



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **35994** | Service: **DTV** | Call **KXTX-TV** | Channel: **36 (UHF)**  
ID: | Sign:  
File **0000028240**  
Number:  
FRN: **0019509470** | Date **02/19**  
Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NBC</b>	Margaret L.	+1 (202)	MARGARET.	Limited
<b>TELEMUNDO</b>	Tobey	524-	TOBEY@NBCUNI.	Liability
<b>LICENSE LLC</b>	300 NEW JERSEY AVE, N.W. SUITE 700 WASHINGTON, DC 20001 United States	6401	COM	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
<b>Margaret L Tobey</b> <i>NBCUniversal, LLC</i>	300 New Jersey Ave. NW Suite 700 Washington, DC 20001 United States	+1 (202) 524- 6401	Margaret.Tobey@nbcuni. 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	Switch to backup transmitter and auxiliary antenna to allow main transmitter and combiner filter to be retuned and mask filter replaced for operation on new channel. Remain on auxiliary until operation can start on the new channel.

Question	Response
Sharee Station Facility ID	49330
Call Sign	KXAS-TV
Type	Commercial
Licensee Name	STATION VENTURE OPERATIONS, LP
Status	LICENSED
DTS (Distributed Transmission System)	No
Community of License	FORT WORTH, TX
Pre-auction RF Channel	41
Post-auction RF Channel	24
Neilsen DMA	Dallas-Ft. Worth
Network Affiliation	

<b>Transmitters</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary Transmitter** Existing Transmitter Information

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Rohde & Schwarz
	Model	THU9-72
	Year	2017
	Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	78 kW

**Primary Transmitter** Retuning Transmitter Costs

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	90 kW

	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary Transmitter**

**Other Transmitter Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Electrical Service</b>	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	N/A

**Primary  
Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Combiner Retune</b>	Rechannell Mask Filter/Combiner System (KXTX-TV Portion)

**Auxiliary  
Transmitter**

**Add Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when work is done on main antenna or auxillary
	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	DCX-2H
	Year	2002
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	43 kW

**Auxiliary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	THU9-24
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	37 kW
	Justification for New Transmitter	New transmitter required because the existing transmitter is End of Life (see attachment). Additionally, we have chosen a Solid State to replace this IOT as it is less expensive than a new IOT transmitter (details attached)

**Auxiliary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
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<b>Electrical Service</b>	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	Lighting Reconfiguration
<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	N/A

**Auxiliary Transmitter**

**Other Transmitter Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Transmitter Installation</b>	includes electrical, xmtr install with required RF modifications, commissioning and proof, and removal of existing Comark xmtr
<b>Pressure Relief Valves</b>	Pressure Relief Valves





**Antennas**

Section	Question	Response
<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	Yes

**Auxiliary  
Antenna****Add Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Retune Existing
	Antenna Use	Auxiliary (Backup)
	Description of Use	used to maintain coverage when main transmitter or antenna is unavailable
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	Yes
	Is this antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel

Number of Stations Supported	2
Number of Panels	18
Design power capacity in use	50.0 %
Lower Limit	470.00 MHz
Upper Limit	698.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	353.0 kW
Manufacturer	Dielectric
Model	TUA-C3-6 /18U-1-R DC SM
Year	2009

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
49330	KXAS-TV

**Auxiliary Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Auxiliary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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	470.0 MHz - 698.0 MHz

**Auxiliary 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
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when primary antenna or transmitter is unavailable
	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1500 feet per run

**Auxiliary  
Transmission  
Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Auxiliary (Backup)
	Description of Use	Used to maintain coverage when main antenna or transmitter is unavailable
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1530 feet per run

Justification for New Transmission Line

Existing waveguide will not work on new channels for KXAS (ch 24) & KXTX (ch 36). The final cost will be split between both stations

**Auxiliary 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

**Primary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	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	1054150
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 35' 07.0" N-
	Longitude (NAD83)	096° 58' 07.0" W-
	Overall Structure Height	1504.90 feet
	Support Structure Height	1400.90 feet
	Ground Elevation Above Mean Sea Level (AMSL)	813.97 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Telemundo of Texas LLC
Date Constructed	02/06/2017

**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
49330	KXAS-TV	DTV

**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 Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	320
	Explanation	Project oversight of transmitter install, electrical connectivity, tower work, and antenna installation. Additional time will be spent tracking financial and legal process and coordinating with other broadcasters.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare engineering section of Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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
<b>Attorney and Other Outside Consulting Services</b>	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	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	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	20

Justification	Ground Level RF System Design
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**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

Information not provided.

**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	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Information not provided.

