



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **51101** | Service: **DTV** | Call **KOZJ** | Channel: **35 (UHF)** |  
ID: | Sign:  
File **0000027873**  
Number:  
FRN: **0002487056** | Date **06/19**  
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
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<b>Matthew Anderson Sanderford , Jr. .</b>	Matthew Sanderford	+1 (817) 783-5566	engineering@marsand.com
<i>President</i>	211 Pack		
<i>Marsand, Inc. 211 Pack Saddle Trail Weatherford, TX 76088-8646</i>	Saddle Trail Weatherford, TX 76088		
	United States		

**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	See attached station 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	THU9-8EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	13 kW
	Justification for New Transmitter	Existing transmitter manufacturer will not support retuning to new channel and current transmitter does not have sufficient output power.

**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?	Yes
	Type	Heating and Cooling
	Size	5 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	Yes
	Size	0.0 square feet
<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
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	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	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)	55.0 kW

Manufacturer	
Model	B16UOM
Year	1984

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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?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	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	59.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	68.0 kW
	Manufacturer	

Model	RD-16RFS (OM) -500626-SL
Year	2017
Justification for New Antenna	Existing CH25 antenna will not support CH35. Broadband replacement allows reuse of existing aperture and main transmission line run with no structural modification.

**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?	Broadband
	Feed Line Size	3 1/8 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?	Yes
<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?	No

**Tower Equipment And Rigging Costs**

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

**Primary Tower****Add Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	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	1012933
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	37° 04' 34.9" N-
	Longitude (NAD83)	094° 32' 16.4" W-
	Overall Structure Height	981.94 feet
	Support Structure Height	980.96 feet

Ground Elevation Above Mean Sea Level (AMSL)	1042.97 feet
Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
Date Constructed	01/01/1965

**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
18283	KODE-TV	DTV

## Primary Tower

### Tower Modification Costs

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

## Primary Tower

### Tower Rigging Costs

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Structural Engineering Tower Load Study</b>	Tower owner required Rigorous Structural analysis
<b>Tower Permit Drawing Package</b>	Tower owner required generation of a construction drawing package
<b>Antenna Change Out</b>	Cost for removing old antenna and install new antenna
<b>Ground and Building AE Permit Drawing Package</b>	Tower owner required generation of a construction drawing package

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	100
	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	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	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	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
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Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Site Survey	Site visit for specifying the final equipment needs and installation planning.
Tower Owner Project Managment	Tower owner required project management.

## 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
Required bid advertising	State of Missouri statutes require advertising for projects/equipment with a value of \$100,000 or greater.

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 THU9-8EVO	\$528,436.00	\$503,936.00		\$0.00	
Other -- Building Addition Size: 0.0	<i>\$9,975.00</i>	\$9,975.00	Access Door required to allow personnel access between the transmitter room and the new transmitter heat exchanger located outside.	N/A	N/A

Other -- HVAC Service Type: H Size:5 (Other)	\$23,961.00	\$23,961.00	Current HVAC requires too much space to locate new transmitter' s outdoor heat exchanger. This space is limited. HVAC to be replaced with smaller outdoor unit to allow sufficient area for transmitter exchanger.	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$470,000.00	Final quote not received. Maximum estimate used in its place.	\$0.00	N/A
<b>Sub-total</b>	\$528,436.00	\$503,936.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,082,306.00	\$1,271,600.00	N/A	\$167,983.72	N/A

## 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 RD-16RFS (OM) -500626-SL</b>	<b>\$71,330.00</b>	<b>\$67,400.00</b>		<b>\$0.00</b>	
UHF - High Power, Side Mount, basic slot antenna, 16 bay,, 68 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
Elbow complex, broadband, at antenna input, per 3 1/8. feedline (if needed)	\$9,340.00	\$6,000.00	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	\$5,000.00	N/A	N/A	N/A

<b>Sub-total</b>	\$71,330.00	\$67,400.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,082,306.00	\$1,271,600.00	N/A	\$167,983.72	N/A

## Components

Information not provided.

