



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **38584** | Service: **DTV** | Call **KMCT-TV** | Channel: **22 (UHF)**  
ID: | Sign:  
File **0000026258**  
Number:  
FRN: **0028580298** | Date **12/18**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>First Assembly of God of West Monroe</b>	Tom Fawbush 102 Blanchard St West Monroe, LA 71291 United States	+1 (318) 599-1274	kalbritton@thevoicenetwork.tv	Not-for-Profit
Doing Business As: The Voice Network				

## 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>Joseph C Chautin III</b> <i>Hardy, Carey, Chautin &amp; Balkin, LLP</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.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	KMCT will be moving from frequency 38 to 22. We have contracted with an engineering firm and installation engineers to make this move. The installation engineer will handle all equipment installs along with the tower work needed.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	SBTXUREA1500
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.5 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	TMU9
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3.0 kW
	Justification for New Transmitter	Current transmitter cannot be returned to repack channel. Changes on this transmitter represent the minimal possible adjustment to accommodate the new channel and reach the previous market.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	Yes
	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**

**Add Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this antenna currently shared with any other stations?	No
	Is this antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	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) .....	20.0 kW

Manufacturer	
Model	PSILP12OI
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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	25.0 kW
	Manufacturer	
Model	PSILP120I	

Year	2018
Justification for New Antenna	Existing antenna is cut for current channel and cannot be returned.

**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?	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	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	400 feet per run

**Primary  
Transmission  
Line**      **New 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?	Yes
	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	400 feet per run
	Justification for New Transmission Line	Both systems will set up side by side during testing and transition. Minimize down time for channel move

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

Information not provided.

**Tower Equipment And Rigging Costs**

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

**Primary Tower**

**Existing Tower**

Section	Question	Response
<b>Existing Tower Description</b>	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?	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?	Unknown
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1296986
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	32° 30' 21.2" N-
	Longitude (NAD83)	092° 08' 55.6" W-
	Overall Structure Height	344.81 feet
	Support Structure Height	339.89 feet
	Ground Elevation Above Mean Sea Level (AMSL)	68.90 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Branch Towers, LLC
Date Constructed	10/05/2015

**Primary  
Tower**

**Tower Modification Costs**

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

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<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**

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?	Yes
	Number of Hours	200
	Explanation	General project management including, Pattern analysis, antenna spec, transmitter spec, installation, supervision
<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**  
Information not provided.

**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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?	Yes
	Does this relocation require Equipment Storage?	Yes
	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
<b>Station Coordination</b>	American Tower invoice for capital contribution for coordination with other stations

**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 TMU9</b>	<b>\$276,910.85</b>	<b>\$285,342.70</b>		<b>\$155,488.66</b>	
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$21,040.00	Invoice 1928 from RLH ELECTRIC, LLC	\$18,977.81	N/A
UHF - Air Cooled Solid State Transmitter 3.0 kW	<i>\$136,510.85</i>	\$136,510.85	Please see attached quote 1809R from SJRamer Associates as well as Air Service Professionals invoice I6470.	\$61,495.45	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$127,791.85	***System Notice: Estimate adjusted and locked because line has been superseded. ***Estimate 1820 from Ultramet Wireless LLC DBA Kentuckiana Broadcast Technical Services.	\$75,015.40	11/29 Do not upload invoices to this transmitter, please use UHF - Air Cooled Solid State Transmitter 3.0 kW
<b>Sub-total</b>	<b>\$276,910.85</b>	<b>\$285,342.70</b>	N/A	<b>\$155,488.66</b>	N/A

<b>Total for all systems</b>	\$487,470.85	\$560,184.78	N/A	\$285,663.55	N/A
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### Components

Actual Information	
Description	File Name
Service entrance 3 phase /800 amp/208 volt	<b>Component Description:</b> Install 3ph primary pole w/3 pot 25 bv to serve customer 120-208 <b>Amount:</b> \$11,637.81
	<b>Component Description:</b> Labor and materials to add a 3 phase 208 volt service to the transmitter building and hook up new 3 phase transmitter <b>Amount:</b> \$7,340.00
	<b>Component Description:</b> Installed 2-2.5 ton Mitsubishi mini splits for the television control transmitter station. <b>Amount:</b> \$8,719.00
	<b>Component Description:</b> Mobilization, Engineering Services, Parts <b>Amount:</b> \$9,436.64
UHF - Air Cooled Solid State Transmitter 3.0 kW	<b>Component Description:</b> Transmitter <b>Amount:</b> \$43,339.81

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UHF - Air Cooled Solid  
State Transmitter 1 - 2.5 kW

**Component Description:** Please reject this  
invoice  
**Amount:** N/A

**Component Description:** Louisiana State  
Sales Taxes  
**Amount:** \$10,005.69

**Component Description:** Downpayment for  
transmitter package  
**Amount:** \$65,009.71

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**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 PSILP120I</b>	<b>\$21,730.00</b>	<b>\$21,400.00</b>		<b>\$14,035.88</b>	
UHF - High Power, Side Mount, basic slot antenna, 25 kW input, directional,, horizontally polarized	<i>\$15,000.00</i>	\$15,000.00	This is for an equivalent replacement of the Channel 38 antenna for Channel 22. This is not an equipment upgrade.	\$8,035.88	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$6,000.00	N/A
<b>Sub-total</b>	<b>\$21,730.00</b>	<b>\$21,400.00</b>	N/A	<b>\$14,035.88</b>	N/A
<b>Total for all systems</b>	<b>\$487,470.85</b>	<b>\$560,184.78</b>	N/A	<b>\$285,663.55</b>	N/A

