



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **38497** | Service: **DCA** | Call **KADO-CD** | Channel: **36 (UHF)**  
ID: | Sign:  
File **0000024419**  
Number:  
FRN: **0005870498** | Date **01/15**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant  | Address  | Phone             | Email            | Applicant Type |
|--|--|-------------------|------------------|----------------|
| <b>WORD OF LIFE MINISTRIES, INC.</b><br>Doing Business As: WORD OF LIFE MINISTRIES, INC. | Chad Giddens<br>4425 Meriwether Rd<br>SHREVEPORT,<br>LA 71109<br>United States | +1 (318) 688-4411 | wolmedia@mac.com | Not-for-Profit |

## 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 |
|--|---------|-------|-------|
| The Preparer is same as the reimbursement contact. |         |       |       |

## Broadcaster Information and Transition Plan

| Question | Response |
|----------|----------|
|----------|----------|

|  |   |
|--|---|
| Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information. | No  |
| Briefly describe transition plan   | Add temp transmission line. Mount existing antenna to temp line. Purchase & install new antenna on existing line. Order new/re-tune mask filter for new channel assignment. Reuse current transmitter. After phase completion date remove temp gear from tower. |

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

| <b>Primary Transmitter</b>                        | <b>Existing Transmitter Information</b>                    |                 |                 |
|---|--|-----------------|-----------------|
|   | <b>Section</b>   | <b>Question</b> | <b>Response</b> |
| <b>Existing Transmitter Description</b>           | Type of change   |                 | Retune Existing |
|   | Use  |                 | Primary (Main)  |
|   | Ownership  |                 | Owned           |
|   | Owner  |                 | N/A             |
|   | Is this transmitter currently shared with another station? |                 | No              |
|   | Is this transmitter currently in operating condition?      |                 | Yes             |
| <b>Existing Transmitter Manufacturer and Type</b> | Manufacturer   |                 | Anywave         |
|   | Model  |                 | ATC5XU          |

|                            |             |
|----------------------------|-------------|
| Year                       | 2017        |
| Type                       | Solid State |
| Solid State Cooling        | Air Cooled  |
| Solid State Power capacity | 1.7 kW      |

**Primary Transmitter Retuning Transmitter Costs**

| Section                | Question                                       | Response |
|------------------------|--|----------|
| <b>New IOT Tubes</b>   | Number of Tubes (including accessories) needed | N/A      |
| <b>New Mask Filter</b> | Power  | 3 kW     |
|                        | Other Power                                    | N/A      |
| <b>New Exciter</b>     | Is a new exciter needed?                       | No       |

**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)                                     | No       |
|                           | Power  | N/A      |
|                           | Rigid Conduit and Wiring                               | No       |
|                           | Size   | N/A      |
|                           | Length   | N/A      |
|                           | Other Electrical Service                               | No       |
|                           | Description  | N/A      |
| <b>HVAC Service</b>       | Does the replacement transmitter require HVAC Service? | No       |
|                           | Type   | N/A      |

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

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

| Section                                       | Question   | Response           |
|---|--|--------------------|
| <b>Existing Antenna Description</b>           | Type of change   | Purchase<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?                             | No                 |
|   | Is antenna in operating condition?                               | Yes                |
|   | Is antenna located on or in close proximity to an antenna farm?  | Yes                |
| <b>Existing Antenna Manufacturer and Type</b> | Class  | Class A            |
|   | Mounting   | Top 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>.....                         | 2.0 kW             |

|              |             |
|--------------|-------------|
| Manufacturer |             |
| Model        | PSILP8OI-40 |
| Year         | 2015        |