**Cost Information**      **Transmission Line**  
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	\$1,393,650.00	\$593,034.00		\$148,949.75	
GROWER					
Serious tower reinforcement /modifications	\$1,052,000.00	\$471,839.00	The original cost estimate has increased because KODE (the other tower tenant) has decided to vacate the site. Thus, the tower owner will now bill KOZJ for 100% of the modification costs which has been provided based on the structural analysis.	\$122,154.75	N/A



Structural Engineering Tower Load Study	<b>\$10,450.00</b>	\$10,450.00	Cost to KOZJ increased due to the fact that the other tenant on the tower (KODE) decided it will vacate to another tower site.	\$10,450.00	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$16,345.00	Cost to KOZJ increased due to the fact the other tenant on the tower KODE decided it will vacate to another tower site.	\$16,345.00	N/A
Antenna Change Out	<b>\$85,000.00</b>	\$85,000.00	Quote attached from PCI	N/A	N/A
Tower Permit Drawing Package	<b>\$4,700.00</b>	\$4,700.00	Cost estimate provided by tower owner.	N/A	N/A
Ground and Building AE Permit Drawing Package	<b>\$4,700.00</b>	\$4,700.00	Cost estimate provided by tower owner.	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	Tower Rigging cost is include in the tower owner's estimate reinforcement / modifications.	N/A	N/A
<b>Sub-total</b>	\$1,393,650.00	\$593,034.00	N/A	\$148,949.75	N/A

<b>Total for all systems</b>	\$2,082,306.00	\$1,271,600.00	N/A	\$167,983.72	N/A
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## Components

Actual Information		
Description	File Name	
Serious tower reinforcement /modifications	<b>Component Description:</b>  <b>Amount:</b>	First Payment for construction /modification costs \$122,154.75
Structural Engineering Tower Load Study	<b>Component Description:</b>  <b>Amount:</b>	Charges for structural engineering tower load study \$10,450.00
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<b>Component Description:</b>  <b>Amount:</b>	Charges for required tower mapping \$16,345.00
Antenna Change Out	Information not provided.	
Tower Permit Drawing Package	Information not provided.	
Ground and Building AE Permit Drawing Package	Information not provided.	
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>\$61,840.00</b>	<b>\$80,730.00</b>		<b>\$17,686.02</b>	
Project management of the transition	\$15,800.00	\$15,000.00	N/A	\$3,823.75	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$25,000.00	After consultation with legal counsel, the station is estimating lease negotiation costs of \$25,000 for amending the current site lease with ATC and for negotiating a Master Agreement with ATC relating to the overall tower changes necessary for the station's repack.	\$3,531.50	N/A
Tower Owner Project Managment	<i>\$9,480.00</i>	\$9,480.00	Cost provided by tower owner	N/A	N/A

Site Survey	<b>\$10,000.00</b>	\$10,000.00	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	\$5,000.00	N/A	\$580.00	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	\$6,161.27	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,339.50	N/A
<b>Sub-total</b>	<b>\$61,840.00</b>	<b>\$80,730.00</b>	<b>N/A</b>	<b>\$17,686.02</b>	<b>N/A</b>

<b>Total for all systems</b>	\$2,082,306.00	\$1,271,600.00	N/A	\$167,983.72	N/A
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### Components

Actual Information		
Description	File Name	
Project management of the transition	<b>Component Description:</b>	Project management services.
	<b>Amount:</b>	\$145.50
	<b>Component Description:</b>	Portion of the bill for KOZJ Project Management
	<b>Amount:</b>	\$24.25
	<b>Component Description:</b>	Portion of the bill for KOZJ Project Management
	<b>Amount:</b>	\$54.00
	<b>Component Description:</b>	Project Management Services.
	<b>Amount:</b>	\$523.00
	<b>Component Description:</b>	Portion of bill for project management.
	<b>Amount:</b>	\$48.50
	<b>Component Description:</b>	Portion of bill for Project Management-KOZJ
	<b>Amount:</b>	\$237.50

<b>Component Description:</b>	Portion of bill for KOZJ Project Management
<b>Amount:</b>	\$97.00

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

<b>Component Description:</b>	Portion of bill for Preliminary Project Management. Invoice updated per FCC inquiries.
<b>Amount:</b>	\$2,500.00

