



(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 **12/21**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

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

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
Joseph C Chautin III <i>Hardy, Carey, Chautin & 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
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary
Transmitter**

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	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
Existing Transmitter Manufacturer and Type	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
New Transmitter	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 retuned 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
Electrical Service	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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	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
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 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
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)	20.0 kW

Manufacturer	
Model	PSILP12OI
Year	2015

**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?	Yes
	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
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	25.0 kW
	Manufacturer	
	Model	DLP12B

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

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	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
Existing Transmission Line Description	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
Existing Transmission Line Manufacturer and Type	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 **New Transmission Line**
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	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 **Other Transmission Line Expenses Not Listed**
Transmission Line

Information not provided.

**Tower
Equipment
And
Rigging
Costs**

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

**Primary
Tower**

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	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
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1296986
Coordinates (NAD83 (North American Datum of 1983))	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
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:	No 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

Information not provided.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	General project managment including, Pattern analysis, antenna spec, transmitter spec, installation, supervision
Outside RF consulting Engineering Services	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
Attorney and Other Outside Consulting Services	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
RF Field Engineering Services	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

Other Professional Services Expenses Not Listed

Services Costs

Name

Description

Additional Attorney's Fees

To handle form 387 and other legal expenses.

**Other
Expenses**

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	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
Permit and Filing Costs	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
Other Miscellaneous Expenses	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
Station Coordination	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
Primary Transmitter TMU9	\$276,910.85	\$232,566.25		\$155,488.66	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$75,015.40	***System Notice: Estimate adjusted and locked because line has been superseded. ***Estimate 1820 from Ultranet 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
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	\$136,510.85	\$136,510.85	Please see attached quote 1809R from SJRamer Associates as well as Air Service Professionals invoice I6470.	\$61,495.45	N/A
Sub-total	\$276,910.85	\$232,566.25	N/A	\$155,488.66	N/A

Total for all systems	\$491,704.01	\$511,641.49	N/A	\$291,319.79	N/A
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Components

Actual Information		File Name	
Description			
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description:	Louisiana State Sales Taxes	
	Amount:	\$10,005.69	
	Component Description:	Downpayment for transmitter package	
	Amount:	\$65,009.71	
	Component Description:	Please reject this invoice	
	Amount:	N/A	
Service entrance 3 phase /800 amp/208 volt	Component Description:	Labor and materials to add a 3 phase 208 volt service to the transmitter building and hook up new 3 phase transmitter	
	Amount:	\$7,340.00	
	Component Description:	Install 3ph primary pole w/3 pot 25 bv to serve customer 120-208	
	Amount:	\$11,637.81	

UHF - Air Cooled Solid State Transmitter 3.0 kW		
	Component Description:	Transmitter
	Amount:	\$43,339.81
	Component Description:	Mobilization, Engineering
	Amount:	Services, Parts \$9,436.64
	Component Description:	Installed 2-2.5 ton Mitsubishi mini splits for the television control transmitter station.
	Amount:	\$8,719.00

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
Primary Antenna DLP12B	\$24,463.16	\$24,133.16		\$15,697.28	
UHF - High Power, Side Mount, basic slot antenna, 25 kW input, directional,, elliptically or circularly polarized	\$9,697.28	\$9,697.28	This amount is the total estimated cost for the actual equipment being installed. Quotes and invoices have been uploaded.	\$1,661.40	per invoices submitted
UHF - High Power, Side Mount, basic slot antenna, 25 kW input, directional,, horizontally polarized	\$8,035.88	\$8,035.88	***System Notice: Estimate adjusted and locked because line has been superseded. ***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
Sub-total	\$24,463.16	\$24,133.16	N/A	\$15,697.28	N/A
Total for all systems	\$491,704.01	\$511,641.49	N/A	\$291,319.79	N/A

