



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **64984** | Service: **DTV** | Call **KTMD** | Channel: **22 (UHF)** |  
ID: | Sign:  
File **0000028246**  
Number:  
FRN: **0019509470** | Date **11/29**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant                                | Address                                                                    | Phone                 | Email                             | Applicant Type                  |
|------------------------------------------|----------------------------------------------------------------------------|-----------------------|-----------------------------------|---------------------------------|
| <b>NBC<br/>TELEMUNDO<br/>LICENSE LLC</b> | 300 NEW<br>JERSEY AVE,<br>N.W.<br>WASHINGTON,<br>DC 20001<br>United States | +1 (202) 524-<br>6401 | MARGARET.<br>TOBEY@NBCUNI.<br>COM | Limited<br>Liability<br>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<br/>Tobey</b><br><i>NBCUniversal,<br/>LLC</i> | 300 New Jersey Ave.<br>NW<br>Suite 700<br>Washington, DC<br>20001<br>United States | +1 (202) 524-<br>6401 | Margaret.Tobey@nbcuni.<br>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                                                                                                                                                                                                                                                                                                                             | Use existing transmitter and aux antenna as interim facility on old channel.. Remove old antenna. Install new transmitter and replacement top mount antenna for new channel. After transition remove old transmitter and channel 48 aux antenna. |

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

| Section                                               | Question                                                   | Response                 |
|-------------------------------------------------------|------------------------------------------------------------|--------------------------|
| <b>Existing Transmitter<br/>Description</b>           | Type of change                                             | Purchase<br>New          |
|                                                       | Use                                                        | Primary<br>(Main)        |
|                                                       | Description of Use                                         | N/A                      |
|                                                       | Ownership                                                  | Owned                    |
|                                                       | Owner                                                      | N/A                      |
|                                                       | Site                                                       | N/A                      |
|                                                       | Is this transmitter currently shared with another station? | No                       |
|                                                       | Is this transmitter currently in operating condition?      | Yes                      |
| <b>Existing Transmitter<br/>Manufacturer and Type</b> | Manufacturer                                               |                          |
|                                                       | Model                                                      | DCX-2H                   |
|                                                       | Year                                                       | 2002                     |
|                                                       | Type                                                       | Inductive<br>Output Tube |
|                                                       | IOT Power Type                                             | Two                      |
|                                                       | Power Capacity                                             | 40 kW                    |

**Primary  
Transmitter**

**New Transmitter Costs**

| Section         | Question                                  | Response                                                                                                                                                                                                                                                                                                                              |
|-----------------|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| New Transmitter | Use                                       | Primary<br>(Main)                                                                                                                                                                                                                                                                                                                     |
|                 | Change Type                               | Purchase<br>New                                                                                                                                                                                                                                                                                                                       |
|                 | Is this a request for upgraded equipment? | Yes                                                                                                                                                                                                                                                                                                                                   |
|                 | Manufacturer                              |                                                                                                                                                                                                                                                                                                                                       |
|                 | Model                                     | THU9-36                                                                                                                                                                                                                                                                                                                               |
|                 | Transmitter Type                          | Solid State                                                                                                                                                                                                                                                                                                                           |
|                 | Solid State Cooling                       | Liquid<br>Cooled                                                                                                                                                                                                                                                                                                                      |
|                 | Solid State Power capacity                | 50 kW                                                                                                                                                                                                                                                                                                                                 |
|                 | Justification for New Transmitter         | New<br>Transmitter<br>required as<br>the current<br>transmitter<br>is not<br>longer<br>supported<br>(see<br>attached<br>note) Solid<br>State<br>transmitter<br>chosen as<br>it is less<br>expensive<br>than a new<br>solid state<br>(see<br>attached<br>proposal)<br>and will<br>allow old<br>transmitter<br>to be used<br>as interim |

**Primary  
Transmitter**

**Other Transmitter Costs**

| Section                                                                    | Question                                                                                      | Response                                   |
|----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------------------------------|
| <b>Electrical Service</b>                                                  | Service Entrance (3 phases 800A 208V)                                                         | No                                         |
|                                                                            | Switchgear (industrial 800 amp)                                                               | No                                         |
|                                                                            | Transformer (480V)                                                                            | Yes                                        |
|                                                                            | Power                                                                                         | 150 kVA                                    |
|                                                                            | Rigid Conduit and Wiring                                                                      | No                                         |
|                                                                            | Size                                                                                          | N/A                                        |
|                                                                            | Length                                                                                        | N/A                                        |
|                                                                            | Other Electrical Service                                                                      | Yes                                        |
|                                                                            | Description                                                                                   | Electrical Connectivity to new transmitter |
| <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>RF Filter</b>                | RF Filter for new channel (ch 22)                                   |
| <b>Transmitter Installation</b> | Installation of Transmitter, Filter, and ground level RF components |

