



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **34204** | Service: **DTV** | Call **WCVN-TV** | Channel: **22 (UHF)** |  
ID: | Sign:  
File **0000026897**  
Number:  
FRN: **0001790583** | Date **02/20**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

| Applicant  | Address  | Phone        | Email                | Applicant Type       |
|--|--|--------------|----------------------|----------------------|
| <b>KENTUCKY AUTHORITY<br/>FOR EDUCATIONAL TV</b>               | Shae Hopkins<br>600                                  | +1<br>(859)  | SHOPKINS@KET.<br>ORG | Government<br>Entity |
| Doing Business As:<br>KENTUCKY AUTHORITY<br>FOR EDUCATIONAL TV | COOPER DR<br>LEXINGTON,<br>KY 40502<br>United States | 258-<br>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</b><br><i>Consulting Engineer</i><br><i>Greg Best Consulting,</i><br><i>Inc.</i> | Greg Best<br>16100 Outlook<br>Avenue<br>Stilwell, KS 66085<br>United States | +1 (816) 792-<br>2913 | gbconsulting54@gmail.<br>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<br/>Description</b>           | Type of change   | Purchase<br>New   |
|   | Use  | Primary<br>(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<br/>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           |
|---|--|--------------------|
| Existing Antenna<br>Description           | Type of change   | Purchase<br>New    |
|   | Antenna Use  | Primary<br>(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                 |
| Existing Antenna<br>Manufacturer and Type | Class  | Full Power         |
|   | Mounting   | Side Mount         |
|   | Antenna position in stack  | Not in Stack       |
|   | Polarization   | Horizontal         |
|   | Type   | Slotted<br>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)                                  | 53.5 kW            |
|   |  |                    |

|              |                 |
|--------------|-----------------|
| Manufacturer |                 |
| Model        | TLP-16B<br>(24) |
| 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)<br>.....                             | 39.9 kW         |
|                                    | Manufacturer   |                 |
|                                    |  |                 |

|                               |   |
|-------------------------------|---|
| Model                         | ATW14H3-ETO-22H   |
| 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       |
|------------------------------------|---|----------------|
| <b>Combiner for Shared Antenna</b> | Do you need a Combiner for a Shared Antenna?                          | No             |
|                                    | Type  |                |
|                                    | Number of channels supported  | N/A            |
|                                    | Frequencies of channels supported                                     | N/A            |
|                                    | Frequency   | N/A            |
|                                    | Do you need a combiner output splitter /switcher for dual feed lines? | N/A            |
| <b>Elbow Complex</b>               | Do you require the separate purchase of the Elbow Complex?            | Yes            |
|                                    | Broadband or Single Channel?  | Single Channel |
|                                    |   |                |

|                                 |   |                           |
|---------------------------------|---|---------------------------|
|                                 | Feed Line Size  | 3 1/8<br>inches<br>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<br>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   | 300 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                                    | 330 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? | 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?                | Yes                                      |
|   | ASR Number  | 1044039                                  |
| Coordinates (NAD83 ( North American Datum of 1983)) | Latitude (NAD83)  | 39° 01' 51.0" N-                         |
|   | Longitude (NAD83)                                       | 084° 30' 23.0" W-                        |
|   | Overall Structure Height                                | 312.33 feet                              |
|   | Support Structure Height                                | 297.57 feet                              |
|   | Ground Elevation Above Mean Sea Level (AMSL)            | 828.40 feet                              |
|   | Structure Type  | TOWER - Free Standing or Guyed Structure |

|  |                  |   |
|--|------------------|---|
|  | Tower Owner      | KENTUCKY<br>AUTHORITY<br>FOR<br>EDUCATIONAL<br>TELEVISION<br>DBA = WCVN<br>TV |
|  | Date Constructed | 01/01/1968  |

**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   |
|------------|---|
| Load Study | Structural engineering tower load study is required to design tower reinforcements and rigging. |



