



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **51102** | Service: **DTV** | Call **KOZK** | Channel: **16 (UHF)** |  
ID: | Sign:  
File **0000027902**  
Number:  
FRN: **0002487056** | Date **05/16**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>BOARD OF GOVERNORS OF MISSOURI STATE UNIVERSITY</b> Doing Business As: <b>BOARD OF GOVERNORS OF MISSOURI STATE UNIVERSITY</b>	Tammy Wiley 901 S. NATIONAL AVE. SPRINGFIELD, MO 65897 United States	+1 (417) 836- 5878	TAMMYWILEY@MISSOURISTATE.EDU	Government Entity

## 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>Matthew Anderson Sanderford , Jr. .</b> <i>President</i> <i>Marsand, Inc. 211 Pack Saddle Trail Weatherford, TX 76088</i>	Matthew Sanderford 211 Pack Saddle Trail Weatherford, TX 76088 United States	+1 (817) 783-5566	engineering@marsand.com
------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------	-------------------	-------------------------

---

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	See attached narrative transition plan.

---

**Transmitters**

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

---

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DHD20P1
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5.5 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THU9-4
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6.5 kW
	Justification for New Transmitter	Existing transmitter is not supported by manufacturer for retune.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A

<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

**Interim  
Antenna****New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	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?	No
New Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	2
	Number of Panels/Bays	16
	Lower Limit	500.00 MHz
	Upper Limit	626.00 MHz
	Design power capacity in use	60.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	85.0 kW

Manufacturer	
Model	RD-16RFS (OM) -500626-SL
Year	2017
Justification for New Antenna	Interim antenna used as contingency plan only in the event extensive tower modification and main transmission line replacement can not be completed by November 2018.

## Interim Antenna

### Other Antenna Costs

Section	Question	Response
<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 an 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

**Interim  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.



**Transmission Line**

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

**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	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Other
	Other Segment Length	18.4 feet
	Number of parallel runs	1
	Length	1942 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	2100 feet per run
	Justification for New Transmission Line	Existing transmission line stick length does not support CH16. Broadband length will accommodate both Ch 23 and Ch 16.

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

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 Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	1100 feet per run
	Justification for New Transmission Line	Interim transmission line used as contingency plan only in the event extensive tower modification and main transmission line replacement can not be completed by November 2018.

**Interim**  
**Transmission Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
<b>Interim Line and Antenna Installation</b>	Cost to install interim line and antenna

**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	Owned
	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?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1007736
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	37° 10' 11.0" N-
	Longitude (NAD83)	092° 56' 31.0" W-
	Overall Structure Height	1959.62 feet
	Support Structure Height	1893.35 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1564.94 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Board of Governors of Missouri State University
	Date Constructed	08/01/2003

### Primary Tower

#### Tower Modification Costs

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

### Primary Tower

#### Tower Rigging Costs

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

### Primary Tower

#### Other Tower Expenses Not Listed

Name	Description
Transmission Line Change Out	Cost to replace transmission line.

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	The station has multiple transmitter sites (2 TV) and operates with minimal staff. It does not have personnel available for any of these tasks, nor is the staff trained to provide any of these services.
<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	Yes
	Quantity	1

	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	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
Site Survey	Site visit to determine final equipment needs and installation planning

## 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)?	Yes
	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?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
site check	Site check to determine constraints and installation of transmitter requirements
Required bid advertising	Advertising costs are incurred as state statutes require projects/equipment with a value of \$100,000 or greater be advertised to reach potential bidders.

Cost  
Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter THU9-4	\$273,500.00	\$260,000.00		\$0.00	
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$260,000.00	Final quote not received. Maximum estimate used in its place.	\$0.00	N/A
Sub-total	\$273,500.00	\$260,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,500,980.00	\$3,390,670.00	N/A	\$103,647.04	N/A

Components

Actual Information	
Description	File Name
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	<div>Component Description:Portion of bill for state-required transmitter advertising for KOZK.</div> <div>Amount:\$236.25</div>

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
Interim Antenna RD-16RFS (OM) -500626-SL	\$56,730.00	\$56,400.00		\$0.00	
UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 85 kW input, horizontally polarized	<i>\$50,000.00</i>	\$50,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$56,730.00	\$56,400.00	N/A	\$0.00	N/A
Total for all systems	\$2,500,980.00	\$3,390,670.00	N/A	\$103,647.04	N/A

Components

Information not provided.

Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$164,900.00	\$161,600.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$64,900.00	\$61,600.00	N/A	N/A	N/A
Interim Line and Antenna Installation	<i>\$100,000.00</i>	\$100,000.00	N/A	N/A	N/A
Primary Transmission Line	\$487,200.00	\$464,100.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8" broadband	\$487,200.00	\$464,100.00	N/A	N/A	N/A
Sub-total	\$652,100.00	\$625,700.00	N/A	\$0.00	N/A
Total for all systems	\$2,500,980.00	\$3,390,670.00	N/A	\$103,647.04	N/A

Components

Information not provided.

Cost  
Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	\$1,387,420.00	\$2,321,320.00		\$84,770.00	
Serious tower reinforcement /modifications	\$1,052,000.00	\$2,200,000.00	See station transition plan	\$76,530.00	N/A
Transmission Line Change Out	\$112,320.00	\$112,320.00	Cost assumes tower has been rigged as part of tower modifications.	\$0.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$9,000.00	N/A	\$8,240.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	Tower Rigging cost is include in tower modification cost.	N/A	N/A
Sub-total	\$1,387,420.00	\$2,321,320.00	N/A	\$84,770.00	N/A
Total for all systems	\$2,500,980.00	\$3,390,670.00	N/A	\$103,647.04	N/A

Components

Actual Information	
Description	File Name

Serious tower reinforcement /modifications	<b>Component Description:</b>  <b>Amount:</b>	Services related to structural tower modifications \$56,122.00
	<b>Component Description:</b>  <b>Amount:</b>	Services related to structural tower modifications \$5,102.00
	<b>Component Description:</b>  <b>Amount:</b>	Down Payment for TCI services needed for tower modifications. \$15,306.00
	<b>Component Description:</b>  <b>Amount:</b>	Portion of bill for state-required advertising for tower modification bids. \$534.90
Transmission Line Change Out	Information not provided.	
Structural engineering tower load study for well documented tower	<b>Component Description:</b>  <b>Amount:</b>	Tower Analysis \$8,240.00
Tall Tower (greater than 500')	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>\$69,680.00</b>	<b>\$66,250.00</b>		<b>\$15,655.03</b>	
Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$5,361.25	N/A
Site Survey	<i>\$10,000.00</i>	\$10,000.00	N/A	\$0.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$0.00	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	\$5,000.00	N/A	\$678.00	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	\$0.00	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	\$2,250.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$6,161.28	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,204.50	N/A
<b>Sub-total</b>	\$69,680.00	\$66,250.00	N/A	\$15,655.03	N/A
<b>Total for all systems</b>	\$2,500,980.00	\$3,390,670.00	N/A	\$103,647.04	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<div> <div>Component Description:</div> <div>Legal fees related to Project Management</div> <div>Amount:</div> <div>\$237.50</div> </div>

<b>Component Description:</b>	Project Management (legal services) for KOZK
<b>Amount:</b>	\$48.50

<b>Component Description:</b>	Legal Project Management Fees
<b>Amount:</b>	\$361.50

<b>Component Description:</b>	Legal fees for Project Management
<b>Amount:</b>	\$97.00

<b>Component Description:</b>	Legal Project Management Fees
<b>Amount:</b>	\$194.00

<b>Component Description:</b>	Legal Fees related to Project Management for KOZK.
<b>Amount:</b>	\$24.25

<b>Component Description:</b>	Portion of the bill for Project Management
<b>Amount:</b>	\$2,500.00

<b>Component Description:</b>	Legal Fees for Project Management
<b>Amount:</b>	\$1,073.50

<b>Component Description:</b>	Legal Project Management Fees
<b>Amount:</b>	\$631.00

	<p><b>Component Description:</b> Legal Fees for Project Management</p> <p><b>Amount:</b> \$194.00</p>
Site Survey	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	<p><b>Component Description:</b> Legal Fees related to Construction Permit</p> <p><b>Amount:</b> \$450.00</p>
	<p><b>Component Description:</b> Legal Fees related to Construction Permit</p> <p><b>Amount:</b> \$228.00</p>
Prepare request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Prepare Engineering for CP</p> <p><b>Amount:</b> \$2,250.00</p>