**Antennas**

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

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

| Section                                           | Question                                                           | Response                                                                |
|---------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------------------|
| <b>Existing Antenna<br/>Description</b>           | Type of change                                                     | Purchase<br>New                                                         |
|                                                   | Antenna Use                                                        | Auxiliary<br>(Backup)                                                   |
|                                                   | Description of Use                                                 | To maintain<br>coverage<br>when<br>primary<br>antenna is<br>unavailable |
|                                                   | Ownership                                                          | Owned                                                                   |
|                                                   | Owner                                                              | N/A                                                                     |
|                                                   | Site                                                               | N/A                                                                     |
|                                                   | Is this antenna currently shared with any<br>other stations?       | No                                                                      |
|                                                   | Is this antenna directional?                                       | Yes                                                                     |
|                                                   | Is antenna in operating condition?                                 | Yes                                                                     |
|                                                   | Is antenna located on or in close proximity<br>to an antenna farm? | Yes                                                                     |
| <b>Existing Antenna<br/>Manufacturer and Type</b> | Class                                                              | Full Power                                                              |
|                                                   | Mounting                                                           | Side Mount                                                              |
|                                                   | Antenna position in stack                                          | Not in Stack                                                            |
|                                                   | Polarization                                                       | Horizontal                                                              |
|                                                   | Type                                                               | Slotted<br>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)<br>..... | 676.0 kW        |
| Manufacturer                             |                 |
| Model                                    | TFU-<br>24DSB-C |
| Year                                     | 2004            |

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## Auxiliary Antenna

### New Antenna Costs

| Section                            | Question                                                             | Response                                                   |
|------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------|
| New Antenna Description            | Use                                                                  | Auxiliary<br>(Backup)                                      |
|                                    | Description of Use                                                   | Used to maintain coverage when main antenna is unavailable |
|                                    | 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)<br>..... | 600.0 kW                                                                                            |
| Manufacturer                             |                                                                                                     |
| Model                                    | TFU-16DSB-D                                                                                         |
| Year                                     | 2019                                                                                                |
| Justification for New Antenna            | New antenna required because existing auxiliary is single channel and will not work on new channel. |

## Auxiliary Antenna

### Other Antenna Costs

| Section                            | Question                                                                              | Response |
|------------------------------------|---------------------------------------------------------------------------------------|----------|
| <b>Combiner for Shared Antenna</b> | Do you need a Combiner for a Shared Antenna?                                          | No       |
|                                    | Type                                                                                  |          |
|                                    | Number of channels supported                                                          | N/A      |
|                                    | Frequencies of channels supported                                                     | N/A      |
|                                    | Frequency                                                                             | N/A      |
|                                    | Do you need a combiner output splitter /switcher for dual feed lines?                 | N/A      |
| <b>Elbow Complex</b>               | Do you require the separate purchase of the Elbow Complex?                            | No       |
|                                    | Broadband or Single Channel?                                                          | N/A      |
|                                    | Feed Line Size                                                                        | N/A      |
| <b>Side Mount Brackets</b>         | Do you require the separate purchase of side mount brackets for a high power antenna? | No       |

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

**Auxiliary  
Antenna**

**Other Antenna Cost Not Listed**

| Name    |  | Description                        |
|---------|--|------------------------------------|
| Reducer |  | 4-50 to 3-50 antenna input reducer |

**Primary  
Antenna**

**Existing Antenna Information**

| Section                                           | Question                                                         | Response           |
|---------------------------------------------------|------------------------------------------------------------------|--------------------|
| <b>Existing Antenna<br/>Description</b>           | Type of change                                                   | Purchase<br>New    |
|                                                   | Antenna Use                                                      | Primary<br>(Main)  |
|                                                   | Description of Use                                               | N/A                |
|                                                   | Ownership                                                        | Owned              |
|                                                   | Owner                                                            | N/A                |
|                                                   | Site                                                             | N/A                |
|                                                   | Is the existing antenna shared with another station or stations? | No                 |
|                                                   | Is the existing antenna directional?                             | Yes                |
|                                                   | Is antenna in operating condition?                               | Yes                |
|                                                   | Is antenna located on or in close proximity to an antenna farm?  | Yes                |
| <b>Existing Antenna<br/>Manufacturer and Type</b> | Class                                                            | Full Power         |
|                                                   | Mounting                                                         | Top Mount          |
|                                                   | Antenna position in stack                                        | Top                |
|                                                   | Polarization                                                     | Elliptical         |
|                                                   | Type                                                             | Slotted<br>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        | ATW26HS6-ETCXL-47M |
| Year         | 2002               |

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?                                              | Yes             |
|                                    | 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                                            | Top             |
|                                    | Polarization                                                         | Elliptical      |
|                                    | Type                                                                 | Slotted Coaxial |
|                                    | Number of Stations Supported                                         | N/A             |
|                                    | Number of Panels/Bays                                                | N/A             |
|                                    | Lower Limit                                                          | N/A             |
|                                    | Upper Limit                                                          | N/A             |
|                                    | Design power capacity in use                                         | N/A             |
|                                    | Other Antenna Type                                                   | N/A             |
|                                    | ERP: (Effective Radiated Power)<br>.....                             | 592.0 kW        |
|                                    | Manufacturer                                                         |                 |
|                                    |                                                                      |                 |

|                               |                                                                                                                      |
|-------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Model                         | ATW19HS6-ETCX-22H                                                                                                    |
| Year                          | 2019                                                                                                                 |
| Justification for New Antenna | A new antenna is required as the current antenna is designed for channel 48 will not work on the new channel (Ch 22) |