**Outside  
Professional**

| Section   | Question   | Response   |
|---|--|--|
| <b>Services Costs<br/>Outside Project<br/>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<br/>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<br/>Outside Consulting<br/>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?   | Yes      |
|                                     | Is Remediation needed?   | Yes      |
| <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   |                              | \$437.50    |                           |
| 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                          | \$437.50    | N/A                       |
| Sub-total   | \$291,700.00                | \$277,450.00   | N/A                          | \$437.50    | N/A                       |
| Total for all systems                             | \$980,690.00                | \$1,151,980.00 | N/A                          | \$35,379.49 | N/A                       |

Components

| Actual Information                          |                           |
|---|---------------------------|
| Description                                 | File Name                 |
| 3" Rigid Conduit and Wiring (Cost per foot) | Information not provided. |

|   |                               |                     |
|---|-------------------------------|---------------------|
| Switchgear - industrial 800 amp                   | Information not provided.     |                     |
| Service entrance 3 phase/800 amp/208 volt         | Information not provided.     |                     |
| UHF - Air Cooled Solid State Transmitter 4 - 6 kW | <b>Component Description:</b> | Antenna & line spec |
|   | <b>Amount:</b>                | \$437.50            |

## 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 ATW14H3-ETO-22H</b>   | <b>\$303,830.00</b>         | <b>\$248,800.00</b>   |   | <b>\$306.25</b>    |                           |
| 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. | \$306.25           | N/A                       |
| 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                       |
| <b>Sub-total</b>   | <b>\$303,830.00</b>         | <b>\$248,800.00</b>   | N/A   | <b>\$306.25</b>    | N/A                       |
| <b>Total for all systems</b>   | <b>\$980,690.00</b>         | <b>\$1,151,980.00</b> | N/A   | <b>\$35,379.49</b> | N/A                       |

### Components

| Actual Information   |   |
|--|---|
| Description  | File Name   |
| UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized | <div> <div>Component Description:</div> <div>Amount:</div> </div> <div>           Antenna gain and TPO Evaluation and revision of specifications<br/>           \$306.25         </div> |
| Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)                     | Information not provided.   |
| Sweep test of existing antenna   | 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                       | \$19,470.00                 | \$18,480.00    |                              | \$0.00      |                           |
| Flexible Air Transmission Line - dielectric, 3" | \$19,470.00                 | \$18,480.00    | N/A                          | N/A         | N/A                       |
| Sub-total                                       | \$19,470.00                 | \$18,480.00    | N/A                          | \$0.00      | N/A                       |
| Total for all systems                           | \$980,690.00                | \$1,151,980.00 | N/A                          | \$35,379.49 | 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 |
|--|-----------------------------|----------------|--|-------------|---------------------------|
| Primary Tower<br>TOWER   | \$280,500.00                | \$532,000.00   |  | \$27,512.50 |                           |
| Minor tower reinforcement /modifications   | \$158,000.00                | \$150,000.00   | N/A  | \$7,612.50  | N/A                       |
| 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  | \$9,900.00  | N/A                       |
| Load Study   | \$12,000.00                 | \$12,000.00    | Structural engineering tower load study is required to design tower reinforcements and rigging.                                  | \$10,000.00 | 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                       |

|                              |              |                |     |             |     |
|------------------------------|--------------|----------------|-----|-------------|-----|
| <b>Sub-total</b>             | \$280,500.00 | \$532,000.00   | N/A | \$27,512.50 | N/A |
| <b>Total for all systems</b> | \$980,690.00 | \$1,151,980.00 | N/A | \$35,379.49 | N/A |

