

(REFERENCE COPY - Not for submission)

#### FCC Form 399: Reimbursement Request

Facility 50044 Service: DTV Call KPBT-TV Channel: 28 (UHF)

ID: Sign:

File **0000028613** 

Number:

FRN: **0021001540** Date **11/17** 

Submitted: /2017

### Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
PERMIAN BASIN PUBLIC TELECOMMUNICATIONS, INC. Doing Business As: KPBT-TV	CARLA ANNE HOLEVA P.O. BOX 8940 MIDLAND, TX 79708 United States	+1 (432) 563- 5728	choleva@basinpbs. org	Not-for- Profit

### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### Preparer Contact Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email
David Sanderford Marsand, Inc.	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
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	DHD60P2
	Year	2001
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	14 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- 12Evo
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19 kW
	Justification for New Transmitter	Solid State Power Capacity is "pre-mask filter". See attached Transition Plan Narrative.

#### Primary Transmitter

#### **Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches

	Length	180.0 feet
	Other Electrical Service	Yes
	Description	Build out electrical to accommodate the addition of the existing UPS and generator and then move the UPS and generator after the transition to comply with WARN act.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Туре	Cooling Only
	Size	10 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	Yes
	Size	800.0 square feet
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

#### Primary Transmitter

#### **Other Transmitter Cost Not Listed**

Name	Description
Transmitter Installation	Installation, commissioning and proof of performance documentation.

Remove Existing Equipment	Remove pre-auction channel transmitter
	and interior RF system.

#### **Antennas**

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

#### **Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	220.0 kW

Manufacturer	
Model	ATL20H3- HSO-38
Year	2001

#### **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	Class	Full Power
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	500.0 kW
	Manufacturer	

Model	SAA28- ATW_P3- J300-ES6R- 28
Year	2018
Justification for New Antenna	See attached Transition Plan Narrative.

#### **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Other Antenna Cost Not Listed** 

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

### Primary Transmission Line

#### **Existing Transmission Line**

on 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	
	Туре	Flexible Air
	Diameter	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	315 feet per run

#### Primary Transmi

#### **New Transmission Line**

issio	Section	Question	Response
	New Transmission Line Costs	Use	Primary (Main)
		Description of Use	N/A
		Change Type	Purchase New
		Is this a request for upgraded equipment?	No
		Туре	Flexible Air
		Diameter	4 inches
		Other Diameter	N/A
		Segment Length	N/A
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	900 feet per run
		Justification for New Transmission Line	See attached Transition Plan Narrative.

**Primary** Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

# Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

#### Primary Tower

#### **Add Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	No
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
Registration	ASR Number	1215312
Coordinates (NAD83 ( North American Datum of	Latitude (NAD83)	31° 53' 50.3" N-
1983))	Longitude (NAD83)	102° 20' 15.5" W-
	Overall Structure Height	367.78 feet
	Support Structure Height	350.06 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2917.62 feet

Structure Type	MAST - Mast
Tower Owner	Gray Television Group, Inc.
Date Constructed	12/23/2000

#### Other Types of Users

Users
K238AZ FM Trans
KOSA-TV STL

#### Primary Tower

#### **Tower Modification Costs**

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

#### Primary Tower

#### **Tower Rigging Costs**

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

#### Primary Tower

#### Other Tower Expenses Not Listed

#### Primary Tower

#### **Add Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower	Do you have a tower registration number?	Yes
Structure Registration	ASR Number	1053361
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	32° 05' 11.0" N-
	Longitude (NAD83)	102° 17' 12.0" W-
	Overall Structure Height	1131.88 feet
	Support Structure Height	1030.17 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2909.09 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
	Tower Owner	Subcarrier Communications Inc

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
65306	KMCM	FM
9667	KCRS-FM	FM
41856	KMRK-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	N/A
Helicopter Services Required	Are helicopter services required?	No

#### Primary Tower

#### **Other Tower Expenses Not Listed**

#### Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	350
	Explanation	Please see attached Transition Plan Narrative.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	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	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

I Services Costs	Description
Site Survey	Required for specifying the final equipment needs and installation planning.

### Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	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
Studio to Transmitter Link	Fiber or microwave radio connection from the studio to the transmitter site.

### **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 Cos Justificatio
Primary Transmitter THU9-12Evo	\$1,057,560.00	\$795,630.11		\$0.00	
Remove Existing Equipment	\$15,000.00	\$15,000.00	Dismantle and remove the transmitter and interior RF components.	N/A	N/A
Transmitter Installation	\$30,000.00	\$30,000.00	Please see attached transmitter installation quotation.	N/A	N/A
10 Ton system	\$38,900.00	\$14,645.80	See attached HVAC quote (6 ton system).	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$451,264.31	See attached transmitter quotation.	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Transformer 3 phase/480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$9,360.00	\$8,820.00	N/A	N/A	N/A

Other	\$94,025.00	\$94,025.00	Please see	N/A	N/A
Electrical			attached		
Service: Build			quotations for		
out electrical			generator and UPS		
to					
accommodate			decommissioning,		
the addition			move and		
of the existing			commissioning.		
UPS and					
generator and					
then move					
the UPS and					
generator					
after the					
transition to					
comply with					
WARN act.					
Other	\$96,875.00	\$96,875.00	See attached	N/A	N/A
Building	. ,		Building		
Addition Size:			Modification		
800.0			quote.		
Sub-total	\$1,057,560.00	\$795,630.11	N/A	\$0.00	N/A
Total for all systems	\$2,004,640.00	\$1,622,985.11	N/A	\$24,025.00	N/A

#### Components

### **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 SAA28- ATW_P3- J300-ES6R- 28	\$177,640.00	\$172,350.00		\$0.00	
UHF - High Power, Side Mount, basic slot antenna, 500 kW input, directional,, elliptically or circularly polarized	\$142,500.00	\$142,500.00	See attached antenna quotation (cost for comparable Hpol only antenna).	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$18,450.00	See attached antenna quotation.	N/A	N/A

Pattern scatter	\$5,260.00	\$5,000.00	N/A	N/A	N/A
analysis for					
side mount					
high/med					
power					
antennas (if					
not					
included in					
antenna					
base cost)					
Sub-total	\$177,640.00	\$172,350.00	N/A	\$0.00	N/A
Total for all systems	\$2,004,640.00	\$1,622,985.11	N/A	\$24,025.00	N/A

#### Components

### **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	\$66,600.00	\$30,000.00		\$0.00	
Flexible Air Transmission Line - dielectric, 4"	\$66,600.00	\$30,000.00	See attached antenna quotation.	N/A	N/A
Sub-total	\$66,600.00	\$30,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,004,640.00	\$1,622,985.11	N/A	\$24,025.00	N/A

#### Components

### **Cost Information**

#### **Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower GTOWER	\$381,100.00	\$362,000.00		\$0.00	
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	Installation of antenna and transmission line.	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Primary Tower MAST	\$110,500.00	\$56,555.00		\$16,555.00	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$16,555.00	See attached series of invoices labeled Initial Tower Studies	\$16,555.00	N/A

Short Tower (less than 500')	\$84,200.00	\$40,000.00	This tower is not able to be brought into conformance with the TIA-222-G specification. Existing antenna and transmission line removal only post-transition.	N/A	N/A
Sub-total	\$491,600.00	\$418,555.00	transition.	\$16,555.00	N/A
Total for all systems	\$2,004,640.00	\$1,622,985.11	N/A	\$24,025.00	N/A

#### Components

Actual Information Description	File Name
Structural engineering tower load study for well documented tower	Information not provided.
Tall Tower (greater than 500')	Information not provided.
Minor tower reinforcement /modifications	Information not provided.

Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study

Component Description: KPBT -

Geotechnical Investigation

Amount:

\$3,300.00

Component Description: KPBT - Tower

Mapping \$3,500.00

Amount: \$

Component Description: KPBT -

Remobilization Fee

**Amount:** \$1,600.00

Component Description: KPBT - Foundation

Mapping

**Amount:** \$3,900.00

Component Description: KPBT - Structural

Analysis

**Amount:** \$1,500.00

Component Description: KOSA -

Remobilization Fee

**Amount:** \$2,755.00

Short Tower (less than 500')

### **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	\$94,490.00	\$90,250.00		\$7,470.00	
Project management of the transition	\$55,300.00	\$52,500.00	Please see attached Project Management quotation.	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$5,850.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

License to Cover Application  Site Survey  \$10,00  Attorney Fees - Negotiation of lease and other matters for shared locations  Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application  Prepare engineering section of FCC Form 2100 (main), License to Cover Application  Sub-total  \$94,48	90.00 \$90,250.00	O N/A	\$7,470.00	N/A
Cover Application  Site Survey \$10,00  Attorney Fees  \$4,21  - Negotiation of lease and other matters for shared locations  Attorney Fees  \$5,26  - Prepare and File FCC Form 2100 (main), Construction Permit Application  Prepare  \$1,58 engineering section of FCC Form 2100 (main), License to Cover				
Cover Application  Site Survey  \$10,00  Attorney Fees - Negotiation of lease and other matters for shared locations  Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit	80.00 \$1,500.00	N/A	N/A	N/A
Cover Application  Site Survey \$10,00  Attorney Fees - Negotiation of lease and other matters for shared			\$0.00	N/A
Cover Application	10.00 \$4,000.00	N/A	N/A	N/A
Cover	<b>\$10,000.00</b>	Please see attached Site Survey quotation.	1	N/A
Attorney Fees - \$2,36 Prepare and File FCC Form 2100 (main),	\$2,250.00 \$2,250.00	N/A	\$1,620.00	N/A

#### Components

Actual Information Description	File Name
Project management of the transition	Information not provided.

Information not provided.	
information flot provided.	
Information not provided.	
Component Description:	Engineering services
Amount:	\$1,631.25
Component Description:	Initial RF Coverage Scenarios
Amount:	\$4,218.75
Information not provided.	
Component Description: Amount:	Repack Services \$120.00
Component Description:	Attorney Fees Form 2100 Form 399 STA
Amount:	\$1,500.00
Information not provided.	
Information not provided.  Information not provided.	
·	
Information not provided.	
	Amount:  Component Description:  Amount:  Information not provided.  Component Description: Amount:

### **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	\$116,750.00	\$116,200.00		\$0.00	
Studio to Transmitter Link	\$60,000.00	\$60,000.00	Construct fiber "last mile" connection for STL link (preferred). Microwave radio link is more expensive.	N/A	N/A
MVPD Notification of Channel Change	\$1,200.00	\$1,200.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$6,000.00	\$6,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$23,000.00	\$23,000.00	Freight for antenna and transmission line. Offloading equipment rental and labor.	N/A	N/A

Disposal	\$15,000.00	\$15,000.00	Disposal of	N/A	N/A
Costs (for			old		
equipment and			transmitter,		
other waste,			antenna,		
net of any			line and		
salvage value)			misc.		
			electrical.		
DTV Medical	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Facility					
Notification					
Sub-total	\$116,750.00	\$116,200.00	N/A	\$0.00	N/A
Total for all	\$2,004,640.00	\$1,622,985.11	N/A	\$24,025.00	N/A
systems					

#### Components

### Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,004,640.00	\$1,622,985.11	\$24,025.00

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

Section Question Response

### Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

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

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

8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Carla Anne Holeva CEO/GM

11/17/2017

Section Question Response

## Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

- 1. The Authorized
  Person signing
  below certifies and
  represents that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

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

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Carla Anne Holeva CEO/GM

11/17/2017

#### **Attachments**