## Primary Antenna

### Other Antenna Costs

| Section                            | Question                                                                              | Response             |
|------------------------------------|---------------------------------------------------------------------------------------|----------------------|
| <b>Combiner for Shared Antenna</b> | Do you need a Combiner for a Shared Antenna?                                          | No                   |
|                                    | Type                                                                                  |                      |
|                                    | Number of channels supported                                                          | N/A                  |
|                                    | Frequencies of channels supported                                                     | N/A                  |
|                                    | Frequency                                                                             | N/A                  |
|                                    | Do you need a combiner output splitter /switcher for dual feed lines?                 | N/A                  |
| <b>Elbow Complex</b>               | Do you require the separate purchase of the Elbow Complex?                            | Yes                  |
|                                    | Broadband or Single Channel?                                                          | Single Channel       |
|                                    | Feed Line Size                                                                        | 8 3/16 inches inches |
| <b>Side Mount Brackets</b>         | Do you require the separate purchase of side mount brackets for a high power antenna? | No                   |



|                                 |                                                                                                             |     |
|---------------------------------|-------------------------------------------------------------------------------------------------------------|-----|
| <b>Pattern Scatter Analysis</b> | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No  |
| <b>Sweep Test</b>               | Do you require the sweep testing of transmission line and antenna?                                          | Yes |

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

| Name                 | Description                                                                |
|----------------------|----------------------------------------------------------------------------|
| <b>Antenna Mount</b> | Tower Stub, 6 ft., 42" face triangular tower, structural mount for antenna |

**Transmission Line**

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

**Primary**  
**Transmission Line**

**Existing Transmission Line**

| Section                                                 | Question                                                                   | Response          |
|---------------------------------------------------------|----------------------------------------------------------------------------|-------------------|
| <b>Existing Transmission Line Description</b>           | 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               |
| <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                                                                     | 2045 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                            | 20 inches                                                                                |
|                             | Other Segment Length                      | N/A                                                                                      |
|                             | Number of parallel runs                   | 1                                                                                        |
|                             | Length                                    | 2045 feet per run                                                                        |
|                             | Justification for New Transmission Line   | New line is required because the existing GLW1500 waveguide will not work on channel 22. |

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      |

**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?                         | Candelabra        |
|                                                     | 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                                   | Yes               |
|                                                     | Is tower documented for structural analysis?            | No                |
|                                                     | Is tower compliant with Rev G?                          | No                |
| Existing Tower Structure Registration               | Do you have a tower registration number?                | Yes               |
|                                                     | ASR Number                                              | 1064696           |
| Coordinates (NAD83 ( North American Datum of 1983)) | Latitude (NAD83)                                        | 29° 34' 16.0" N-  |
|                                                     | Longitude (NAD83)                                       | 095° 30' 38.0" W- |
|                                                     | Overall Structure Height                                | 1973.07 feet      |
|                                                     | Support Structure Height                                | 1842.17 feet      |
|                                                     | Ground Elevation Above Mean Sea Level (AMSL)            | 76.77 feet        |
|                                                     |                                                         |                   |

|  |                  |                                                                         |
|--|------------------|-------------------------------------------------------------------------|
|  | Structure Type   | GTOWER -<br>Guyed<br>Structure Used<br>for<br>Communication<br>Purposes |
|  | Tower Owner      | American<br>Towers, LLC                                                 |
|  | Date Constructed | 11/19/2001                                                              |

**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 |
|-------------|-----------|---------|
| 24436       | KLTJ      | DTV     |
| 18516       | KTBZ-FM   | FM      |
| 12895       | KETH-TV   | DTV     |
| 35524       | KRBE      | FM      |
| 58835       | KPXB-TV   | DTV     |
| 53847       | KXLN-DT   | DTV     |
| 47749       | KHMX      | FM      |
| 25449       | KKHH      | FM      |
| 35073       | KLOL      | FM      |
| 25439       | KILT-FM   | FM      |
| 70492       | KUBE-TV   | DTV     |
| 60537       | KFTH-DT   | DTV     |
| 66790       | KUGB-CD   | DTV     |
| 35337       | KODA      | FM      |

**Other Types of Users**

| Users   |
|---------|
| KVVV-LD |
| KDHU-LD |
| KPBX-LD |
| KVQT-LD |

**Primary Tower**

**Tower Modification Costs**

| Section              | Question                                                   | Response                               |
|----------------------|------------------------------------------------------------|----------------------------------------|
| Engineering Study    | Please what type of engineering study is required, if any: | Study needed for tower with candelabra |
| Tower Reinforcements | Please select whether tower reinforcements are needed:     | Serious Reinforcements needed          |