## Components

| Actual Information                       |  |
|--|--|
| Description                              | File Name  |
| Minor tower reinforcement /modifications | <p><b>Component Description:</b> eComm administration and support, distribution services at time of bidding -- Allstate Tower contract</p> <p><b>Amount:</b> \$637.50</p> <p><b>Component Description:</b> Second Installment Tower Modification</p> <p><b>Amount:</b> \$2,475.00</p> <p><b>Component Description:</b> First Installment Tower Modification</p> <p><b>Amount:</b> \$4,500.00</p> |

|   |                               |                                     |
|---|-------------------------------|-------------------------------------|
| Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study |                               |                                     |
|   | <b>Component Description:</b> | First Installment                   |
|   | <b>Amount:</b>                | Tower Inspections<br>\$1,189.00     |
|   |                               |                                     |
|   | <b>Component Description:</b> | First Installment                   |
|   | <b>Amount:</b>                | Tower Mapping<br>\$1,023.00         |
|   |                               |                                     |
|   | <b>Component Description:</b> | Second Installment                  |
|   | <b>Amount:</b>                | Tower Inspections<br>\$2,111.00     |
|   |                               |                                     |
|   | <b>Component Description:</b> | Second Installment                  |
|   | <b>Amount:</b>                | Tower Mapping<br>\$2,077.00         |
|   |                               |                                     |
|   | <b>Component Description:</b> | First Installment                   |
|   | <b>Amount:</b>                | Foundation<br>Mapping<br>\$3,500.00 |

|                              |  |
|------------------------------|--|
| Load Study                   | <b>Component Description:</b><br>First Installment<br>Geotechnical<br>Studies<br><b>Amount:</b><br>\$2,310.00      |
|                              | <b>Component Description:</b><br>Second Installment<br>Tower Structural<br>Analysis<br><b>Amount:</b><br>\$450.00  |
|                              | <b>Component Description:</b><br>Second Installment<br>Geotechnical<br>Studies<br><b>Amount:</b><br>\$4,690.00     |
|                              | <b>Component Description:</b><br>First Installment<br>Tower Structural<br>Analysis<br><b>Amount:</b><br>\$2,550.00 |
| Short Tower (less than 500') | Information not provided.  |

## Cost Information

### Outside Professional Services

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

| Description  | Predetermined Cost Estimate | Estimated Cost     | Estimated Cost Justification                               | Actual Cost       | Actual Cost Justification |
|--|-----------------------------|--------------------|--|-------------------|---------------------------|
| <b>Outside Professional Services</b>   | <b>\$39,200.00</b>          | <b>\$37,250.00</b> |  | <b>\$7,123.24</b> |                           |
| Project management of the transition   | \$12,640.00                 | \$12,000.00        | KET Staff require outside services to manage the upgrades. | \$131.25          | N/A                       |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application                                       | \$3,155.00                  | \$3,000.00         | N/A  | \$2,100.00        | 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  | \$350.00          | N/A                       |
| ASR modification (prepare FCC Form 854)  | \$2,105.00                  | \$2,000.00         | N/A  | \$481.25          | N/A                       |

|  |              |                |     |             |     |
|--|--------------|----------------|-----|-------------|-----|
| Attorney Fees -<br>Prepare and<br>File FCC Form<br>2100 (main),<br>License to<br>Cover<br>Application    | \$2,365.00   | \$2,250.00     | N/A | \$419.50    | N/A |
| Attorney Fees<br>- Prepare and<br>File FCC Form<br>2100 (main),<br>Construction<br>Permit<br>Application | \$5,260.00   | \$5,000.00     | N/A | \$1,235.00  | N/A |
| Prepare<br>engineering<br>section of FCC<br>Form 2100<br>(main),<br>License to<br>Cover<br>Application   | \$1,580.00   | \$1,500.00     | N/A | N/A         | N/A |
| Perform<br>engineering<br>study for new<br>channel<br>assignment<br>and antenna<br>development           | \$7,360.00   | \$7,000.00     | N/A | \$918.74    | N/A |
| Prepare and<br>or review<br>reimbursement<br>form  | \$2,630.00   | \$2,500.00     | N/A | \$1,487.50  | N/A |
| <b>Sub-total</b>   | \$39,200.00  | \$37,250.00    | N/A | \$7,123.24  | N/A |
| <b>Total for all<br/>systems</b>   | \$980,690.00 | \$1,151,980.00 | N/A | \$35,379.49 | N/A |