Components

Actual Information	
Description	File Name
UHF - High Power, Side Mount, basic slot antenna, 25 kW input, directional,, elliptically or circularly polarized	<p>Component Description: UHF - Lower Power Side Mount</p> <p>Amount: \$1,661.40</p>
UHF - High Power, Side Mount, basic slot antenna, 25 kW input, directional,, horizontally polarized	<p>Component Description: Primary Antenna - UHF Side Mount Directional H-POL</p> <p>Amount: \$4,017.94</p> <p>Component Description: Primary Antenna - UHF Side Mount Directional H-POL</p> <p>Amount: \$4,017.94</p>
Sweep test of existing antenna	<p>Component Description: Primary Antenna - Sweep Test</p> <p>Amount: \$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
Primary Transmission Line	\$9,600.00	\$9,200.00		\$5,321.12	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$9,600.00	\$9,200.00	N/A	\$5,321.12	N/A
Sub-total	\$9,600.00	\$9,200.00	N/A	\$5,321.12	N/A
Total for all systems	\$491,704.01	\$511,641.49	N/A	\$291,319.79	N/A

Components

Actual Information	
Description	File Name

Flexible Foam Transmission
Line - dielectric, 1 5/8"

Component Description:

Primary
Transmission Line
- Flexible Foam 1 5
/8"

Amount:

\$634.84

Component Description:

New Transmission
Line

Amount:

\$2,157.14

Component Description:

Flex Hanger Snap
IN 1 5/8 Foam
SSH-158

Amount:

\$372.00

Component Description:

New Transmission
Line

Amount:

\$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
Primary Tower GTOWER	\$96,800.00	\$81,617.08		\$71,617.08	
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	Ultramet Wireless, LLC invoice 459917	\$69,617.08	N/A
Sub-total	\$96,800.00	\$81,617.08	N/A	\$71,617.08	N/A
Total for all systems	\$491,704.01	\$511,641.49	N/A	\$291,319.79	N/A

Components

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

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"
	Amount:	Scheduled 40 Galv \$2,221.43

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$61,180.00	\$150,425.00		\$36,209.65	
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$725.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,340.00	N/A
Additional Attorney's Fees	<i>\$1,500.00</i>	\$1,500.00	Cost to support attorney fees for form 387 and other legal needs	\$1,055.00	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), License to Cover Application	\$1,580.00	\$1,000.00	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,000.00	N/A	N/A	N/A
Project management of the transition	\$31,600.00	\$129,675.00	Ref: Quote for Widelity Strategic Support	\$32,614.65	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$475.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Sub-total	\$61,180.00	\$150,425.00	N/A	\$36,209.65	N/A
Total for all systems	\$491,704.01	\$511,641.49	N/A	\$291,319.79	N/A

Components

Actual Information		
Description	File Name	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Component Description:	Review email and American Tower letter to FAWM
	Amount:	\$650.00
	Component Description:	Legal Services - Check status of Form 2100 CP app for KMCT and Form 399
	Amount:	\$75.00
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description:	Medical Facility Notification
	Amount:	\$385.00
	Component Description:	Legal Services - Review response from K. Albritton on status of 2100 and 399
	Amount:	\$875.00
	Component Description:	Attorney - Construction Permit Application (Main)
	Amount:	\$80.00
Additional Attorney's Fees	Component Description:	Repack Legal Expenses
	Amount:	\$275.00
	Component Description:	Attorney - License to Cover (Main)
	Amount:	\$100.00

Component Description:	Develop and Air Channel Change Announcements
Amount:	\$75.00

Component Description:	Prepare draft of Form 387 2nd Qtr 2018 report
Amount:	\$75.00

Component Description:	Load Form 387 quarterly transition progress report in LMS
Amount:	\$75.00

Component Description:	Legal Fees
Amount:	\$150.00

Component Description:	Legal Services - Review FCC notice regarding first transition progress reports; deadline.
Amount:	\$75.00

Component Description:	KMCT-550-Attorney - Other Expenses Not Listed - Form 387 and other legal needs
Amount:	\$150.00