**Primary Tower**

**Tower Rigging Costs**

| Section                      | Question                          | Response   |
|------------------------------|-----------------------------------|------------|
| Tower Rigging Costs          | Complex Tower                     | Candelabra |
| Helicopter Services Required | Are helicopter services required? | Yes        |

**Primary Tower**

**Other Tower Expenses Not Listed**

| Name                                       | Description                                                             |
|--------------------------------------------|-------------------------------------------------------------------------|
| Ground and Building Permit Drawing Package | Ground & Building A&E Permit Drawing Package (Cost per customer of ATC) |
| Tower Drawling Package                     | Tower Permit Drawing Package (Cost per customer of ATC)                 |

**Outside  
Professional**

| Section                                                           | Question                                                                     | Response                                                                                                                                                                                                             |
|-------------------------------------------------------------------|------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Services Costs<br/>Outside Project<br/>Management Services</b> | Do you require outside project management services?                          | Yes                                                                                                                                                                                                                  |
|                                                                   | Number of Hours                                                              | 1040                                                                                                                                                                                                                 |
|                                                                   | 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<br/>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                                                                     | 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                                                      | Yes |
|                                                       | Environmental Assessment                                                                   | No  |
|                                                       | ASR Modification                                                                           | Yes |
|                                                       | FAA Consultation (including preparation of FAA Form 7460)                                  | Yes |
|                                                       | Negotiation of Lease and other Matter for Shared Locations                                 | No  |
|                                                       | Prepare or Review FCC Form 399 for Reimbursement                                           | Yes |
|                                                       | Address transition timing and coordination issues w/ other stations and wireless providers | Yes |
| <b>RF Field Engineering Services</b>                  | Comprehensive coverage verification via field study                                        | Yes |
|                                                       | RF exposure measurements                                                                   | Yes |
|                                                       | Additional Field Engineering Service                                                       | Yes |
|                                                       | Number of Days                                                                             | 20  |

|  |               |                                   |
|--|---------------|-----------------------------------|
|  | Justification | Ground<br>Level RF<br>Engineering |
|--|---------------|-----------------------------------|

**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services 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                                                                                                         | Yes      |
|                                     | Non-zoning permits                                                                                                   | Yes      |
|                                     | 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)?        | 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                                                    |
|----------------|----------------------------------------------------------------|
| Public Hearing | Public Hearing (cost per customer) as per<br>ATC documentation |

## 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 THU9-36</b>                                   | <b>\$1,706,141.80</b>       | <b>\$1,268,584.80</b> |                                                                             | <b>\$11,200.00</b>  |                           |
| RF Filter                                                            | <i>\$39,251.80</i>          | \$39,251.80           | N/A                                                                         | N/A                 | N/A                       |
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW               | \$1,473,000.00              | \$1,049,793.00        | N/A                                                                         | N/A                 | N/A                       |
| Transformer 3 phase /480v - 150 KVA                                  | \$25,550.00                 | \$11,200.00           | N/A                                                                         | \$11,200.00         | N/A                       |
| Other Electrical Service: Electrical Connectivity to new transmitter | <i>\$0.00</i>               | \$0.00                | Electrical connection costs are reflected in the installation cost estimate | N/A                 | N/A                       |
| Transmitter Installation                                             | <i>\$168,340.00</i>         | \$168,340.00          | New transmitter installation with filter and electrical                     | N/A                 | N/A                       |
| <b>Sub-total</b>                                                     | <b>\$1,706,141.80</b>       | <b>\$1,268,584.80</b> | N/A                                                                         | <b>\$11,200.00</b>  | N/A                       |
| <b>Total for all systems</b>                                         | <b>\$4,671,831.80</b>       | <b>\$3,314,026.50</b> | N/A                                                                         | <b>\$488,219.21</b> | N/A                       |

### Components

| Actual Information                                                   |                                                                                                                                                 |
|----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Description                                                          | File Name                                                                                                                                       |
| RF Filter                                                            | Information not provided.                                                                                                                       |
| UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW               | Information not provided.                                                                                                                       |
| Transformer 3 phase/480v - 150 KVA                                   | <div> <div>Component Description:</div> <div>Transformers for 3 cabinet DTV transmitter.</div> <div>Amount:</div> <div>\$11,200.00</div> </div> |
| Other Electrical Service: Electrical Connectivity to new transmitter | Information not provided.                                                                                                                       |
| Transmitter Installation                                             | Information not provided.                                                                                                                       |