Perform engineering study for new channel assignment and antenna development	<table> <tr> <td data-bbox="713 174 1023 210"><b>Component Description:</b></td><td data-bbox="1157 174 1366 248">Portion of bill for engineering study</td></tr> <tr> <td data-bbox="713 255 826 291"><b>Amount:</b></td><td data-bbox="1157 255 1276 291">\$4,500.00</td></tr> <tr> <td data-bbox="713 394 1023 430"><b>Component Description:</b></td><td data-bbox="1157 394 1342 629">Engineering Services for channel assignment and antenna development</td></tr> <tr> <td data-bbox="713 636 826 672"><b>Amount:</b></td><td data-bbox="1157 636 1276 672">\$1,661.28</td></tr> </table>	<b>Component Description:</b>	Portion of bill for engineering study	<b>Amount:</b>	\$4,500.00	<b>Component Description:</b>	Engineering Services for channel assignment and antenna development	<b>Amount:</b>	\$1,661.28
<b>Component Description:</b>	Portion of bill for engineering study								
<b>Amount:</b>	\$4,500.00								
<b>Component Description:</b>	Engineering Services for channel assignment and antenna development								
<b>Amount:</b>	\$1,661.28								
Prepare and or review reimbursement form	<table> <tr> <td data-bbox="713 808 1023 844"><b>Component Description:</b></td><td data-bbox="1157 808 1374 958">Legal Fees related to preparation /review of Form 399.</td></tr> <tr> <td data-bbox="713 965 826 1001"><b>Amount:</b></td><td data-bbox="1157 965 1254 1001">\$588.50</td></tr> <tr> <td data-bbox="713 1104 1023 1140"><b>Component Description:</b></td><td data-bbox="1157 1104 1374 1218">Legal Fees- preparation/review of Form 399</td></tr> <tr> <td data-bbox="713 1225 826 1261"><b>Amount:</b></td><td data-bbox="1157 1225 1254 1261">\$616.00</td></tr> </table>	<b>Component Description:</b>	Legal Fees related to preparation /review of Form 399.	<b>Amount:</b>	\$588.50	<b>Component Description:</b>	Legal Fees- preparation/review of Form 399	<b>Amount:</b>	\$616.00
<b>Component Description:</b>	Legal Fees related to preparation /review of Form 399.								
<b>Amount:</b>	\$588.50								
<b>Component Description:</b>	Legal Fees- preparation/review of Form 399								
<b>Amount:</b>	\$616.00								

## 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>\$61,550.00</b>	<b>\$61,000.00</b>		<b>\$3,222.01</b>	
Required bid advertising	<i>\$4,000.00</i>	\$4,000.00	State of Missouri statutes require advertising for projects /equipment with a value of \$100,000 or greater.	\$3,222.01	N/A
site check	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$11,000.00</i>	\$11,000.00	Send notification to cable companies, MVPD locations, follow up on signal reception after repack switch.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$5,000.00</i>	\$5,000.00	Spot creation, talent, production.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	\$20,000.00	\$20,000.00	Remove existing Sigma Diamond CD transmitter to make room for new transmitter, including Glycol draining and disposal.	N/A	N/A
<b>Sub-total</b>	\$61,550.00	\$61,000.00	N/A	\$3,222.01	N/A
<b>Total for all systems</b>	\$2,500,980.00	\$3,390,670.00	N/A	\$103,647.04	N/A

## Components

Actual Information	
Description	File Name
Required bid advertising	<div> <div>Component Description:</div> <div>KOZK portion of required ads for bid process for transmitter purchases</div> </div> <div> <div>Amount:</div> <div>\$165.02</div> </div> <div> <div>Component Description:</div> <div>KOZK portion of required ads for bid process for transmitter purchases</div> </div> <div> <div>Amount:</div> <div>\$165.02</div> </div>

<b>Component Description:</b>	KOZK portion of required ads for bid process for transmitter purchases
<b>Amount:</b>	\$165.02

<b>Component Description:</b>	Required ads related to bids for tower modifications
<b>Amount:</b>	\$165.02

<b>Component Description:</b>	Required ads related to bids for tower modifications.
<b>Amount:</b>	\$29.00

<b>Component Description:</b>	KOZK portion of required ads for bid process for transmitter purchases
<b>Amount:</b>	\$587.64

<b>Component Description:</b>	Required ads related to bids for tower modifications
<b>Amount:</b>	\$980.12

<b>Component Description:</b>	Required ads related to bids for tower modifications.
<b>Amount:</b>	\$165.02



	<b>Component Description:</b>  <b>Amount:</b>	KOZK portion of required ads for bid process for transmitter purchases \$14.50
	<b>Component Description:</b>  <b>Amount:</b>	KOZK portion of required ads for bid process for transmitter purchases \$14.50
	<b>Component Description:</b>  <b>Amount:</b>	Portion of bill for state required bid advertising for KOZK transmitter (\$236.25) and KOZK tower modification (\$534.90). \$771.15
site check	Information not provided.	
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
DTV Medical Facility Notification	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	

<b>Cost Information</b>	<b>Grand Total</b>			
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
	<b>Total for all systems</b>	\$2,500,980.00	\$3,390,670.00	\$103,647.04

<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>James Baker , Dr. .</b>  <i>VP,  Missouri  State  University</i></p> <p>05/16/2018</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<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.

<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>James Baker , Dr. .</b>  <i>VP,  Missouri  State  University</i></p> <p>05/16/2018</p>

## Attachments