



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **34171** | Service: **DTV** | Call **WKAS** | Channel: **36 (UHF)** |  
ID: | Sign: |  
File **0000026895**  
Number: |  
FRN: **0001790583** | Date **01/23**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>KENTUCKY AUTHORITY FOR EDUCATIONAL TV</b>	Shae Hopkins 600	+1 (859)	SHOPKINS@KET. ORG	Government Entity
Doing Business As: KENTUCKY AUTHORITY FOR EDUCATIONAL TV	COOPER DR LEXINGTON, KY 40502 United States	258- 7000		

## 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>Greg Best , Best .</b> <i>Greg Best Consulting, Inc.</i>	Greg Best 16100 Outlook Avenue Stilwell, KS 66085 United States	+1 (816) 792- 2913	gbconsulting54@gmail. 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	Please see attached repack plan exhibit.

**Transmitters**

Section	Question	Response
Transmitter Related Expenses	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	2001
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	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	Maxiva UAXTE-8
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	5 kW
	Justification for New Transmitter	Pre-auction transmitter no longer supported by supplier; not re-tunable.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	50.0 feet
	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**

**Existing 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 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?	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) .....	61.3 kW

Manufacturer	
Model	TLP-16B (26)
Year	2001



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?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top 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) .....	63.2 kW
	Manufacturer	

Model	ATW20H3-ETO-36H
Year	2017
Justification for New Antenna	Primary antenna is not broadband or able to be tuned to a new channel. New top mount reduces overall repack cost. Please see Repack Plan Exhibit for details.

## 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?	Yes
	Broadband or Single Channel?	Single Channel

	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?	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 Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	370 feet per run

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

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	3 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	Installation of new line makes possible the operation of the current facility while the tower is rigged and the construction of the new facility is underway.

**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	Owned
	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)	No
	Others Types of Users	Yes
	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	1044042
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	38° 27' 44.0" N-
	Longitude (NAD83)	082° 37' 12.0" W-
	Overall Structure Height	390.09 feet
	Support Structure Height	371.71 feet
	Ground Elevation Above Mean Sea Level (AMSL)	806.75 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	KENTUCKY AUTHORITY FOR EDUCATIONAL TELEVISION DBA = WKAS
	Date Constructed	01/01/1968

### Other Types of Users

#### Users

FACID 81527 FM

### 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:	Minor Reinforcements needed

### Primary Tower

### Tower Rigging Costs

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

### Primary Tower

### Other Tower Expenses Not Listed

Name	Description
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**Load Study**

Structural engineering tower load study is required to design tower reinforcements and rigging.

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**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	KET Staff require outside services to manage the upgrades.
<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	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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**

Services not provided.

## 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?	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	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 Maxiva UAXTE-8	\$291,700.00	\$277,450.00		\$0.00	
3" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,450.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	\$236,500.00	\$225,000.00	N/A	N/A	N/A
Sub-total	\$291,700.00	\$277,450.00	N/A	\$0.00	N/A
Total for all systems	\$955,880.00	\$1,128,400.00	N/A	\$27,007.38	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 ATW20H3-ETO-36H</b>	<b>\$303,830.00</b>	<b>\$248,800.00</b>		<b>\$0.00</b>	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,400.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$235,000.00	Cost estimate adjusted for reimbursement of horizontal-polarized antenna like the pre-repack primary antenna.	N/A	N/A
<b>Sub-total</b>	<b>\$303,830.00</b>	<b>\$248,800.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$955,880.00</b>	<b>\$1,128,400.00</b>	N/A	<b>\$27,007.38</b>	N/A

### Components

Information not provided.



Cost  
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$23,600.00	\$22,400.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$23,600.00	\$22,400.00	N/A	N/A	N/A
Sub-total	\$23,600.00	\$22,400.00	N/A	\$0.00	N/A
Total for all systems	\$955,880.00	\$1,128,400.00	N/A	\$27,007.38	N/A

Components

Information not provided.

## Cost Information

### Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Tower TOWER</b>	<b>\$280,500.00</b>	<b>\$532,000.00</b>		<b>\$22,204.01</b>	
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	\$11,536.04	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	\$674.97	N/A
Short Tower (less than 500')	\$84,200.00	\$345,000.00	KET obtained quotation of realistic scope of tower rigging work from reputable supplier. Please see attached Tower Work exhibit.	N/A	N/A
Load Study	<i>\$12,000.00</i>	\$12,000.00	Structural engineering tower load study is required to design tower reinforcements and rigging.	\$9,993.00	N/A

<b>Sub-total</b>	\$280,500.00	\$532,000.00	N/A	\$22,204.01	N/A
<b>Total for all systems</b>	\$955,880.00	\$1,128,400.00	N/A	\$27,007.38	N/A

## Components

Actual Information Description	File Name
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<b>Component Description:</b> First Installment Tower Mapping <b>Amount:</b> \$1,373.00
	<b>Component Description:</b> First Installment Tower Inspections <b>Amount:</b> \$1,726.04
	<b>Component Description:</b> Third Installment Tower Mapping <b>Amount:</b> \$1,414.00
	<b>Component Description:</b> First Installment Foundation Mapping <b>Amount:</b> \$4,000.00
	<b>Component Description:</b> Second Installment Tower Inspections <b>Amount:</b> \$3,064.00
	<b>Component Description:</b> Second Installment Tower Mapping <b>Amount:</b> \$1,373.00