## Cost Information

### Antennas

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

| Description                                                                                          | Predetermined Cost Estimate | Estimated Cost      | Estimated Cost Justification | Actual Cost        | Actual Cost Justification |
|------------------------------------------------------------------------------------------------------|-----------------------------|---------------------|------------------------------|--------------------|---------------------------|
| <b>Primary Antenna ATW19HS6-ETCX-22H</b>                                                             | <b>\$329,480.00</b>         | <b>\$258,150.00</b> |                              | <b>\$77,046.94</b> |                           |
| Antenna Mount                                                                                        | <i>\$18,000.00</i>          | \$18,000.00         | N/A                          | \$5,845.50         | N/A                       |
| Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed)                    | \$15,250.00                 | \$14,500.00         | N/A                          | N/A                | N/A                       |
| Sweep test of existing antenna                                                                       | \$6,730.00                  | \$6,400.00          | N/A                          | N/A                | N/A                       |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | \$289,500.00                | \$219,250.00        | See attached quote from ERI. | \$71,201.44        | N/A                       |
| <b>Auxiliary Antenna TFU-16DSB-D</b>                                                                 | <b>\$51,890.00</b>          | <b>\$49,000.00</b>  |                              | <b>\$19,170.00</b> |                           |

|                                                                                                        |                    |                |     |              |     |
|--------------------------------------------------------------------------------------------------------|--------------------|----------------|-----|--------------|-----|
| UHF - High Power, Side Mount, basic slot antenna, 600 kW input, directional,, horizontally polarized   | <b>\$39,032.00</b> | \$39,032.00    | N/A | \$17,564.40  | N/A |
| Sweep test of existing antenna                                                                         | \$6,730.00         | \$6,400.00     | N/A | N/A          | N/A |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | \$5,260.00         | \$2,700.00     | N/A | \$1,215.00   | N/A |
| Reducer                                                                                                | <b>\$868.00</b>    | \$868.00       | N/A | \$390.60     | N/A |
| <b>Sub-total</b>                                                                                       | \$381,370.00       | \$307,150.00   | N/A | \$96,216.94  | N/A |
| <b>Total for all systems</b>                                                                           | \$4,671,831.80     | \$3,314,026.50 | N/A | \$488,219.21 | N/A |

## Components

| Actual Information |                                                                                                            |
|--------------------|------------------------------------------------------------------------------------------------------------|
| Description        | File Name                                                                                                  |
| Antenna Mount      | <p><b>Component Description:</b> 30% of line 2, plus 8.25% sales tax.</p> <p><b>Amount:</b> \$5,845.50</p> |



|                                                                                                        |                                                     |                                                           |
|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------|
| Elbow complex, single channel, at antenna input, per 8 3/16. feedline (if needed)                      | Information not provided.                           |                                                           |
| Sweep test of existing antenna                                                                         | Information not provided.                           |                                                           |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized   | <b>Component Description:</b><br><br><b>Amount:</b> | 30% of line 1,<br>plus 8.25% sales<br>tax.<br>\$71,201.44 |
| UHF - High Power, Side Mount, basic slot antenna, 600 kW input, directional,, horizontally polarized   | <b>Component Description:</b><br><br><b>Amount:</b> | See line 1 of<br>invoice<br>\$17,564.40                   |
| Sweep test of existing antenna                                                                         | Information not provided.                           |                                                           |
| Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost) | <b>Component Description:</b><br><br><b>Amount:</b> | See line 2 of<br>invoice<br>\$1,215.00                    |
| Reducer                                                                                                | <b>Component Description:</b><br><br><b>Amount:</b> | See line 3 of<br>invoice<br>\$390.60                      |

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                 | \$709,615.00                | \$578,704.23   |                                                                   | \$173,611.27 |                           |
| Rigid Transmission Line - copper, 8 3/16" | \$709,615.00                | \$578,704.23   | Line, adapters, and deign services from attached Antenna Proposal | \$173,611.27 | N/A                       |
| Sub-total                                 | \$709,615.00                | \$578,704.23   | N/A                                                               | \$173,611.27 | N/A                       |
| Total for all systems                     | \$4,671,831.80              | \$3,314,026.50 | N/A                                                               | \$488,219.21 | N/A                       |

Components

| Actual Information                        |                                                                                                          |
|-------------------------------------------|----------------------------------------------------------------------------------------------------------|
| Description                               | File Name                                                                                                |
| Rigid Transmission Line - copper, 8 3/16" | <div>Component Description:30% of lines 4-23, plus 8.25% sales tax.</div> <div>Amount:\$173,611.27</div> |

## 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>\$1,502,400.00</b>       | <b>\$857,022.47</b> |                                                                              | <b>\$129,134.24</b> |                           |
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | \$421,000.00                | \$430,447.47        | See proposal from ERI for antenna installation services                      | \$129,134.24        | N/A                       |
| Tower Helicopter Lift                                                                 | <i>\$0.00</i>               | \$0.00              | As per M. Rhodes: cost reflected in "Complex Tower" line item                | N/A                 | N/A                       |
| Ground and Building Permit Drawing Package                                            | <i>\$4,700.00</i>           | \$4,700.00          | see attached American Tower cost estimate form                               | N/A                 | N/A                       |
| Tower Drawing Package                                                                 | <i>\$4,700.00</i>           | \$4,700.00          | see attached American Tower cost estimate form                               | N/A                 | N/A                       |
| Structural engineering tower load study for a documented tower with candelabra        | \$20,000.00                 | \$22,175.00         | Price for tower mapping and structural engineering, as per ATC documentation | N/A                 | N/A                       |

|                                            |                |                |                                                |              |     |
|--------------------------------------------|----------------|----------------|------------------------------------------------|--------------|-----|
| Serious tower reinforcement /modifications | \$1,052,000.00 | \$395,000.00   | see attached American Tower cost estimate form | N/A          | N/A |
| <b>Sub-total</b>                           | \$1,502,400.00 | \$857,022.47   | N/A                                            | \$129,134.24 | N/A |
| <b>Total for all systems</b>               | \$4,671,831.80 | \$3,314,026.50 | N/A                                            | \$488,219.21 | N/A |