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter THU9-72</b>	<b>\$221,010.80</b>	<b>\$134,464.80</b>		<b>\$0.00</b>	
90 kW mask filter	\$99,900.00	\$95,000.00	N/A	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$23,554.00	N/A	N/A	N/A
Combiner Retune	<i>\$15,910.80</i>	\$15,910.80	N/A	N/A	N/A
<b>Auxiliary Transmitter THU9-24</b>	<b>\$1,635,748.49</b>	<b>\$747,621.07</b>		<b>\$746,801.06</b>	
Transmitter Installation	<i>\$160,764.80</i>	\$160,764.80	See attached quote	\$160,764.80	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$584,872.58	N/A	\$584,872.58	N/A
Other Electrical Service: Lighting Reconfiguration	<i>\$1,163.69</i>	\$1,163.69	Costs split 50/50 between KXAS and KXTX	\$1,163.68	N/A
Pressure Relief Valves	<i>\$820.00</i>	\$820.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$1,856,759.29</b>	<b>\$882,085.87</b>	<b>N/A</b>	<b>\$746,801.06</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,779,414.29</b>	<b>\$1,340,111.87</b>	<b>N/A</b>	<b>\$916,514.43</b>	<b>N/A</b>



## Components

Actual Information Description	File Name
90 kW mask filter	Information not provided.
UHF and VHF - minor banding issues	Information not provided.
Combiner Retune	Information not provided.
Transmitter Installation	<p data-bbox="719 633 1294 786"><b>Component Description:</b> KXTX Aux transmitter installation <b>Amount:</b> \$80,382.40</p> <p data-bbox="719 891 1294 1003"><b>Component Description:</b> Aux transmitter install <b>Amount:</b> \$80,382.40</p>
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<p data-bbox="719 1144 1374 1296"><b>Component Description:</b> Transmitter, reject loads &amp; interconnect <b>Amount:</b> \$584,872.58</p>
Other Electrical Service: Lighting Reconfiguration	<p data-bbox="719 1435 1358 1590"><b>Component Description:</b> Costs split 50/50 between KXAS and KXTX <b>Amount:</b> \$1,163.68</p>
Pressure Relief Valves	<p data-bbox="719 1727 1334 1839"><b>Component Description:</b> Pressure relief valves <b>Amount:</b> \$820.00</p>

**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>Auxiliary Antenna TUA-C3-6 /18U-1-R DC SM</b>	<b>\$109,890.00</b>	<b>\$86,750.00</b>		<b>\$875.00</b>	
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
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$1,750.00	See Marsand quote	\$875.00	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$0.00	No longer required	N/A	N/A
<b>Sub-total</b>	<b>\$109,890.00</b>	<b>\$86,750.00</b>	<b>N/A</b>	<b>\$875.00</b>	<b>N/A</b>

<b>Total for all systems</b>	\$2,779,414.29	\$1,340,111.87	N/A	\$916,514.43	N/A
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### Components

<b>Actual Information Description</b>	<b>File Name</b>
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	Information not provided.
New combiner, cost per channel (without antenna)	Information not provided.
Sweep test of existing antenna	<p><b>Component Description:</b> See "antenna &amp; transmission line sweep) on invoice</p> <p><b>Amount:</b> \$875.00</p>
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	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
<b>Auxiliary Transmission Line</b>	<b>\$354,960.00</b>	<b>\$108,661.00</b>		<b>\$97,794.90</b>	
Rigid Transmission Line - copper, 6 1/8" broadband	\$354,960.00	\$108,661.00	50% of \$217,322 total cost	\$97,794.90	N/A
<b>Sub-total</b>	<b>\$354,960.00</b>	<b>\$108,661.00</b>	N/A	<b>\$97,794.90</b>	N/A
<b>Total for all systems</b>	<b>\$2,779,414.29</b>	<b>\$1,340,111.87</b>	N/A	<b>\$916,514.43</b>	N/A

**Components**

Actual Information		
Description	File Name	
Rigid Transmission Line - copper, 6 1/8" broadband	<b>Component Description:</b>	Half of lines 2-19
	<b>Amount:</b>	\$48,897.45
	<b>Component Description:</b>	Half of lines 2-19
	<b>Amount:</b>	\$48,897.45

**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
<b>Primary Tower GTOWER</b>	<b>\$210,500.00</b>	<b>\$85,100.00</b>		<b>\$42,550.00</b>	
Tall Tower (greater than 500')	\$210,500.00	\$85,100.00	See attached quote, first 2 lines plus "misc items"	\$42,550.00	N/A
<b>Sub-total</b>	<b>\$210,500.00</b>	<b>\$85,100.00</b>	N/A	<b>\$42,550.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,779,414.29</b>	<b>\$1,340,111.87</b>	N/A	<b>\$916,514.43</b>	N/A

