

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

18741 Service: **DCA** Call KVMM-CD Channel: 28 (UHF) Facility Sign:

File 0000028399

Number:

ID:

FRN: 0026907345 Date 01/08

> Submitted: /2019

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KVMM LLC Doing Business As: KVMM LLC	Keith Murphy 1275 Pennsylvania Avenue NW Suite 710 WASHINGTON, DC 20004 United States	+1 (202) 785-7300	Keith. Murphy@viacom. com	Limited Liability Company

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Erin Kim Attorney Lerman Senter PLLC	Erin Kim 2001 L Street NW, Suite 400 Washington, DC 20036 United States	+1 (202) 416- 6772	ekim@lermansenter. 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	KVMM-CD consists of a transmitter feeding a transmission line that extends to the antenna. The antenna is mounted on a short 8-m pole. The antenna and transmitter will be replaced with new units for operation on the reassigned channel.

Transmitters

rs	Section	Question	Response
	Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

Primary Transmitter

Add 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	
Manufacturer and Type	Model	SDT-502 UB
	Year	2007
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.4 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	EC702HP- BB
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.7 kW
	Justification for New Transmitter	The current transmitter cannot operate on Channel 28. The mask filter is internal and is impractical to replace for Channel 28.

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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	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 leashold 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

Name	Description
Other Costs: Heating and Cooling	Costs associated with Heating and Cooling of the transmitter

Antennas

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

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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna	Class	Class A
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Туре	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)	15.0 kW

Manufacturer	
Model	PSILP8BB- 41-CP
Year	2007

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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna	Class	Class A
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Туре	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)	11.5 kW
	Manufacturer	

Model	PSILP8BB- 28-CP
Year	2020
Justification for New Antenna	Existing will not function on new channel.

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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

Other Antenna Cost Not Listed

Information not provided.

Transmission	n ^{Sentien}	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

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?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
Registration	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 27' 56.9" N-
	Longitude (NAD83)	119° 40' 41.4" W-

Overall Structure Height	26.00 feet
Support Structure Height	26.00 feet
Ground Elevation Above Mean Sea Level (AMSL)	2100.00 feet
Structure Type	POLE - Any type of Pole
Tower Owner	Jonathan Franklin
Date Constructed	01/01/1972

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
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

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	The station's attorney and others will manage reimbursement filings, complete progress reports and engineering applications, and engage in any additional coordination that is needed for KVMM-CD to accomplish the repack transition over the 3 year period.
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	Prepare and file Form FCC Construction Permit Application	Yes
Services	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	Yes
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
Justification	N/A

Outside Professional

Other Professional Services Expenses Not Listed

l Services Costs	Description	
Other Costs	Expenses associated with legal work	

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	Yes
	FCC Special Temporary Authority Application	Yes
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?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	No

Other Expenses Not Listed

Expenses Information not provided.

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 EC702HP-BB	\$131,000.00	\$125,000.00		\$89,938.82	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$120,000.00	N/A	\$85,005.00	N/A
Other Costs: Heating and Cooling	\$5,000.00	\$5,000.00	Cost of Crocker Invoice	\$4,933.82	N/A
Sub-total	\$131,000.00	\$125,000.00	N/A	\$89,938.82	N/A
Total for all systems	\$329,220.00	\$275,385.00	N/A	\$169,241.12	N/A

Components

Actual Information	
Description	File Name

UHF - Air Cooled Solid		
State Transmitter 1 - 2.5 kW	Component Description:	Hero manages
		KVMM's repack on
		behalf of and at
		the direction of
		KVMM LLC. This
		invoice is for the
		KVMM transmitter
		purchased from
		Comark and now
		includes an
		explanation of the
		management and
		a description of
		the \$85,005
		payment made by
		KVMM LLC.
	Amount:	\$85,005.00
Other Costs: Heating and		
Cooling	Component Description:	Crocker invoice for
	Component Description.	heating and
		cooling of the
		transmitter, NOTE
		ampersand does
		not work in the
		vendor name
		above.
	Amount:	\$4,933.82
	, 4	ψ 1,000.0 <u>2</u>

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 PSILP8BB- 28-CP	\$33,030.00	\$32,400.00		\$25,683.20	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$0.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$26,000.00	Actual costs were greater than estimated costs. Estimated costs increased to reflect.	\$25,683.20	N/A
Sub-total	\$33,030.00	\$32,400.00	N/A	\$25,683.20	N/A
Total for all systems	\$329,220.00	\$275,385.00	N/A	\$169,241.12	N/A

Components

Actual Information Description	File Name
Sweep test of existing antenna	Information not provided.

UHF - Lower Power Side Mount, Class A One Station antenna -- basic

Component Description: Com Plus Inc.