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**Primary  
Antenna**

**New Antenna Costs**

| Section                                   | Question   | Response        |
|---|--|-----------------|
| <b>New Antenna Description</b>            | Use  | Primary (Main)  |
|   | Description of Use   | N/A             |
|   | Change Type  | Purchase New    |
|   | Is this a request for upgraded equipment?                            | Yes             |
|   | Ownership  | Owned           |
|   | Owner  | N/A             |
|   | Is antenna shared?   | No              |
|   | Is antenna directional?  | No              |
|   | Will antenna be located on or in close proximity to an antenna farm? | Yes             |
| <b>New Antenna Manufacturer and Types</b> | Class  | Class A         |
|   | Mounting   | Top Mount       |
|   | Antenna position in stack  | Not in Stack    |
|   | Polarization   | Elliptical      |
|   | Type   | Slotted Coaxial |
|   | Number of Stations Supported   | N/A             |
|   | Number of Panels/Bays  | N/A             |
|   | Lower Limit  | N/A             |
|   | Upper Limit  | N/A             |
|   | Design power capacity in use   | N/A             |
|   | Other Antenna Type   | N/A             |
|   | ERP: (Effective Radiated Power)<br>.....                             | 5.0 kW          |
| Manufacturer                              |  |                 |



|                               |                 |
|-------------------------------|-----------------|
| Model                         | PSILP8OI-36-EP  |
| Year                          | 2019            |
| Justification for New Antenna | channel changed |

**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?  | 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? | No       |
| <b>Sweep Test</b>                  | Do you require the sweep testing of transmission line and antenna?  | Yes      |

**Primary Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

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

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

| Section  | Question   | Response         |
|--|--|------------------|
| Existing Transmission Line Description           | Type of change   | Utilize Existing |
|  | Use  | Primary (Main)   |
|  | Description of Use   | N/A              |
|  | Ownership  | Owned            |
|  | Owner  | N/A              |
|  | Site   | N/A              |
|  | Is the existing transmission line shared with another station or stations? | No               |
|  | Is Transmission Line in operating condition?                               | Yes              |
| Existing Transmission Line Manufacturer and Type | Manufacturer   | Andrew           |
|  | Type   | Flexible Foam    |
|  | Diameter   | 1 5/8 inches     |
|  | Other Diameter   | N/A              |
|  | Segment Length   | N/A              |
|  | Other Segment Length   | N/A              |
|  | Number of parallel runs  | 1                |
|  | Length   | 300 feet per run |

**Primary Transmission Line**      **Other Transmission Line Expenses Not Listed**  
 Information not provided.

**Interim Transmission Line**      **New Transmission Line**

| Section                            | Question                                | Response   |
|------------------------------------|---|--|
| <b>New Transmission Line Costs</b> | Use                                     | Interim  |
|                                    | Description of Use                      | N/A  |
|                                    | Change Type                             | Purchase New   |
|                                    | Type                                    | Flexible Foam  |
|                                    | Diameter                                | 7/8 inches   |
|                                    | Segment Length                          | N/A  |
|                                    | Other Segment Length                    |  |
|                                    | Number of parallel runs                 | 1  |
|                                    | Length                                  | 300 feet per run   |
|                                    | Justification for New Transmission Line | Interim line for continued broadcasting on current channel 40 while new channel is under construction. |

**Interim Transmission Line**      **Other Transmission Line Expenses Not Listed**  
 Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

| Section  | Question  | Response          |
|--|---|-------------------|
| Existing Tower Description                         | Type of change  | Move Equipment    |
|  | Tower Use   | Primary (Main)    |
|  | Description of Use                                      | N/A               |
|  | Ownership   | Leased            |
|  | Is this tower consider Complex?                         | No                |
|  | Is this tower currently shared with any other stations? | No                |
|  | One or more FM, AM or TV radio broadcaster(s)           | N/A               |
|  | Others Types of Users                                   | N/A               |
|  | Is tower documented for structural analysis?            | Unknown           |
|  | Is tower compliant with Rev G?                          | Unknown           |
| Existing Tower Structure Registration              | Do you have a tower registration number?                | Yes               |
|  | ASR Number  | 1020975           |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83)  | 32° 29' 35.5" N-  |
|  | Longitude (NAD83)                                       | 093° 45' 53.3" W- |
|  | Overall Structure Height                                | 306.10 feet       |
|  | Support Structure Height                                | 279.85 feet       |
|  | Ground Elevation Above Mean Sea Level (AMSL)            | 245.08 feet       |

|                  |                              |
|------------------|------------------------------|
| Structure Type   | LTOWER -<br>Lattice<br>Tower |
| Tower Owner      | American<br>Towers,<br>LLC.  |
| Date Constructed | 10/30/1995                   |

