



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **34212** | Service: **DTV** | Call **WKMA-TV** | Channel: **31 (UHF)** |
ID:
File **0000026900**
Number:
FRN: **0001790583** | Date **04/26**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KENTUCKY AUTHORITY FOR EDUCATIONAL TV	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
Greg Best <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
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary
Transmitter**

Other Transmitter Cost Not Listed

Information not provided.

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	55.1 kW

Manufacturer	
Model	TLP-24B (42)
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?	No
	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	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	36.7 kW
	Manufacturer	

Model	ATW22H3-CTO-31H
Year	2001
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	6 1/8 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

**Primary
Transmission Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	966 feet per run

Primary
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	45 feet per run
	Justification for New Transmission Line	Short run of new line to cover distance from current side-mount elevation to new top-mount location.

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Interim Run	115ft of 4in-50 Ohm to span the difference between backup line and current side-mount antenna location.

**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	1044021
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	37° 11' 21.0" N-
	Longitude (NAD83)	087° 30' 49.0" W-
	Overall Structure Height	997.04 feet
	Support Structure Height	949.14 feet
	Ground Elevation Above Mean Sea Level (AMSL)	551.50 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	KENTUCKY AUTHORITY FOR EDUCATIONAL TELEVISION DBA = WKMA 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:	Serious 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
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	KET Staff require outside services to manage the upgrades.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Progress and Transition Reports	progress and transition reporting

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	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

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Internal Labor	FCC Reimbursement Clerk hired for repack reimbursement ONLY

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		\$862.88	
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	\$236,500.00	\$225,000.00	N/A	\$362.88	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	\$500.00	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,450.00	N/A	N/A	N/A
Sub-total	\$291,700.00	\$277,450.00	N/A	\$862.88	N/A
Total for all systems	\$1,939,270.00	\$1,836,695.00	N/A	\$542,790.52	N/A

Components

Actual Information Description	File Name
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UHF - Air Cooled Solid State Transmitter 4 - 6 kW	<p>Component Description:</p> <p>eComm admin and support, distribution services at time of bidding -- GatesAir (RFP-48-19)</p> <p>Amount:</p> <p>\$362.88</p>
Service entrance 3 phase /800 amp/208 volt	<p>Component Description:</p> <p>KET Transmitter building electrical upgrade</p> <p>Amount:</p> <p>\$500.00</p>
Switchgear - industrial 800 amp	Information not provided.
3" Rigid Conduit and Wiring (Cost per foot)	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
Primary Antenna ATW22H3-CTO-31H	\$266,030.00	\$259,500.00		\$743.75	
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$12,800.00	Transition requires two sweeps of transmission equipment. Please see attached Repack Plan Exhibit for details.	N/A	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$235,000.00	N/A	\$743.75	N/A
Sub-total	\$266,030.00	\$259,500.00	N/A	\$743.75	N/A
Total for all systems	\$1,939,270.00	\$1,836,695.00	N/A	\$542,790.52	N/A

Components

Actual Information	File Name	
Description		
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.	
Sweep test of existing antenna	Information not provided.	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	Component Description:	Antenna and Line Spec
	Amount:	\$437.50
	Component Description:	Antenna gain and TPO evaluation and revision of specifications
	Amount:	\$306.25

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	\$18,490.00	\$17,995.00		\$0.00	
Rigid Transmission Line - copper, 6 1 /8" broadband	\$10,440.00	\$9,945.00	N/A	N/A	N/A
Interim Run	<i>\$8,050.00</i>	\$8,050.00	115ft at \$70 per ft. Extends current backup transmission line with similar (4in flexible cable) line.	N/A	N/A
Sub-total	\$18,490.00	\$17,995.00	N/A	\$0.00	N/A
Total for all systems	\$1,939,270.00	\$1,836,695.00	N/A	\$542,790.52	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 TOWER	\$1,300,800.00	\$1,228,000.00		\$533,974.55	
Tall Tower (greater than 500')	\$210,500.00	\$441,000.00	KET obtained quotation of realistic scope of tower rigging work from reputable supplier. Please see attached Tower Work exhibit.	\$1,540.17	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.	\$0.00	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	\$0.00	N/A