Invoice# 7966

Amount: \$5,750.00

Component Description: Final payment for

PSI Invoice

#1840 PO#2198-

18

Amount: \$9,733.90

Component Description: Initial 50% down

payment for

PO#2198-18 with

cover letter.

Amount: \$10,199.30

Cost Transmission Line

Information 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 POLE	\$84,200.00	\$10,000.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$10,000.00	N/A	N/A	N/A
Sub-total	\$84,200.00	\$10,000.00	N/A	\$0.00	N/A
Total for all systems	\$329,220.00	\$275,385.00	N/A	\$169,241.12	N/A

Components

Information not provided.

Cost Information

Outside Professional Services

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

	Predetermined	Estimated	Estimated Cost		Actual Cost
Description	Cost Estimate	Cost	Justification	Actual Cost	Justification
Outside Professional Services	\$65,810.00	\$93,370.00		\$50,341.10	
Other Costs	\$3,500.00	\$3,500.00	No predetermined cost associated with this item.	\$2,240.25	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$503.39	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$1,621.05	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,120.00	N/A	\$3,431.97	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$750.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,375.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$15,000.00	Actual Cost were greater than predetermined costs. Estimated costs increased to reflect.	\$12,618.54	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	\$0.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$21,000.00	The actual costs were greater than the estimated costs. Estimated costs increased to reflect.	\$20,068.70	N/A
Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$7,732.20	N/A
Sub-total	\$65,810.00	\$93,370.00	N/A	\$50,341.10	N/A
	\$329,220.00	\$275,385.00	N/A	\$169,241.12	N/A

Components

Actual Information Description	File Name	
Other Costs	Component Description: Amount:	Hampton Inn Invoice for Charlie Trice expenses \$747.46
	Component Description: Amount:	Charlie Trice Airfare invoice \$1,214.00
	Component Description: Amount:	Charlie Trice Car rental and parking charges. \$275.49
	Component Description: Amount:	Lerman Senter invoice for printing expenses and other costs associated with the transition.
	Amount: Component Description:	\$2.30 Lerman Senter Invoice #468688 -
	Amount:	printing expenses \$1.00

Attorney Fees - Prepare		
and File request for Special	Component Description:	Lerman Senter
Temporary Authorization		invoice for
		preparing STA
		request
	Amount:	\$192.50
	Component Description:	Legal fees for
		KVMM June 2018
		Lerman Senter
		Inv#469241
	Amount:	\$310.89
Attorney Fees -Prepare and File FCC Form 2100	Component Descriptions	l a mal for a 10/0404
(main), License to Cover	Component Description:	Legal fees KVMM
Application		May 2018 Lerman
	A	Senter Inv# 468688
	Amount:	\$1,107.80
	Component Description:	Legal fees for
		KVMM April 2018
		Lerman Senter Inv#
		468111
	Amount:	\$513.25
Attorney Fees - Prepare		
and File FCC Form 2100	Component Description:	Legal fees for
(main), Construction Permit		KVMM-CD (mostly
Application		construction permit
		application work) -
		June 2017 LS Inv
		#457370

Prepare engineering section of FCC Form 2100 du Treil invoice for **Component Description:** (main), License to Cover Longley Rice Application coverage map. March 2018. NOTE: Ampersand doesn't work in vendor name box above. Amount: \$500.00 **Component Description:** du Treil May 2018 Invoice for preparing Form 2100. Note ampersand is not recognized in vendor name box above. Amount: \$250.00 Prepare engineering section of FCC Form 2100 **Component Description:** du treil invoice for (main), Construction Permit May 2017. NOTE: Application ampersand does not work in vendor name above. Amount: \$1,250.00 **Component Description:** du Treil invoice for June 2017. NOTE: ampersand does not work in vendor name above. Amount: \$125.00 Perform engineering study Information not provided. for new channel assignment and antenna development Address transition timing and coordination issues w/ other stations and wireless

Component Description: du Treil invoice for

addressing coordination

issues. June 2018. NOTE: Ampersand doesn't work in the vendor name box.

Amount: \$375.00

Component Description: H&D Invoice for

addressing coordination issues. July 2018. Inv # 45647.

NOTE: Ampersand does not work in the box above.

Amount: \$10,887.16

Component Description: Lerman Senter

Invoice for addressing transition timing and coordination issues with other stations/services

/providers

Amount: \$115.50

Component Description: du Treil May 2018

Invoice for addressing

coordination. Note ampersand is not recognized in vendor name box

above.

Amount: \$250.00

Component Description: Legal fees for

KVMM addressing transition timing and coordination June 2018 LS Inv#

469241

Amount: \$621.78

Component Description: Legal fees for

KVMM addressing transition timing and coordination May 2018 LS Inv#

468688

Amount: \$369.10

Prepare request for Special Temporary Authorization

Information not provided.