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

| <b>Section</b>   | <b>Question</b>  | <b>Response</b>   |
|--|--|---|
| <b>Outside Project Management Services</b>             | Do you require outside project management services?                          | No  |
|  | Number of Hours  | N/A   |
|  | Explanation  | N/A   |
| <b>Outside RF consulting Engineering Services</b>      | Perform engineering study for new channel assignment and antenna development | Yes   |
|  | Prepare engineering section of Form FCC Construction Permit Application      | Yes   |
|  | For Auxiliary Facility   | No  |
|  | For Main Facility  | Yes   |
|  | Prepare engineering section of Form FCC License to Cover Application         | Yes   |
|  | For Auxiliary Facility   | No  |
|  | For Main Facility  | Yes   |
|  | Prepare request for Special Temporary Authority                              | 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 |
| For Auxiliary Facility                                 |  | No  |
| For Main Facility                                      |  | Yes   |
| Prepare and file Form FCC License to Cover Application |  | Yes   |
| For Auxiliary Facility                                 |  | No  |
| For Main Facility                                      |  | Yes   |

|                                      |  |     |
|--------------------------------------|--|-----|
|                                      | Prepare request for Special Temporary Authority  | Yes |
|                                      | Quantity   | 1   |
|                                      | NEPA Section 106 environmental review  | No  |
|                                      | Environmental Assessment   | No  |
|                                      | ASR Modification   | No  |
|                                      | FAA Consultation (including preparation of FAA Form 7460)                                  | No  |
|                                      | Negotiation of Lease and other Matter for Shared Locations                                 | No  |
|                                      | Prepare or Review FCC Form 399 for Reimbursement   | Yes |
|                                      | Address transition timing and coordination issues w/ other stations and wireless providers | No  |
| <b>RF Field Engineering Services</b> | Comprehensive coverage verification via field study  | No  |
|                                      | RF exposure measurements   | No  |
|                                      | Additional Field Engineering Service   | No  |
|                                      | Number of Days   | N/A |
|                                      | Justification  | N/A |

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

| Name               | Description  |
|--------------------|--|
| Project Managemnet | Project management hours for in-house management of repack |

**Other Expenses**

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



**Other  
Expenses**

**Other Expenses Not Listed**

| <b>Name</b>       | <b>Description</b>   |
|-------------------|--|
| <b>Tower Fees</b> | structural analysis, zoning / permitting fees / technical drawings for new equipment on tower. |

**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 ATC5XU</b>  | <b>\$109,355.00</b>         | <b>\$3,500.00</b>  |                              | <b>\$0.00</b>      |                           |
| UHF and VHF - minor banding issues | \$105,200.00                | \$0.00             | N/A                          | N/A                | N/A                       |
| 3 kW mask filter                   | \$4,155.00                  | \$3,500.00         | N/A                          | N/A                | N/A                       |
| <b>Sub-total</b>                   | <b>\$109,355.00</b>         | <b>\$3,500.00</b>  | <b>N/A</b>                   | <b>\$0.00</b>      | <b>N/A</b>                |
| <b>Total for all systems</b>       | <b>\$290,338.00</b>         | <b>\$98,124.00</b> | <b>N/A</b>                   | <b>\$18,753.05</b> | <b>N/A</b>                |

**Components**

Information not provided.

**Cost Information**

**Antennas**

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

| Description   | Predetermined Cost Estimate | Estimated Cost     | Estimated Cost Justification  | Actual Cost        | Actual Cost Justification   |
|---|-----------------------------|--------------------|---|--------------------|---|
| <b>Primary Antenna PSILP8OI-36-EP</b>   | <b>\$22,323.00</b>          | <b>\$16,204.00</b> |   | <b>\$9,190.00</b>  |   |
| UHF - Lower Power, Top Mount, Class A, basic slot antenna, 5 kW input, elliptically or circularly polarized | <i>\$15,593.00</i>          | \$15,593.00        | Upgraded antenna for broadcasting with elliptical polarization. See KADO Antenna Quote and cost attachment. | \$9,190.00         | We are requesting more funds that the FCC has allotted. See "KADO Antenna Replacement Description" PDF attachment for cost explanation. |
| Sweep test of existing antenna  | \$6,730.00                  | \$611.00           | N/A   | \$0.00             | N/A   |
| <b>Sub-total</b>  | <b>\$22,323.00</b>          | <b>\$16,204.00</b> | N/A   | <b>\$9,190.00</b>  | N/A   |
| <b>Total for all systems</b>  | <b>\$290,338.00</b>         | <b>\$98,124.00</b> | N/A   | <b>\$18,753.05</b> | N/A   |