## Components

| Actual Information Description                                                        | File Name                                                                                                            |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|
| Complex Tower (includes, for example, those with candelabras and/or stacked antennas) | <p><b>Component Description:</b> 30% of lines 3 and 24, plus 8.25% sales tax.</p> <p><b>Amount:</b> \$129,134.24</p> |
| Tower Helicopter Lift                                                                 | Information not provided.                                                                                            |
| Ground and Building Permit Drawing Package                                            | Information not provided.                                                                                            |
| Tower Drawling Package                                                                | Information not provided.                                                                                            |
| Structural engineering tower load study for a documented tower with candelabra        | Information not provided.                                                                                            |
| Serious 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                                                                                              | \$312,975.00                | \$250,550.00   |                              | \$78,056.76 |                           |
| Additional Field Engineering Service, 20 Days                                                                              | \$20,000.00                 | \$20,000.00    | N/A                          | \$10,000.00 | N/A                       |
| RF Exposure Measurements                                                                                                   | \$21,050.00                 | \$15,000.00    | N/A                          | N/A         | N/A                       |
| Comprehensive coverage verification via field study, if needed                                                             | \$84,200.00                 | \$40,000.00    | N/A                          | N/A         | N/A                       |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | \$2,105.00                  | \$1,400.00     | N/A                          | N/A         | N/A                       |
| ASR modification (prepare FCC Form 854)                                                                                    | \$2,105.00                  | \$500.00       | N/A                          | N/A         | N/A                       |
| NEPA Section 106 environmental review, if needed                                                                           | \$6,310.00                  | \$5,400.00     | N/A                          | N/A         | N/A                       |

|                                                                                                          |                |                |     |              |     |
|----------------------------------------------------------------------------------------------------------|----------------|----------------|-----|--------------|-----|
| Attorney Fees -<br>Prepare and<br>File FCC Form<br>2100 (main),<br>License to<br>Cover<br>Application    | \$2,365.00     | \$2,250.00     | N/A | N/A          | N/A |
| Attorney Fees -<br>Prepare and<br>File FCC Form<br>2100 (main),<br>Construction<br>Permit<br>Application | \$5,260.00     | \$5,000.00     | N/A | \$415.80     | N/A |
| Address<br>transition<br>timing and<br>coordination<br>issues w/ other<br>stations and<br>wireless       | \$2,630.00     | \$2,500.00     | N/A | N/A          | N/A |
| Prepare and or<br>review<br>reimbursement<br>form                                                        | \$2,630.00     | \$2,500.00     | N/A | \$354.51     | N/A |
| Project<br>management of<br>the transition                                                               | \$164,320.00   | \$156,000.00   | N/A | \$67,286.45  | N/A |
| <b>Sub-total</b>                                                                                         | \$312,975.00   | \$250,550.00   | N/A | \$78,056.76  | N/A |
| <b>Total for all<br/>systems</b>                                                                         | \$4,671,831.80 | \$3,314,026.50 | N/A | \$488,219.21 | N/A |

## Components

### Actual Information

| Description | File Name |
|-------------|-----------|
|-------------|-----------|

|                                                                                                                            |                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Additional Field Engineering Service, 20 Days                                                                              | <p><b>Component Description:</b></p> <p>Engineering site visit, inspection, measurements, drawing and planning for repack transmitter and RF installation, budgeting and planning.</p> <p><b>Amount:</b></p> <p>\$10,000.00</p> |
| RF Exposure Measurements                                                                                                   | Information not provided.                                                                                                                                                                                                       |
| Comprehensive coverage verification via field study, if needed                                                             | Information not provided.                                                                                                                                                                                                       |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | Information not provided.                                                                                                                                                                                                       |
| ASR modification (prepare FCC Form 854)                                                                                    | Information not provided.                                                                                                                                                                                                       |
| NEPA Section 106 environmental review, if needed                                                                           | Information not provided.                                                                                                                                                                                                       |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application                                         | Information not provided.                                                                                                                                                                                                       |