Prepare and or review reimbursement form

Component Description: LS Invoice

#472773 -- Jan

2019

Amount: \$420.00

Component Description: Lerman Senter

invoce for preparing and reviewing

reimbursement form

Amount: \$462.00

Component Description: Legal fees for

KVMM Lerman

Senter Inv# 468688

Amount: \$738.45

Component Description: du Treil July 2017

Invoice for reviewing 399 reimbursement. Note ampersand is not recognized in vendor name box

above.

Amount: \$250.00

Component Description: Legal fees for

KVMM-CD -

September 2017

LS Invoice #462433

Amount: \$159.38

Component Description: Legal fees for

KVMM April 2018 Lerman Senter Inv#

468111

Amount: \$513.25

Component Description: Lerman Senter

invoice for preparing and reviewing

reimbursement

form.

Amount: \$3,008.00

Component Description: du treil invoice for

preparing 399, june

2017. NOTE ampersand does not work in vendor

name box.

Amount: \$1,000.00

Component Description: LS Invoice

#471656, October

2018

Amount: \$2,185.00

Component Description: LS Invoice

#472276 - Dec

2018 - 90%

Amount: \$5,481.00

Component Description: Lerman Senter

invoice for preparing and reviewing

reimbursement form

Amount: \$2,091.00

Component Description: du Treil invoice

June 2017. NOTE: Ampersand does not work in vendor

box above.

Amount: \$250.00

Component Description: Legal fees for

KVMM June 2018 Lerman Senter Inv#

469241

Amount: \$829.04

Component Description: Legal fees for

KVMM-CD - August

2017 LS Inv #462129

Amount: \$239.07

Component Description: Legal fees for

KVMM; Lerman Senter Inv#467288

Amount: \$836.00

Component Description: Legal fees for

KVMM-CD - July 2017 LS Inv #

461006

Amount: \$1,606.51

Project management of the transition

Component Description: Legal project

management fees for KVMM-CD -October 2017 LS Invoice #463425

Amount: \$398.45

Component Description: LS Invoice

#472276 - Dec 2018 - 10%

Amount: \$609.00

Component Description: LS Invoice

#471656, October

2018

Amount: \$2,185.00

Component Description: Legal project

management fees for KVMM-CD -January 2018 LS Invoice #466531

Amount: \$85.00

Component Description: Lerman Senter

invoice for project management services relating to

the transition.

Amount: \$369.00

Component Description: Legal project

> management fees for KVMM -CD Lerman Senter Inv#468111

\$256.00 Amount:

Component Description: Lerman Senter

> Invoice for project management services relating to

repack.

Amount: \$752.00

Component Description: Legal project

management

services for KVMM; Lerman Senter Invoice# 467288

Amount: \$684.00

Component Description: Legal project

> management fees for KVMM-CD -May 2017 LS Invoice #455642

\$605.71 Amount:

Component Description: Hero Licenseco,

LLC project

management costs

- Inv #2203

Amount: \$8,500.50

Component Description: Legal project

> management fees for KVMM-CD -May 2018 LS Invoice #468688

Amount: \$1,477.15 Component Description: Legal project

management fees for KVMM-CD -June 2018 LS Invoice #469241

Amount: \$310.89

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	\$15,180.00	\$14,615.00		\$3,278.00	
Develop and air announcement of upcoming channel change	\$2,500.00	\$2,500.00	Estimate of costs associated with on-air announcements of channel change.	N/A	N/A
Equipment Delivery and Handling Charges	\$600.00	\$600.00	Antenna will need to be shipped freight from Pennsylvania to California. Estimated crated shipping weight of 200 lbs.	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	\$325.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,953.00	N/A
Sub-total	\$15,180.00	\$14,615.00	N/A	\$3,278.00	N/A
Total for all systems	\$329,220.00	\$275,385.00	N/A	\$169,241.12	N/A

Components

Actual Information Description	File Name	
Develop and air announcement of upcoming channel change	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	
FCC Filing Fees - Special Temporary Authorization request	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	Component Description:	Lerman Senter FCC Filing Fee Cost for KVMM LS Inv#469241
	Amount:	\$325.00
DTV Medical Facility Notification	Component Description:	KVMM - DTVNotification. com, Notifications to Medical Facilities
	Amount:	\$2,953.00

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$329,220.00	\$275,385.00	\$169,241.12

Reimbursem	entestiatus	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

Section Question Response

Submission of Estimated Expenses Statements

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.

- 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.

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 abovenamed applicant for the Authorization(s) specified above. Christa
D'Alimonte
Senior Vice
President
and
Assistant
Secretary

01/08/2019

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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.

- 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 abovenamed applicant for the Authorization(s) specified above. Christa
D'Alimonte
Senior Vice
President
and
Assistant
Secretary

01/08/2019

Attachments