Component Description:	Legal Services - Draft Form 399 in LMS
Amount:	\$80.00

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	Information not provided.												
Perform engineering study for new channel assignment and antenna development	Information not provided.												
Project management of the transition	<table> <tr> <td>Component Description:</td><td>Project Management</td></tr> <tr> <td>Amount:</td><td>\$12,900.00</td></tr> <tr> <td>Component Description:</td><td>Project Management KMCT Repack-July 2018</td></tr> <tr> <td>Amount:</td><td>\$16,950.00</td></tr> <tr> <td>Component Description:</td><td>Project Management</td></tr> <tr> <td>Amount:</td><td>\$2,764.65</td></tr> </table>	Component Description:	Project Management	Amount:	\$12,900.00	Component Description:	Project Management KMCT Repack-July 2018	Amount:	\$16,950.00	Component Description:	Project Management	Amount:	\$2,764.65
Component Description:	Project Management												
Amount:	\$12,900.00												
Component Description:	Project Management KMCT Repack-July 2018												
Amount:	\$16,950.00												
Component Description:	Project Management												
Amount:	\$2,764.65												

<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="697 174 1010 210">Component Description:</td><td data-bbox="1142 174 1347 327">Legal Services - Review FCC Incentive Auction Closing Notice</td></tr> <tr> <td data-bbox="697 338 810 367">Amount:</td><td data-bbox="1142 338 1241 367">\$250.00</td></tr> <tr> <td data-bbox="697 477 1010 512">Component Description:</td><td data-bbox="1142 477 1374 667">Tel call from FCC, Review KMCT Form 1876, Memos to client, Review FCC notice, etc.</td></tr> <tr> <td data-bbox="697 678 810 707">Amount:</td><td data-bbox="1142 678 1241 707">\$225.00</td></tr> </table>	Component Description:	Legal Services - Review FCC Incentive Auction Closing Notice	Amount:	\$250.00	Component Description:	Tel call from FCC, Review KMCT Form 1876, Memos to client, Review FCC notice, etc.	Amount:	\$225.00
Component Description:	Legal Services - Review FCC Incentive Auction Closing Notice								
Amount:	\$250.00								
Component Description:	Tel call from FCC, Review KMCT Form 1876, Memos to client, Review FCC notice, etc.								
Amount:	\$225.00								
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</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
Other Expenses	\$22,750.00	\$13,700.00		\$4,486.00	
DTV Medical Facility Notification	\$11,550.00	\$2,500.00	N/A	\$2,273.50	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	\$212.50	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
Equipment Storage	<i>\$1,200.00</i>	\$1,200.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Sub-total	\$22,750.00	\$13,700.00	N/A	\$4,486.00	N/A
Total for all systems	\$491,704.01	\$511,641.49	N/A	\$291,319.79	N/A

Components

Actual Information Description	File Name
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DTV Medical Facility Notification	Component Description: Amount:	Develop and Air Channel Change Announcements \$82.50
	Component Description: Amount:	Medical Facility Notification \$100.00
	Component Description: Amount:	KMCT-TV Medical Notification \$2,091.00
Develop and air announcement of upcoming channel change	Component Description: Amount:	Attorney - Construction Permit Application (Main) \$137.50
	Component Description: Amount:	Memo to Ken A. and Darryl M. \$75.00
Station Coordination	Component Description: Amount:	Capital Contribution \$2,500.00
MVPD Notification of Channel Change	Component Description: Amount:	MVPD Notification \$2,000.00
Equipment Storage	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	

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

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$491,704.01	\$511,641.49	\$291,319.79

Reimbursement Status

Question	Response
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"> 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. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 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. 	

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>Tom H Fawbush , Jr . <i>General Manager</i></p> <p>12/21/2018</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"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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>Tom H Fawbush , Jr . <i>General Manager</i></p> <p>12/21/2018</p>

Attachments