $80,000.00 | See Exhibit 1. | N/A | N/A |
| Project management of the transition | $136,512.00 | $129,600.00 | See Exhibit 1 | N/A | N/A |
| Prepare and or review reimbursement form | $2,630.00 | $2,500.00 | N/A | $15,959.62 | See Exhibit 2. |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | $3,155.00 | $3,000.00 | N/A | $2,000.00 | N/A |
| RF Consulting Engineer Fees-Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application | $1,580.00 | $1,500.00 | N/A | N/A | N/A |
| **Sub-total** | $381,034.00 | $367,037.00 | N/A | $26,044.49 | N/A |
| **Total for all systems** | $5,875,830.20 | $5,467,735.65 | N/A | $46,818.62 | N/A |

## Components

| Actual Information Description | File Name |
|---|---|

| | | |
|---|---|---|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | **Component Description:**<br><br><br><br><br>**Amount:**<br><br><br><br>**Component Description:**<br><br><br><br><br>**Amount:** | Portion of invoice relevant to preparation of construction permit application.<br>$489.50<br><br>Portion of invoice relevant to preparation of construction permit application.<br>$3,283.37 |
| Outside Legal Advice and Analysis | **Component Description:**<br><br><br><br><br>**Amount:**<br><br><br><br>**Component Description:**<br><br><br><br><br>**Amount:**<br><br><br><br>**Component Description:**<br><br><br><br><br>**Amount:** | Portion of invoice relevant to attorney fees and FCC transition requirement.<br>$1,473.00<br><br>Portion of invoice relevant to attorney fees and FCC transition requirement.<br>$267.00<br><br>Portion of invoice relevant to attorney fees and FCC transition requirement.<br>$447.00 |
| RF exposure measurements, Auxiliary Antenna | Information not provided. | |
| RF Exposure Measurements | Information not provided. | |

| | |
|---|---|
| Comprehensive coverage verification via field study, if needed | Information not provided. |
| Attorney Fees - Negotiation of lease and other matters for shared locations | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application | Information not provided. |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application | Information not provided. |

| | | |
|---|---|---|
| Perform engineering study for new channel assignment and antenna development | **Component Description:**<br>**Amount:** | Initial review and work on KSTC-TV repack planning.<br>$250.00 |
| | **Component Description:**<br>**Amount:** | Initial study of new antenna option for KSTC-TV; map; pop counts; memo.<br>$375.00 |
| | **Component Description:**<br>**Amount:** | Prepared new application based on new antenna specification.<br>$1,500.00 |
| Comprehensive coverage verification, Auxiliary Antenna | Information not provided. | |
| Project management of the transition | Information not provided. | |
| Prepare and or review reimbursement form | **Component Description:**<br>**Amount:** | Portion of invoice relevant to preparation of reimbursement form.<br>$10,520.00 |
| | **Component Description:**<br>**Amount:** | Portion of invoice relevant to preparation of reimbursement form.<br>$5,439.62 |

| | | |
|---|---|---|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | **Component Description:**<br><br>**Amount:** | Prepare Form 2100; exhibits; modification for increase in antenna height; new antenna.<br>$2,000.00 |
| RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application | Information not provided. | |

## Cost Information

### Other Expenses

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

| Description | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
|---|---|---|---|---|---|
| **Other Expenses** | **$154,963.00** | **$154,403.00** | | **$2,774.13** | |
| Transmitter Control | ***$4,580.00*** | $4,580.00 | See Exhibit 1 (and attached quote) | N/A | N/A |
| MVPD Notification of Channel Change | ***$1,000.00*** | $1,000.00 | See Exhibit 1. | N/A | N/A |
| Develop and air announcement of upcoming channel change | ***$4,100.00*** | $4,100.00 | See Exhibit 1. | N/A | N/A |

| | | | | | |
|---|---|---|---|---|---|
| Equipment Delivery and Handling Charges | ***$72,162.00*** | $72,162.00 | Delivery of two transmitters, two antennae, and two transmission lines has not been included in above cost estimates. See Exhibit 1 and August 2017 Supplement (and other supporting exhibits from GatesAir and Dielectric referenced therein). | N/A | N/A |
| Disposal Costs (for equipment and other waste, net of any salvage value) | ***$20,500.00*** | $20,500.00 | See Exhibit 1. | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | $335.00 | $325.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | $11,550.00 | $11,000.00 | N/A | N/A | N/A |
| Internal Staff Work | ***$40,736.00*** | $40,736.00 | See Exhibit 1 and August 2017 Supplement. | $2,774.13 | N/A |
| **Sub-total** | $154,963.00 | $154,403.00 | N/A | $2,774.13 | N/A |

| | | | | | |
|---|---|---|---|---|---|
| **Total for all systems** | $5,875,830.20 | $5,467,735.65 | N/A | $46,818.62 | N/A |

## Components

| Actual Information Description | File Name |
|---|---|
| Transmitter Control | Information not provided. |
| MVPD Notification of Channel Change | Information not provided. |
| Develop and air announcement of upcoming channel change | Information not provided. |
| Equipment Delivery and Handling Charges | Information not provided. |
| Disposal Costs (for equipment and other waste, net of any salvage value) | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | Information not provided. |
| DTV Medical Facility Notification | Information not provided. |

| | | |
|---|---|---|
| Internal Staff Work | **Component Description:** | The hourly rate requested for reimbursement for this employee is either equal to (or one penny less than) the respective hourly rate paid by the broadcaster. |
| | **Amount:** | $1,046.64 |
| | **Component Description:** | The hourly rate requested for reimbursement for this employee is either equal to (or one penny less than) the respective hourly rate paid by the broadcaster. |
| | **Amount:** | $1,062.75 |
| | **Component Description:** | The hourly rate requested for reimbursement for this employee is either equal to (or one penny less than) the respective rate paid by the broadcaster. |
| | **Amount:** | $1,683.98 |
| | **Component Description:** | Invoice regarding repack project. |
| | **Amount:** | $27.40 |

## Cost Information

### Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|---|---|---|---|
| **Total for all systems** | $5,875,830.20 | $5,467,735.65 | $46,818.62 |

## 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** | 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.<br>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.<br>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 A. Jones**<br>*Vice President*<br><br>05/03/2018 |

## 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 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.<br>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.<br>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

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

| | | |
|---|---|---|
| | 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.<br>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested. | |
| | I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above. | **David A. Jones**<br>*Vice President*<br><br>05/03/2018 |

## Attachments