**Components**

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

|  |   |
|--|---|
| <p>UHF - Lower Power, Top Mount, Class A, basic slot antenna, 5 kW input, elliptically or circularly polarized</p> | <p><b>Component Description:</b> We are requesting more funds that the FCC has allotted. See "KADO Antenna Replacement Description" PDF attachment for cost explanation.</p> <p><b>Amount:</b> \$9,190.00</p> |
| <p>Sweep test of existing antenna</p>  | <p>Information not provided.</p>  |

**Cost Information**

**Transmission Line**

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

| Description  | Predetermined Cost Estimate | Estimated Cost     | Estimated Cost Justification | Actual Cost        | Actual Cost Justification |
|--|-----------------------------|--------------------|------------------------------|--------------------|---------------------------|
| <b>Interim Transmission Line</b>                   | <b>\$3,300.00</b>           | <b>\$2,973.00</b>  |                              | <b>\$2,973.00</b>  |                           |
| Flexible Foam Transmission Line - dielectric, 7/8" | \$3,300.00                  | \$2,973.00         | N/A                          | \$2,973.00         | N/A                       |
| <b>Primary Transmission Line</b>                   | <b>\$0.00</b>               | <b>\$0.00</b>      |                              | <b>\$0.00</b>      |                           |
| <b>Sub-total</b>                                   | <b>\$3,300.00</b>           | <b>\$2,973.00</b>  | N/A                          | <b>\$2,973.00</b>  | N/A                       |
| <b>Total for all systems</b>                       | <b>\$290,338.00</b>         | <b>\$98,124.00</b> | N/A                          | <b>\$18,753.05</b> | N/A                       |

**Components**

| Actual Information                                 |  |
|--|--|
| Description  | File Name  |
| Flexible Foam Transmission Line - dielectric, 7/8" | <p><b>Component Description:</b> This is to move get the new transmission line ordered. This is all that's due for now.</p> <p><b>Amount:</b> \$2,973.00</p> |

**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 LTOWER</b>  | <b>\$84,200.00</b>          | <b>\$17,095.00</b> |   | <b>\$0.00</b>      |                           |
| Short Tower (less than 500') | \$84,200.00                 | \$17,095.00        | ADO Repack Quote -- Install temp. trans line. Move existing antenna. Install new antenna. Remove temp equipment. This price is the remainder on the KADO Repack Quote after transmission line and line sweep have been removed. | N/A                | N/A                       |
| <b>Sub-total</b>             | <b>\$84,200.00</b>          | <b>\$17,095.00</b> | N/A   | <b>\$0.00</b>      | N/A                       |
| <b>Total for all systems</b> | <b>\$290,338.00</b>         | <b>\$98,124.00</b> | N/A   | <b>\$18,753.05</b> | N/A                       |

**Components**

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 |
|--|-----------------------------|--------------------|------------------------------|-------------------|---------------------------|
| <b>Outside Professional Services</b>   | <b>\$28,530.00</b>          | <b>\$23,750.00</b> |                              | <b>\$3,068.05</b> |                           |
| Project Managemnet   | <i>\$2,500.00</i>           | \$2,500.00         | N/A                          | N/A               | N/A                       |
| Attorney Fees - Prepare and File request for Special Temporary Authorization           | \$3,680.00                  | \$2,000.00         | N/A                          | N/A               | N/A                       |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application    | \$2,365.00                  | \$2,250.00         | N/A                          | N/A               | N/A                       |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00                  | \$4,000.00         | N/A                          | N/A               | N/A                       |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application      | \$1,580.00                  | \$1,500.00         | N/A                          | N/A               | N/A                       |

|  |              |             |     |             |     |
|--|--------------|-------------|-----|-------------|-----|
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00   | \$3,000.00  | N/A | \$1,500.00  | N/A |
| Perform engineering study for new channel assignment and antenna development         | \$7,360.00   | \$7,000.00  | N/A | \$971.25    | N/A |
| Prepare and or review reimbursement form   | \$2,630.00   | \$1,500.00  | N/A | \$596.80    | N/A |
| <b>Sub-total</b>   | \$28,530.00  | \$23,750.00 | N/A | \$3,068.05  | N/A |
| <b>Total for all systems</b>   | \$290,338.00 | \$98,124.00 | N/A | \$18,753.05 | N/A |