Serious tower reinforcement /modifications	\$1,052,000.00	\$750,000.00	KET obtained estimate of tower modification work from Neel-Schaffer.	\$532,434.38	N/A
Sub-total	\$1,300,800.00	\$1,228,000.00	N/A	\$533,974.55	N/A
Total for all systems	\$1,939,270.00	\$1,836,695.00	N/A	\$542,790.52	N/A

Components

Actual Information	
Description	File Name
Tall Tower (greater than 500')	<p>Component Description: eComm administration and support, and distribution services at the time of bidding - Electronics Research Inc contract</p> <p>Amount: \$1,540.17</p>
Load Study	<p>Component Description: Geotechnical Studies</p> <p>Amount: \$2,310.00</p>

Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study		
	Component Description:	TIA Tower Inspections and Load Audits
	Amount:	\$1,917.00
	Component Description:	Tower Mapping
	Amount:	\$1,373.00
	Component Description:	Foundation Mapping
	Amount:	\$1,320.02

Serious tower reinforcement /modifications		
	Component Description:	trimmed and removed trees for guy wire installation - QUOTE ATTACHED; Invoice number is date of invoice
	Amount:	\$6,750.00
	Component Description:	Bid Phase Only - RFB-198-18 billed for rebid distribution services only (Allstate Tower contract)
	Amount:	\$46.88
	Component Description:	tower mod
	Amount:	\$525,000.00
	Component Description:	eComm administration and support, distribution services at time of bidding -- Allstate Tower contract
	Amount:	\$637.50

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$43,200.00	\$41,250.00		\$7,044.65	
Progress and Transition Reports	<i>\$4,000.00</i>	\$4,000.00	N/A	\$262.50	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
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,575.00	N/A
Project management of the transition	\$12,640.00	\$12,000.00	KET Staff require outside services to manage the upgrades.	\$273.28	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$721.87	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,275.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,433.00	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	\$504.00	N/A
Sub-total	\$43,200.00	\$41,250.00	N/A	\$7,044.65	N/A
Total for all systems	\$1,939,270.00	\$1,836,695.00	N/A	\$542,790.52	N/A

Components

Actual Information	
Description	File Name

Progress and Transition Reports	<div> Component Description: quarterly report Amount: \$175.00 </div> <div> Component Description: quarterly report Amount: \$87.50 </div>
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
Prepare and or review reimbursement form	<div> Component Description: Form 399 Response and Support Amount: \$175.00 </div> <div> Component Description: Second Installment Amount: \$175.00 </div> <div> Component Description: First Installment Amount: \$1,400.00 </div> <div> Component Description: 399 input and support Amount: \$1,400.00 </div>

Project management of the transition	Component Description: travel expenses Amount: \$10.78
	Component Description: project management tasks Amount: \$87.50
	Component Description: project management Amount: \$87.50
	Component Description: project management Amount: \$43.75
	Component Description: Project management tasks Amount: \$43.75
Perform engineering study for new channel assignment and antenna development	Component Description: Review of site documentation and antennas, facility planning Amount: \$459.37
	Component Description: Linked station neighbor analysis Amount: \$262.50

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td data-bbox="710 174 1018 208">Component Description:</td><td data-bbox="1150 174 1369 365">Hitachi and GatesAir response review, new antenna and line specs</td></tr> <tr> <td data-bbox="710 376 818 409">Amount:</td><td data-bbox="1150 376 1246 409">\$525.00</td></tr> <tr> <td data-bbox="710 517 1018 551">Component Description:</td><td data-bbox="1150 517 1353 707">Antenna and transmission line bid spec review and bid response review</td></tr> <tr> <td data-bbox="710 719 818 752">Amount:</td><td data-bbox="1150 719 1246 752">\$700.00</td></tr> <tr> <td data-bbox="710 860 1018 893">Component Description:</td><td data-bbox="1150 860 1369 972">TV study analysis, antenna spec, transition draft, CP</td></tr> <tr> <td data-bbox="710 983 818 1016">Amount:</td><td data-bbox="1150 983 1246 1016">\$962.50</td></tr> <tr> <td data-bbox="710 1124 1018 1158">Component Description:</td><td data-bbox="1150 1124 1353 1191">new antenna and line specs</td></tr> <tr> <td data-bbox="710 1202 818 1236">Amount:</td><td data-bbox="1150 1202 1230 1236">\$87.50</td></tr> </table>	Component Description:	Hitachi and GatesAir response review, new antenna and line specs	Amount:	\$525.00	Component Description:	Antenna and transmission line bid spec review and bid response review	Amount:	\$700.00	Component Description:	TV study analysis, antenna spec, transition draft, CP	Amount:	\$962.50	Component Description:	new antenna and line specs	Amount:	\$87.50
Component Description:	Hitachi and GatesAir response review, new antenna and line specs																
Amount:	\$525.00																
Component Description:	Antenna and transmission line bid spec review and bid response review																
Amount:	\$700.00																
Component Description:	TV study analysis, antenna spec, transition draft, CP																
Amount:	\$962.50																
Component Description:	new antenna and line specs																
Amount:	\$87.50																
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.																