|                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------|----------------|------------|-------------------------------|-------------------------------------------------------|----------------|------------|-------------------------------|--------------------|----------------|------------|
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="703 174 1011 210"><b>Component Description:</b></td><td data-bbox="1147 174 1366 365">See lines 1 &amp; 2 of invoice, less 10% vendor discount. See explanation of variance for line 3.</td></tr> <tr> <td data-bbox="703 376 815 412"><b>Amount:</b></td><td data-bbox="1147 376 1244 412">\$226.80</td></tr> <tr> <td data-bbox="703 517 1011 553"><b>Component Description:</b></td><td data-bbox="1147 517 1366 624">See lines 1 &amp; 2 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="703 636 815 672"><b>Amount:</b></td><td data-bbox="1147 636 1244 672">\$189.00</td></tr> </table>                                                                                                                                                                         | <b>Component Description:</b> | See lines 1 & 2 of invoice, less 10% vendor discount. See explanation of variance for line 3. | <b>Amount:</b> | \$226.80   | <b>Component Description:</b> | See lines 1 & 2 of invoice, less 10% vendor discount. | <b>Amount:</b> | \$189.00   |                               |                    |                |            |
| <b>Component Description:</b>                                                                 | See lines 1 & 2 of invoice, less 10% vendor discount. See explanation of variance for line 3.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Amount:</b>                                                                                | \$226.80                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Component Description:</b>                                                                 | See lines 1 & 2 of invoice, less 10% vendor discount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Amount:</b>                                                                                | \$189.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <p>Address transition timing and coordination issues w/ other stations and wireless</p>       | <p>Information not provided.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <p>Prepare and or review reimbursement form</p>                                               | <table> <tr> <td data-bbox="703 960 1011 996"><b>Component Description:</b></td><td data-bbox="1147 960 1382 996">Review of Form 399</td></tr> <tr> <td data-bbox="703 1003 815 1039"><b>Amount:</b></td><td data-bbox="1147 1003 1228 1039">\$43.65</td></tr> <tr> <td data-bbox="703 1144 1011 1180"><b>Component Description:</b></td><td data-bbox="1147 1144 1366 1252">See lines 3-5 of invoice, less 10% vendor discount.</td></tr> <tr> <td data-bbox="703 1263 815 1299"><b>Amount:</b></td><td data-bbox="1147 1263 1244 1299">\$310.86</td></tr> </table>                                                                                                                                                                                                                                                   | <b>Component Description:</b> | Review of Form 399                                                                            | <b>Amount:</b> | \$43.65    | <b>Component Description:</b> | See lines 3-5 of invoice, less 10% vendor discount.   | <b>Amount:</b> | \$310.86   |                               |                    |                |            |
| <b>Component Description:</b>                                                                 | Review of Form 399                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Amount:</b>                                                                                | \$43.65                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Component Description:</b>                                                                 | See lines 3-5 of invoice, less 10% vendor discount.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Amount:</b>                                                                                | \$310.86                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <p>Project management of the transition</p>                                                   | <table> <tr> <td data-bbox="703 1431 1011 1467"><b>Component Description:</b></td><td data-bbox="1147 1431 1302 1503">Project Management</td></tr> <tr> <td data-bbox="703 1514 815 1550"><b>Amount:</b></td><td data-bbox="1147 1514 1265 1550">\$8,250.00</td></tr> <tr> <td data-bbox="703 1655 1011 1691"><b>Component Description:</b></td><td data-bbox="1147 1655 1302 1762">August 2018 Project Management</td></tr> <tr> <td data-bbox="703 1774 815 1809"><b>Amount:</b></td><td data-bbox="1147 1774 1265 1809">\$2,650.00</td></tr> <tr> <td data-bbox="703 1915 1011 1951"><b>Component Description:</b></td><td data-bbox="1147 1915 1302 1986">Project Management</td></tr> <tr> <td data-bbox="703 1998 815 2033"><b>Amount:</b></td><td data-bbox="1147 1998 1265 2033">\$6,150.00</td></tr> </table> | <b>Component Description:</b> | Project Management                                                                            | <b>Amount:</b> | \$8,250.00 | <b>Component Description:</b> | August 2018 Project Management                        | <b>Amount:</b> | \$2,650.00 | <b>Component Description:</b> | Project Management | <b>Amount:</b> | \$6,150.00 |
| <b>Component Description:</b>                                                                 | Project Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Amount:</b>                                                                                | \$8,250.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Component Description:</b>                                                                 | August 2018 Project Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Amount:</b>                                                                                | \$2,650.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Component Description:</b>                                                                 | Project Management                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |
| <b>Amount:</b>                                                                                | \$6,150.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                               |                                                                                               |                |            |                               |                                                       |                |            |                               |                    |                |            |



|                               |                                           |
|-------------------------------|-------------------------------------------|
| <b>Component Description:</b> | Project<br>Management<br>Services Updated |
| <b>Amount:</b>                | \$4,800.00                                |

|                               |                                 |
|-------------------------------|---------------------------------|
| <b>Component Description:</b> | July 2018 Project<br>Management |
| <b>Amount:</b>                | \$4,060.00                      |

|                               |                                       |
|-------------------------------|---------------------------------------|
| <b>Component Description:</b> | October 2018<br>Project<br>Management |
| <b>Amount:</b>                | \$8,575.00                            |