## Components

**Actual Information**  
**Description**

**File Name**

|  |                               |   |
|--|-------------------------------|---|
| Project management of the transition   | <b>Component Description:</b> | project management  |
|  | <b>Amount:</b>                | \$43.75   |
|  | <b>Component Description:</b> | project management  |
|  | <b>Amount:</b>                | \$87.50   |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application                                       | <b>Component Description:</b> | Antenna and transmission line bid spec review and bid response review |
|  | <b>Amount:</b>                | \$700.00  |
|  | <b>Component Description:</b> | First Installment CP Prepare  |
|  | <b>Amount:</b>                | \$1,400.00  |
| FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase | <b>Component Description:</b> | FAA Inquiry   |
|  | <b>Amount:</b>                | \$350.00  |
| ASR modification (prepare FCC Form 854)  | <b>Component Description:</b> | ASR mod app followup  |
|  | <b>Amount:</b>                | \$131.25  |
|  | <b>Component Description:</b> | ASR Issue Resolution  |
|  | <b>Amount:</b>                | \$350.00  |



|   |  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
|---|--|-------------------------------|----------------------------------|----------------|----------|-------------------------------|--------------------------------------|----------------|---------|-------------------------------|---------------------------------------|----------------|----------|-------------------------------|----------------------------------|----------------|----------|
| <p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>     | <table> <tr> <td data-bbox="710 168 1013 212"><b>Component Description:</b></td><td data-bbox="1149 168 1324 246">Environmental review</td></tr> <tr> <td data-bbox="710 257 821 291"><b>Amount:</b></td><td data-bbox="1149 257 1236 291">\$49.50</td></tr> <tr> <td data-bbox="710 392 1013 436"><b>Component Description:</b></td><td data-bbox="1149 392 1380 470">First Installment Attorney Fees 2100</td></tr> <tr> <td data-bbox="710 481 821 515"><b>Amount:</b></td><td data-bbox="1149 481 1236 515">\$49.50</td></tr> <tr> <td data-bbox="710 616 1013 660"><b>Component Description:</b></td><td data-bbox="1149 616 1380 694">Second Installment Attorney Fees 2100</td></tr> <tr> <td data-bbox="710 705 821 739"><b>Amount:</b></td><td data-bbox="1149 705 1252 739">\$320.50</td></tr> </table>  | <b>Component Description:</b> | Environmental review             | <b>Amount:</b> | \$49.50  | <b>Component Description:</b> | First Installment Attorney Fees 2100 | <b>Amount:</b> | \$49.50 | <b>Component Description:</b> | Second Installment Attorney Fees 2100 | <b>Amount:</b> | \$320.50 |                               |                                  |                |          |
| <b>Component Description:</b>   | Environmental review   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Amount:</b>  | \$49.50  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Component Description:</b>   | First Installment Attorney Fees 2100   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Amount:</b>  | \$49.50  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Component Description:</b>   | Second Installment Attorney Fees 2100  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Amount:</b>  | \$320.50   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <table> <tr> <td data-bbox="710 862 1013 907"><b>Component Description:</b></td><td data-bbox="1149 862 1380 940">Second Installment Attorney Fees</td></tr> <tr> <td data-bbox="710 952 821 985"><b>Amount:</b></td><td data-bbox="1149 952 1252 985">\$839.00</td></tr> <tr> <td data-bbox="710 1086 1013 1131"><b>Component Description:</b></td><td data-bbox="1149 1086 1348 1164">Third Installment Attorney Fees</td></tr> <tr> <td data-bbox="710 1176 821 1209"><b>Amount:</b></td><td data-bbox="1149 1176 1236 1209">\$99.00</td></tr> <tr> <td data-bbox="710 1310 1013 1355"><b>Component Description:</b></td><td data-bbox="1149 1310 1340 1388">First Installment Attorney Fees</td></tr> <tr> <td data-bbox="710 1400 821 1433"><b>Amount:</b></td><td data-bbox="1149 1400 1236 1433">\$99.00</td></tr> <tr> <td data-bbox="710 1534 1013 1579"><b>Component Description:</b></td><td data-bbox="1149 1534 1364 1612">Fourth Installment Attorney Fees</td></tr> <tr> <td data-bbox="710 1624 821 1657"><b>Amount:</b></td><td data-bbox="1149 1624 1252 1657">\$198.00</td></tr> </table> | <b>Component Description:</b> | Second Installment Attorney Fees | <b>Amount:</b> | \$839.00 | <b>Component Description:</b> | Third Installment Attorney Fees      | <b>Amount:</b> | \$99.00 | <b>Component Description:</b> | First Installment Attorney Fees       | <b>Amount:</b> | \$99.00  | <b>Component Description:</b> | Fourth Installment Attorney Fees | <b>Amount:</b> | \$198.00 |
| <b>Component Description:</b>   | Second Installment Attorney Fees   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Amount:</b>  | \$839.00   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Component Description:</b>   | Third Installment Attorney Fees  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Amount:</b>  | \$99.00  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Component Description:</b>   | First Installment Attorney Fees  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Amount:</b>  | \$99.00  |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Component Description:</b>   | Fourth Installment Attorney Fees   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <b>Amount:</b>  | \$198.00   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |
| <p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>      | <p>Information not provided.</p>   |                               |                                  |                |          |                               |                                      |                |         |                               |                                       |                |          |                               |                                  |                |          |