Minor tower reinforcement /modifications	<b>Component Description:</b>		Second
			Installment Tower
			Modification
	<b>Amount:</b>		Design \$674.97
	<b>Component Description:</b>		First Installment
			Tower
			Modification
	<b>Amount:</b>		Design \$4,500.00
Short Tower (less than 500')	Information not provided.		
Load Study	<b>Component Description:</b>		Second
			Installment Tower
			Structural Analysis
	<b>Amount:</b>		\$507.00
	<b>Component Description:</b>		Second
			Installment
			Geotechnical
			Studies
	<b>Amount:</b>		\$4,690.00
	<b>Component Description:</b>		First Installment
			Geotechnical
			Studies
	<b>Amount:</b>		\$2,310.00
	<b>Component Description:</b>		First Installment
			Tower Structural
			Analysis
	<b>Amount:</b>		\$2,993.00

## 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>\$39,200.00</b>	<b>\$37,250.00</b>		<b>\$4,803.37</b>	
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$459.37	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	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	\$333.50	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,123.00	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	\$1,400.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,487.50	N/A
Project management of the transition	\$12,640.00	\$12,000.00	KET Staff require outside services to manage the upgrades.	N/A	N/A
<b>Sub-total</b>	\$39,200.00	\$37,250.00	N/A	\$4,803.37	N/A
<b>Total for all systems</b>	\$955,880.00	\$1,128,400.00	N/A	\$27,007.38	N/A

## Components

Actual Information Description	File Name
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Perform engineering study for new channel assignment and antenna development	<div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Review of site documentation and antennas, facility planning  \$459.37 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Second Installment Engineering Analysis  \$1,225.00 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> First Installment Project Startup  \$459.37 </div> </div>
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> Second Installment Attorney Fees  \$234.50 </div> </div> <div> <div> <b>Component Description:</b>   <b>Amount:</b> </div> <div> First Installment Attorney Fees  \$99.00 </div> </div>

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="710 168 1013 212"><b>Component Description:</b></td><td data-bbox="1149 168 1356 246">Third Installment Attorney Fees CP</td></tr> <tr> <td data-bbox="710 246 821 291"><b>Amount:</b></td><td data-bbox="1149 246 1244 291">\$148.50</td></tr> <tr> <td data-bbox="710 392 1013 436"><b>Component Description:</b></td><td data-bbox="1149 392 1356 470">Second Installment Attorney Fees CP</td></tr> <tr> <td data-bbox="710 470 821 515"><b>Amount:</b></td><td data-bbox="1149 470 1244 515">\$925.00</td></tr> <tr> <td data-bbox="710 616 1013 660"><b>Component Description:</b></td><td data-bbox="1149 616 1356 694">First Installment Attorney Fees CP</td></tr> <tr> <td data-bbox="710 694 821 739"><b>Amount:</b></td><td data-bbox="1149 694 1228 739">\$49.50</td></tr> </table>	<b>Component Description:</b>	Third Installment Attorney Fees CP	<b>Amount:</b>	\$148.50	<b>Component Description:</b>	Second Installment Attorney Fees CP	<b>Amount:</b>	\$925.00	<b>Component Description:</b>	First Installment Attorney Fees CP	<b>Amount:</b>	\$49.50
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<b>Amount:</b>	\$49.50												
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>												
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="710 1052 1013 1097"><b>Component Description:</b></td><td data-bbox="1149 1052 1356 1176">First Installment TC Study Analysis CP</td></tr> <tr> <td data-bbox="710 1176 821 1220"><b>Amount:</b></td><td data-bbox="1149 1176 1260 1220">\$1,400.00</td></tr> </table>	<b>Component Description:</b>	First Installment TC Study Analysis CP	<b>Amount:</b>	\$1,400.00								
<b>Component Description:</b>	First Installment TC Study Analysis CP												
<b>Amount:</b>	\$1,400.00												
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="710 1344 1013 1388"><b>Component Description:</b></td><td data-bbox="1149 1344 1332 1422">First Installment 399</td></tr> <tr> <td data-bbox="710 1422 821 1467"><b>Amount:</b></td><td data-bbox="1149 1422 1260 1467">\$1,400.00</td></tr> <tr> <td data-bbox="710 1568 1013 1612"><b>Component Description:</b></td><td data-bbox="1149 1568 1356 1646">Second Installment 399</td></tr> <tr> <td data-bbox="710 1646 821 1691"><b>Amount:</b></td><td data-bbox="1149 1646 1228 1691">\$87.50</td></tr> </table>	<b>Component Description:</b>	First Installment 399	<b>Amount:</b>	\$1,400.00	<b>Component Description:</b>	Second Installment 399	<b>Amount:</b>	\$87.50				
<b>Component Description:</b>	First Installment 399												
<b>Amount:</b>	\$1,400.00												
<b>Component Description:</b>	Second Installment 399												
<b>Amount:</b>	\$87.50												
<p>Project management of the transition</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>\$17,050.00</b>	<b>\$10,500.00</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$1,500.00</i>	\$1,500.00	KET estimate for developing and airing announcement.	N/A	N/A
Equipment Storage	<i>\$500.00</i>	\$500.00	GBC estimate	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	GBC estimate based on known quotations	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,000.00</i>	\$2,000.00	KET estimate based on known costs.	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,500.00</i>	\$1,500.00	KET estimate to search for and notify all cable companies.	N/A	N/A
<b>Sub-total</b>	<b>\$17,050.00</b>	<b>\$10,500.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$955,880.00</b>	<b>\$1,128,400.00</b>	N/A	<b>\$27,007.38</b>	N/A

### Components

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>	\$955,880.00	\$1,128,400.00
			\$27,007.38

<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.

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.

**Shae  
Hopkins**  
*Executive  
Director*

01/23/2019

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>Shae Hopkins</b>  <i>Executive Director</i></p> <p>01/23/2019</p>

## Attachments