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="710 168 1013 246">Component Description: Amount:</td><td data-bbox="1149 168 1340 246">First Installment \$99.00</td></tr> <tr> <td data-bbox="710 347 1013 425">Component Description: Amount:</td><td data-bbox="1149 347 1340 425">Third Installment \$396.00</td></tr> <tr> <td data-bbox="710 526 1013 604">Component Description: Amount:</td><td data-bbox="1149 526 1372 604">Second Installment \$839.00</td></tr> <tr> <td data-bbox="710 705 1013 784">Component Description: Amount:</td><td data-bbox="1149 705 1356 784">Fourth Installment \$99.00</td></tr> </table>	Component Description: Amount:	First Installment \$99.00	Component Description: Amount:	Third Installment \$396.00	Component Description: Amount:	Second Installment \$839.00	Component Description: Amount:	Fourth Installment \$99.00
Component Description: Amount:	First Installment \$99.00								
Component Description: Amount:	Third Installment \$396.00								
Component Description: Amount:	Second Installment \$839.00								
Component Description: Amount:	Fourth Installment \$99.00								
<p>ASR modification (prepare FCC Form 854)</p>	<p>Information not provided.</p>								
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<table> <tr> <td data-bbox="710 1030 1013 1388">Component Description: Amount:</td><td data-bbox="1149 1030 1372 1388">public notice; repack and coordination of linked station set #44 for testing and sequence of transitioning stations \$134.00</td></tr> <tr> <td data-bbox="710 1489 1013 1568">Component Description: Amount:</td><td data-bbox="1149 1489 1372 1568">Second Installment \$320.50</td></tr> <tr> <td data-bbox="710 1668 1013 1747">Component Description: Amount:</td><td data-bbox="1149 1668 1340 1747">First Installment \$49.50</td></tr> </table>	Component Description: Amount:	public notice; repack and coordination of linked station set #44 for testing and sequence of transitioning stations \$134.00	Component Description: Amount:	Second Installment \$320.50	Component Description: Amount:	First Installment \$49.50		
Component Description: Amount:	public notice; repack and coordination of linked station set #44 for testing and sequence of transitioning stations \$134.00								
Component Description: Amount:	Second Installment \$320.50								
Component Description: Amount:	First Installment \$49.50								

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$19,050.00	\$12,500.00		\$164.69	
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
Equipment Storage	<i>\$500.00</i>	\$500.00	GBC estimate	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
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
Internal Labor	<i>\$2,000.00</i>	\$2,000.00	N/A	\$164.69	N/A
Sub-total	\$19,050.00	\$12,500.00	N/A	\$164.69	N/A
Total for all systems	\$1,939,270.00	\$1,836,695.00	N/A	\$542,790.52	N/A

Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Storage	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Internal Labor	<div> <div> Component Description: Amount: </div> <div> payroll expenses for internal labor \$71.75 </div> </div> <div> <div> Component Description: Amount: </div> <div> payroll expenses for internal labor \$58.43 </div> </div> <div> <div> Component Description: Amount: </div> <div> payroll expenses for internal labor \$34.51 </div> </div>

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$1,939,270.00	\$1,836,695.00	\$542,790.52

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

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

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

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*

04/26/2019

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"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Shae Hopkins <i>Executive Director</i></p> <p>04/26/2019</p>

Attachments