|   |   |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
|---|---|-------------------------------|---|----------------|----------|-------------------------------|--|----------------|------------|-------------------------------|---------------------------------------|----------------|-----|-------------------------------|--|----------------|------------|
| Perform engineering study<br>for new channel<br>assignment and antenna<br>development | <table> <tr> <td data-bbox="710 168 1013 212"><b>Component Description:</b></td><td data-bbox="1149 168 1380 324">Review of site<br/>documentation and<br/>antennas, facility<br/>planning</td></tr> <tr> <td data-bbox="710 324 821 369"><b>Amount:</b></td><td data-bbox="1149 324 1252 369">\$459.37</td></tr> <tr> <td data-bbox="710 470 1013 515"><b>Component Description:</b></td><td data-bbox="1149 470 1380 548">First Installment<br/>Engineering Study</td></tr> <tr> <td data-bbox="710 548 821 593"><b>Amount:</b></td><td data-bbox="1149 548 1252 593">\$459.37</td></tr> <tr> <td data-bbox="710 694 1013 739"><b>Component Description:</b></td><td data-bbox="1149 694 1380 772">Non-Reimbursable,<br/>\$0.00 requested</td></tr> <tr> <td data-bbox="710 772 821 817"><b>Amount:</b></td><td data-bbox="1149 772 1204 817">N/A</td></tr> <tr> <td data-bbox="710 907 1013 952"><b>Component Description:</b></td><td data-bbox="1149 907 1380 985">Third Installment<br/>Engineering Study</td></tr> <tr> <td data-bbox="710 985 821 1030"><b>Amount:</b></td><td data-bbox="1149 985 1268 1030">\$2,100.00</td></tr> </table> | <b>Component Description:</b> | Review of site<br>documentation and<br>antennas, facility<br>planning | <b>Amount:</b> | \$459.37 | <b>Component Description:</b> | First Installment<br>Engineering Study | <b>Amount:</b> | \$459.37   | <b>Component Description:</b> | Non-Reimbursable,<br>\$0.00 requested | <b>Amount:</b> | N/A | <b>Component Description:</b> | Third Installment<br>Engineering Study | <b>Amount:</b> | \$2,100.00 |
| <b>Component Description:</b>   | Review of site<br>documentation and<br>antennas, facility<br>planning   |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Amount:</b>  | \$459.37  |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Component Description:</b>   | First Installment<br>Engineering Study  |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Amount:</b>  | \$459.37  |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Component Description:</b>   | Non-Reimbursable,<br>\$0.00 requested   |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Amount:</b>  | N/A   |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Component Description:</b>   | Third Installment<br>Engineering Study  |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Amount:</b>  | \$2,100.00  |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| Prepare and or review<br>reimbursement form   | <table> <tr> <td data-bbox="710 1153 1013 1198"><b>Component Description:</b></td><td data-bbox="1149 1153 1380 1232">Second Installment<br/>399 Form</td></tr> <tr> <td data-bbox="710 1232 821 1276"><b>Amount:</b></td><td data-bbox="1149 1232 1236 1276">\$87.50</td></tr> <tr> <td data-bbox="710 1377 1013 1422"><b>Component Description:</b></td><td data-bbox="1149 1377 1380 1456">First Installment<br/>399 Form</td></tr> <tr> <td data-bbox="710 1456 821 1500"><b>Amount:</b></td><td data-bbox="1149 1456 1268 1500">\$1,400.00</td></tr> </table>  | <b>Component Description:</b> | Second Installment<br>399 Form  | <b>Amount:</b> | \$87.50  | <b>Component Description:</b> | First Installment<br>399 Form          | <b>Amount:</b> | \$1,400.00 |                               |                                       |                |     |                               |  |                |            |
| <b>Component Description:</b>   | Second Installment<br>399 Form  |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Amount:</b>  | \$87.50   |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Component Description:</b>   | First Installment<br>399 Form   |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |
| <b>Amount:</b>  | \$1,400.00  |                               |   |                |          |                               |  |                |            |                               |                                       |                |     |                               |  |                |            |