**Components**

Actual Information Description	File Name
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<p>UHF - High Power, Side Mount, basic slot antenna, 25 kW input, directional,, horizontally polarized</p>	<p><b>Component Description:</b> Primary Antenna - UHF Side Mount Directional H-POL</p> <p><b>Amount:</b> \$4,017.94</p> <p><b>Component Description:</b> Primary Antenna - UHF Side Mount Directional H-POL</p> <p><b>Amount:</b> \$4,017.94</p>
<p>Sweep test of existing antenna</p>	<p><b>Component Description:</b> Primary Antenna - Sweep Test</p> <p><b>Amount:</b> \$6,000.00</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>Primary Transmission Line</b>	<b>\$9,600.00</b>	<b>\$9,200.00</b>		<b>\$4,686.28</b>	
Flexible Foam Transmission Line - dielectric, 1 5/8"	\$9,600.00	\$9,200.00	N/A	\$4,686.28	N/A
<b>Sub-total</b>	<b>\$9,600.00</b>	<b>\$9,200.00</b>	<b>N/A</b>	<b>\$4,686.28</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$487,470.85</b>	<b>\$560,184.78</b>	<b>N/A</b>	<b>\$285,663.55</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Flexible Foam Transmission Line - dielectric, 1 5/8"	<b>Component Description:</b> Flex Hanger Snap IN 1 5/8 Foam SSH-158
	<b>Amount:</b> \$372.00
	<b>Component Description:</b> New Transmission Line
	<b>Amount:</b> \$2,157.14
	<b>Component Description:</b> New Transmission Line
	<b>Amount:</b> \$2,157.14

**Cost Information**

**Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower GTOWER</b>	<b>\$96,800.00</b>	<b>\$81,617.08</b>		<b>\$71,617.08</b>	
Structural engineering tower load study for well documented tower	\$12,600.00	\$12,000.00	N/A	\$2,000.00	N/A
Short Tower (less than 500')	\$84,200.00	\$69,617.08	Ultranet Wireless, LLC invoice 459917	\$69,617.08	N/A
<b>Sub-total</b>	<b>\$96,800.00</b>	<b>\$81,617.08</b>	<b>N/A</b>	<b>\$71,617.08</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$487,470.85</b>	<b>\$560,184.78</b>	<b>N/A</b>	<b>\$285,663.55</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Structural engineering tower load study for well documented tower	<p><b>Component Description:</b> Broadcast structural</p> <p><b>Amount:</b> \$2,000.00</p>

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Short Tower (less than 500')

**Component Description:** Mobilization,  
Tower Labor,  
Parts  
**Amount:** \$67,395.65

**Component Description:** Tubular Arm Pipe  
Mount 80" Fac; 3-1  
/2" x 48"  
Scheduled 40 Galv  
**Amount:** \$2,221.43

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**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>\$59,680.00</b>	<b>\$148,925.00</b>		<b>\$33,244.65</b>	
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$475.00	N/A
Project management of the transition	\$31,600.00	\$129,675.00	Ref: Quote for Widely Strategic Support	\$32,614.65	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	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	\$75.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$80.00	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$59,680.00	\$148,925.00	N/A	\$33,244.65	N/A
<b>Total for all systems</b>	\$487,470.85	\$560,184.78	N/A	\$285,663.55	N/A

## Components

Actual Information	
Description	File Name

<p>Prepare and or review reimbursement form</p>	<p><b>Component Description:</b> Legal Services - Review FCC Incentive Auction Closing Notice</p> <p><b>Amount:</b> \$250.00</p> <p><b>Component Description:</b> Tel call from FCC, Review KMCT Form 1876, Memos to client, Review FCC notice, etc.</p> <p><b>Amount:</b> \$225.00</p>
<p>Project management of the transition</p>	<p><b>Component Description:</b> Project Management KMCT Repack- July 2018</p> <p><b>Amount:</b> \$16,950.00</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$12,900.00</p> <p><b>Component Description:</b> Project Management</p> <p><b>Amount:</b> \$2,764.65</p>
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> Legal Services - Check status of Form 2100 CP app for KMCT and Form 399</p> <p><b>Amount:</b> \$75.00</p>

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Attorney - Construction Permit Application (Main)</p> <p><b>Amount:</b> \$80.00</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Information not provided.</p>
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</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>\$22,750.00</b>	<b>\$13,700.00</b>		<b>\$4,091.00</b>	
Equipment Delivery and Handling Charges	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$1,200.00</i>	\$1,200.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,500.00	N/A	\$2,091.00	N/A
Station Coordination	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$2,500.00</i>	\$2,500.00	N/A	\$2,000.00	N/A
<b>Sub-total</b>	\$22,750.00	\$13,700.00	N/A	\$4,091.00	N/A
<b>Total for all systems</b>	\$487,470.85	\$560,184.78	N/A	\$285,663.55	N/A

**Components**

Actual Information Description	File Name
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Equipment Delivery and Handling Charges	Information not provided.
Equipment Storage	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
DTV Medical Facility Notification	<p><b>Component Description:</b> KMCT-TV Medical Notification</p> <p><b>Amount:</b> \$2,091.00</p>
Station Coordination	<p><b>Component Description:</b> Capital Contribution</p> <p><b>Amount:</b> \$2,500.00</p>
MVPD Notification of Channel Change	<p><b>Component Description:</b> MVPD Notification</p> <p><b>Amount:</b> \$2,000.00</p>

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$487,470.85	\$560,184.78	\$285,663.55

**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 data-bbox="758 772 1053 1176">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 data-bbox="758 1198 1037 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="758 1467 1045 1747">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.

**Tom Fawbush**  
*General Manager*

12/18/2018

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.

**Tom Fawbush**  
*General Manager*

12/18/2018

## Attachments