Attorney Fees - Negotiation of lease and other matters for shared locations	<b>Component Description:</b> <b>Amount:</b>	Review of shared site issues. \$291.00
	<b>Component Description:</b> <b>Amount:</b>	Review of shared site issues. \$436.50
	<b>Component Description:</b> <b>Amount:</b>	Portion of bill for review of shared site issues. \$1,455.00
	<b>Component Description:</b> <b>Amount:</b>	Review of shared site issues \$242.50
	<b>Component Description:</b> <b>Amount:</b>	Review of Tower Master Services Agreement \$864.00
	<b>Component Description:</b> <b>Amount:</b>	Review of Tower Master Services Agreement \$242.50
Tower Owner Project Managment	Information not provided.	
Site Survey	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></p> <p><b>Amount:</b></p>	<p>Legal Fees for Construction Permit application</p> <p>\$580.00</p>
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></p> <p><b>Amount:</b></p>	<p>Portion of bill for engineering section of CP application. Invoice updated per FCC inquiry.</p> <p>\$2,250.00</p>
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b></p> <p><b>Amount:</b></p> <p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Portion of bill for Engineering Study. Invoice date entry corrected per FCC inquiry.</p> <p>\$4,500.00</p> <p>Engineering Services for channel assignment and antenna development . Requested amount updated per FCC inquiries.</p> <p>\$1,661.27</p>



<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="694 87 1093 392"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1093 87 1428 392"> <p>Prepare or review reimbursement form.</p> <p>\$97.00</p> </td></tr> <tr> <td data-bbox="694 392 1093 705"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1093 392 1428 705"> <p>Prepare or review reimbursement form.</p> <p>\$654.00</p> </td></tr> <tr> <td data-bbox="694 705 1093 1064"> <p><b>Component Description:</b></p> <p><b>Amount:</b></p> </td><td data-bbox="1093 705 1428 1064"> <p>Prepare or review reimbursement form. Invoice attachment provides additional support per FCC inquiry.</p> <p>\$588.50</p> </td></tr> </table>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Prepare or review reimbursement form.</p> <p>\$97.00</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Prepare or review reimbursement form.</p> <p>\$654.00</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Prepare or review reimbursement form. Invoice attachment provides additional support per FCC inquiry.</p> <p>\$588.50</p>
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Prepare or review reimbursement form.</p> <p>\$97.00</p>						
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Prepare or review reimbursement form.</p> <p>\$654.00</p>						
<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Prepare or review reimbursement form. Invoice attachment provides additional support per FCC inquiry.</p> <p>\$588.50</p>						

## Cost Information

### Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Other Expenses</b>	<b>\$27,050.00</b>	<b>\$26,500.00</b>		<b>\$1,347.95</b>	
Required bid advertising	<i>\$1,500.00</i>	\$1,500.00	State of Missouri statutes require advertising for projects /equipment with a value of \$100,000 or greater.	\$1,347.95	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)	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	Spot creation, talent, production.	N/A	N/A

MVPD Notification of Channel Change	<b>\$11,000.00</b>	\$11,000.00	Send notification to cable companies, MVPD locations, follow up on signal reception after repack switch.	N/A	N/A
<b>Sub-total</b>	\$27,050.00	\$26,500.00	N/A	\$1,347.95	N/A
<b>Total for all systems</b>	\$2,082,306.00	\$1,271,600.00	N/A	\$167,983.72	N/A

## Components

Actual Information	
Description	File Name
Required bid advertising	
	<b>Component Description:</b> KOZJ portion of ads for bid process for transmitter purchases.
	<b>Amount:</b> \$14.50
	<b>Component Description:</b> KOZJ portion of ads for bid process for transmitter purchases.
	<b>Amount:</b> \$14.50
	<b>Component Description:</b> KOZJ portion of ads for bid process for transmitter purchases.
	<b>Amount:</b> \$236.25

	<b>Component Description:</b>  <b>Amount:</b>	KOZJ portion of ads for bid process for transmitter purchases. \$587.64
	<b>Component Description:</b>  <b>Amount:</b>	KOZJ portion of ads for bid process for transmitter purchases. \$165.02
	<b>Component Description:</b>  <b>Amount:</b>	KOZJ portion of ads for bid process for transmitter purchases. \$165.02
	<b>Component Description:</b>  <b>Amount:</b>	KOZJ portion of ads for bid process for transmitter purchases. \$165.02
DTV Medical Facility Notification	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
MVPD Notification of Channel Change	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>	\$2,082,306.00	\$1,271,600.00
			\$167,983.72

<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>06/19/2018</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>James Baker , Dr. .</b>  <i>VP,  Missouri  State  University</i></p> <p>06/19/2018</p>

## Attachments