## 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>\$45,990.00</b>          | <b>\$38,000.00</b> |  | <b>\$0.00</b> |                           |
| 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                       |
| 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                       |
| 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                       |
| DTV Medical Facility Notification  | \$11,550.00                 | \$5,000.00         | GBC estimate based on known quotations                     | N/A           | N/A                       |
| AM Pattern Disturbance -- Impact study                                   | \$7,890.00                  | \$7,500.00         | N/A  | N/A           | N/A                       |
| AM Pattern Disturbance -- Remedy   | \$21,050.00                 | \$20,000.00        | N/A  | N/A           | N/A                       |
| <b>Sub-total</b>   | <b>\$45,990.00</b>          | <b>\$38,000.00</b> | N/A  | <b>\$0.00</b> | N/A                       |

|                              |              |                |     |             |     |
|------------------------------|--------------|----------------|-----|-------------|-----|
| <b>Total for all systems</b> | \$980,690.00 | \$1,151,980.00 | N/A | \$35,379.49 | N/A |
|------------------------------|--------------|----------------|-----|-------------|-----|

## Components

Information not provided.

|                             |                              |  |                       |
|-----------------------------|------------------------------|--|-----------------------|
| <b>Cost<br/>Information</b> | <b>Grand Total</b>           |  |                       |
|                             |                              | <b>Predetermined<br/>Cost Estimate</b> | <b>Estimated Cost</b> |
|                             |                              |  | <b>Actual Cost</b>    |
|                             | <b>Total for all systems</b> | \$980,690.00                           | \$1,151,980.00        |
|                             |                              |  | \$35,379.49           |

|                             |  |                 |
|-----------------------------|--|-----------------|
| <b>Reimbursement Status</b> | <b>Question</b>  | <b>Response</b> |
|                             | The facility has ceased operating on its pre-auction channel.  | No              |
|                             | Construction of final facilities or all necessary modifications are complete.  | No              |
|                             | All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator. | No              |

| Certification | Section                                     | Question  | Response |
|---------------|---|---|----------|
|               | Submission of Estimated Expenses Statements | <p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>   |          |
|               |   | <ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol> |          |

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

|   |   |
|---|---|
| <p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p> |   |
| <p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>   | <p><b>Shae Hopkins</b><br/> <i>Executive Director</i></p> <p>02/20/2019</p> |



| Certification | Section  | Question   | Response |
|---------------|--|--|----------|
|               | Submission of Actual Cost Documentation Statements | <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.

|  |   |
|--|---|
| <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><br/> <i>Executive Director</i></p> <p>02/20/2019</p> |

## Attachments