## Components

| Actual Information   |                           |
|--|---------------------------|
| Description  | File Name                 |
| Project Managemnet   | Information not provided. |
| Attorney Fees - Prepare and File request for Special Temporary Authorization           | Information not provided. |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application     | Information not provided. |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Information not provided. |



|   |   |   |
|---|---|---|
| <p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>    | <p>Information not provided.</p>  |   |
| <p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p> | <p><b>Component Description:</b><br/><b>Amount:</b></p>   | <p>CP permit prep.<br/>\$1,500.00</p>   |
| <p>Perform engineering study for new channel assignment and antenna development</p>         | <p><b>Component Description:</b><br/><br/><b>Amount:</b><br/><br/><b>Component Description:</b><br/><br/><b>Amount:</b></p> | <p>Run FCC TVstudy software for KADO. Communicate with KADO management about process for filing.<br/>\$601.25<br/><br/>Review FCC transition letter for KADO, communicate with KADO about repack, timing, filing 399 and next steps.<br/>\$370.00</p> |

Prepare and or review  
reimbursement form

**Component Description:** communicate with attorney, engineer, and KADO management on 399 filing and info  
**Amount:** \$64.80

**Component Description:** Invoice prep for filings.  
**Amount:** \$185.00

**Component Description:** 399 review  
**Amount:** \$185.00

**Component Description:** Correspondence on 399 form prep and filing.  
**Amount:** \$162.00

**Cost Information**

**Other Expenses**

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

| Description   | Predetermined Cost Estimate | Estimated Cost     | Estimated Cost Justification   | Actual Cost        | Actual Cost Justification |
|---|-----------------------------|--------------------|--|--------------------|---------------------------|
| <b>Other Expenses</b>                                   | <b>\$42,630.00</b>          | <b>\$34,602.00</b> |  | <b>\$3,522.00</b>  |                           |
| DTV Medical Facility Notification                       | \$11,550.00                 | \$3,522.00         | N/A  | \$3,522.00         | N/A                       |
| Develop and air announcement of upcoming channel change | <i>\$1,000.00</i>           | \$1,000.00         | N/A  | N/A                | N/A                       |
| Tower Fees  | <i>\$30,080.00</i>          | \$30,080.00        | This is ESTIMATED services/ fess provided by the tower owner, American Tower, for structural analysis, technical drawings, some project management, and miscellaneous fees/ services for adding, and removing broadcast equipment at tower site. | N/A                | N/A                       |
| <b>Sub-total</b>  | <b>\$42,630.00</b>          | <b>\$34,602.00</b> | N/A  | <b>\$3,522.00</b>  | N/A                       |
| <b>Total for all systems</b>                            | <b>\$290,338.00</b>         | <b>\$98,124.00</b> | N/A  | <b>\$18,753.05</b> | N/A                       |

## Components

| Actual Information<br>Description                             | File Name   |
|---|---|
| DTV Medical Facility<br>Notification                          | <p data-bbox="724 376 1380 645"><b>Component Description:</b> 100% due when order for work is placed. Will place the order now and it will be scheduled for Jan 2019.</p> <p data-bbox="724 656 1289 689"><b>Amount:</b> \$3,522.00</p> |
| Develop and air<br>announcement of upcoming<br>channel change | Information not provided.   |
| Tower Fees  | Information not provided.   |

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

|                              | <b>Predetermined Cost Estimate</b> | <b>Estimated Cost</b> | <b>Actual Cost</b> |
|------------------------------|------------------------------------|-----------------------|--------------------|
| <b>Total for all systems</b> | \$290,338.00                       | \$98,124.00           | \$18,753.05        |

**Reimbursement Status**

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

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

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

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Chad  
Giddens**  
*Media  
Manager*

01/15/2018



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

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

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Chad  
Giddens**  
*Media  
Manager*

01/15/2018

## Attachments