**Components**

Actual Information Description	File Name
Tall Tower (greater than 500')	<p><b>Component Description:</b> See all lines on invoice except sweep.</p> <p><b>Amount:</b> \$42,550.00</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>\$169,225.00</b>	<b>\$106,750.00</b>		<b>\$28,493.47</b>	
Project management of the transition	\$50,560.00	\$48,000.00	N/A	\$27,281.35	N/A
Additional Field Engineering Service, 20 Days	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$25,000.00	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

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$453.60	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$758.52	N/A
<b>Sub-total</b>	\$169,225.00	\$106,750.00	N/A	\$28,493.47	N/A
<b>Total for all systems</b>	\$2,779,414.29	\$1,340,111.87	N/A	\$916,514.43	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<b>Component Description:</b> KXTX Project management fees from Point B <b>Amount:</b> \$790.00
	<b>Component Description:</b> KXTX Project Management Fees from Point B <b>Amount:</b> \$1,106.00
	<b>Component Description:</b> KXTX Project Management fees from Point B <b>Amount:</b> \$316.00
	<b>Component Description:</b> KXTX Project Management Fees from Point B <b>Amount:</b> \$973.60

**Component Description:** KXTX Project  
Management fees  
from Point B  
**Amount:** \$770.00

**Component Description:** Project  
Management work  
for the month of  
July  
**Amount:** \$2,664.30

**Component Description:** Project  
Management  
Services  
**Amount:** \$975.00

**Component Description:** Project  
Management  
Services  
**Amount:** \$2,550.00

**Component Description:** Project  
Management  
Services  
**Amount:** \$2,145.00

**Component Description:** Project  
Management  
Services  
**Amount:** \$1,365.00

**Component Description:** Project  
management  
**Amount:** \$1,650.00

**Component Description:** Project  
management  
**Amount:** \$4,650.00



	<p><b>Component Description:</b> Point B Project Management January 2019</p> <p><b>Amount:</b> \$290.00</p>
	<p><b>Component Description:</b> April Project Management</p> <p><b>Amount:</b> \$3,150.00</p>
	<p><b>Component Description:</b> Project Management Invoice</p> <p><b>Amount:</b> \$1,160.00</p>
	<p><b>Component Description:</b> Project Management Services</p> <p><b>Amount:</b> \$348.95</p>
	<p><b>Component Description:</b> Point B project management services for the month of February 2019. See line item.</p> <p><b>Amount:</b> \$1,305.00</p>
	<p><b>Component Description:</b> Project Management Services</p> <p><b>Amount:</b> \$1,072.50</p>
Additional Field Engineering Service, 20 Days	Information not provided.
Comprehensive coverage verification via field study, if needed	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.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Preparation of minor change application \$226.80</p>
	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>See lines 1 &amp; 2 of invoice, less 10% vendor discount. \$226.80</p>
Prepare and or review reimbursement form	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Amendments of Form 399 \$159.66</p>
	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>See line 2 of invoice, less 10% vendor discount \$130.95</p>
	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>See lines 3-5 of invoice, less 10% vendor discount. \$424.26</p>
	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Review of Form 399 \$43.65</p>

**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>\$78,080.00</b>	<b>\$70,765.00</b>		<b>\$0.00</b>	
Equipment Storage	<i>\$24,000.00</i>	\$24,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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
DTV Medical Facility Notification	\$11,550.00	\$4,250.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$78,080.00</b>	<b>\$70,765.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

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<b>Total for all systems</b>	\$2,779,414.29	\$1,340,111.87	N/A	\$916,514.43	N/A
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### **Components**

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$2,779,414.29	\$1,340,111.87	\$916,514.43

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
The facility has ceased operating on its pre-auction channel.	Yes
Construction of final facilities or all necessary modifications are complete.	Yes
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
	<p><b>Submission of Estimated Expenses Statements</b></p>	<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.

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.

**Margaret L. Tobey**  
*Assistant Secretary*

02/19/2021



Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></p>	<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.

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 above-named applicant for the Authorization(s) specified above.

**Margaret  
L. Tobey**  
*Assistant  
Secretary*

02/19/2021

Certification	Section	Question	Response
	<p><b>Submission of Final Allocation or Accounting Information Statements</b></p>	<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 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 acknowledges that all certifications and attached documentation are considered material representations.</li>   <li>2. 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>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Margaret L. Tobey**  
*Assistant Secretary*

02/19/2021

## Attachments