|                               |                                   |
|-------------------------------|-----------------------------------|
| <b>Component Description:</b> | Project<br>Management<br>Services |
| <b>Amount:</b>                | \$348.95                          |

|                               |                                   |
|-------------------------------|-----------------------------------|
| <b>Component Description:</b> | Project<br>Management<br>Services |
| <b>Amount:</b>                | \$975.00                          |

|                               |                                   |
|-------------------------------|-----------------------------------|
| <b>Component Description:</b> | Project<br>Management<br>Services |
| <b>Amount:</b>                | \$1,072.50                        |

|                               |                                   |
|-------------------------------|-----------------------------------|
| <b>Component Description:</b> | Project<br>Management<br>Services |
| <b>Amount:</b>                | \$3,380.00                        |

|                               |                              |
|-------------------------------|------------------------------|
| <b>Component Description:</b> | Apr-18 Project<br>Management |
| <b>Amount:</b>                | \$6,150.00                   |

|                               |                                   |
|-------------------------------|-----------------------------------|
| <b>Component Description:</b> | Project<br>Management<br>Services |
| <b>Amount:</b>                | \$2,470.00                        |

|                               |                                |
|-------------------------------|--------------------------------|
| <b>Component Description:</b> | Jan 2018 Project<br>Management |
| <b>Amount:</b>                | \$9,750.00                     |

|                               |                                 |
|-------------------------------|---------------------------------|
| <b>Component Description:</b> | June 2018 Project<br>Management |
| <b>Amount:</b>                | \$6,250.00                      |

|                               |                                   |
|-------------------------------|-----------------------------------|
| <b>Component Description:</b> | Project<br>Management<br>Services |
| <b>Amount:</b>                | \$2,405.00                        |

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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                                                           | \$59,330.00                 | \$52,015.00    |                              | \$0.00      |                           |
| Non-zoning permits                                                       | <i>\$2,500.00</i>           | \$2,500.00     | N/A                          | N/A         | N/A                       |
| FCC Filing Fees - Form 2100 license to cover application                 | \$335.00                    | \$325.00       | N/A                          | N/A         | N/A                       |
| FCC Filing Fees - Special Temporary Authorization request                | \$195.00                    | \$190.00       | N/A                          | N/A         | N/A                       |
| Local Zoning                                                             | <i>\$750.00</i>             | \$750.00       | N/A                          | N/A         | N/A                       |
| Disposal Costs (for equipment and other waste, net of any salvage value) | <i>\$15,000.00</i>          | \$15,000.00    | N/A                          | N/A         | N/A                       |
| Equipment Delivery and Handling Charges                                  | <i>\$10,000.00</i>          | \$10,000.00    | N/A                          | N/A         | N/A                       |
| Develop and air announcement of upcoming channel change                  | <i>\$5,000.00</i>           | \$5,000.00     | N/A                          | N/A         | N/A                       |

|                                              |                    |                |                                      |              |     |
|----------------------------------------------|--------------------|----------------|--------------------------------------|--------------|-----|
| MVPD<br>Notification of<br>Channel<br>Change | <b>\$12,000.00</b> | \$12,000.00    | N/A                                  | N/A          | N/A |
| Public Hearing                               | <b>\$2,000.00</b>  | \$2,000.00     | see attached<br>ATC<br>documentation | N/A          | N/A |
| DTV Medical<br>Facility<br>Notification      | \$11,550.00        | \$4,250.00     | N/A                                  | N/A          | N/A |
| <b>Sub-total</b>                             | \$59,330.00        | \$52,015.00    | N/A                                  | \$0.00       | N/A |
| <b>Total for all<br/>systems</b>             | \$4,671,831.80     | \$3,314,026.50 | N/A                                  | \$488,219.21 | N/A |

## Components

Information not provided.

|                             |                              |                                        |                       |
|-----------------------------|------------------------------|----------------------------------------|-----------------------|
| <b>Cost<br/>Information</b> | <b>Grand Total</b>           |                                        |                       |
|                             |                              | <b>Predetermined<br/>Cost Estimate</b> | <b>Estimated Cost</b> |
|                             |                              |                                        | <b>Actual Cost</b>    |
|                             | <b>Total for all systems</b> | \$4,671,831.80                         | \$3,314,026.50        |
|                             |                              |                                        | \$488,219.21          |

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

| Certification | Section                                     | Question                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Response |
|---------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
|               | Submission of Estimated Expenses Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>                                                                                                                                                       |          |
|               |                                             | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol> |          |

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

|                                                                                                                                                                                                                                   |                                                                                  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> |                                                                                  |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>                                                                         | <p><b>Margaret L Tobey</b><br/> <i>Assistant Secretary</i></p> <p>11/29/2018</p> |



| 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 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).                                                                |          |
|               |                                                    | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol> |          |

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

|                                                                                                                                                                                                                                                                                                                                                                    |                                                                                  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p> |                                                                                  |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>                                                                                                                                                                                                          | <p><b>Margaret L Tobey</b><br/> <i>Assistant Secretary</i></p> <p>11/29/2018</p> |

## Attachments