



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **67347** | Service: **DTV** | Call **KWOG** | Channel: **29 (UHF)** |
ID: | Sign:
File **0000028063**
Number:
FRN: **0001843697** | Date **04/01**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WORD OF GOD FELLOWSHIP, INC. Doing Business As: WORD OF GOD FELLOWSHIP, INC.	Arnold Torres 3901 HIGHWAY 121 SOUTH BEDFORD, TX 76201 United States	+1 (817) 571- 1229	arnold. torres@daystar. com	Not-for-Profit

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
Henry Turner <i>Engineer</i> WORD OF GOD FELLOWSHIP, INC.	Henry Turner 3901 HIGHWAY 121 SOUTH Bedford, TX 76021 United States	+1 (817) 571-1229	HENRY. TURNER@DAYSTAR. 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	Coordinate with tower owner and other Broadcasters; transition during assigned phase. KWOX will transition by changing transmitter and antenna.

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	NV7500
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ELETXUD2700AC
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.7 kW
	Justification for New Transmitter	Current transmitter cannot be retuned to new antenna at allotted power level.

**Primary
Transmitter**

Other Transmitter Costs

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

	Description	Minimal electric services will be needed to implement new facility.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	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**

Name	Description
Mask Filter	Mask Filter

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)	35.0 kW

Manufacturer	
Model	ALP24M3- HSOC-39
Year	2007

Primary
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	28.6 kW
	Manufacturer	

Model	SWED12OI /29-EP
Year	2017
Justification for New Antenna	Existing antenna is non-tunable to new channel.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna	Other Antenna Cost Not Listed
	Information not provided.

Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower Equipment And Rigging Costs

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

Primary Tower**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	36° 11' 04.6" N-
	Longitude (NAD83)	094° 17' 50.0" W-
	Overall Structure Height	463.91 feet

Support Structure Height	463.91 feet
Ground Elevation Above Mean Sea Level (AMSL)	1293.95 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Arklahoma Broadcast & Communiaction Towers, LLC
Date Constructed	04/01/2015

**FM, AM or TV radio
broadcasters. Facility ID's,
Call Signs and Services of
other broadcast stations with
whom the tower is shared**

Facility ID	Call Sign	Service
64630	KMCK-FM	FM

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor Reinforcements needed

Primary Tower

Tower Rigging Costs

Section	Question	Response
---------	----------	----------

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

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	690
	Explanation	Project management fee, for pre construction services including initial antenna placement and RF compatibility review, zoning and permitting requirements review; leasing application services to support the transition of one broadcaster.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes

	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	Yes
	Environmental Assessment	Yes
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes

	Number of Days	7
	Justification	Installation of transmitter and supervision of antenna installation.

Outside Professional

Other Professional Services Expenses Not Listed

Services Costs

Name	Description
Migratory Bird Assessment Permitting	Migratory Bird Assessment Permitting

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	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses	Other Expenses Not Listed 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 ELETXUD2700AC	\$271,375.75	\$234,322.00		\$89,026.20	
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	\$155,600.00	\$119,546.25	Elektronica quote # 5967, \$109,546.25 plus est \$10,000.00 in tax and freight	N/A	N/A
Other Electrical Service: Minimal electric services will be needed to implement new facility.	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$19,250.00	N/A	\$550.20	N/A
Mask Filter	<i>\$10,248.75</i>	\$10,248.75	N/A	\$8,199.00	N/A
UHF - Air Cooled Solid State Transmitter 2.7 kW	<i>\$80,277.00</i>	\$80,277.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$80,277.00	N/A
Sub-total	\$271,375.75	\$234,322.00	N/A	\$89,026.20	N/A
Total for all systems	\$799,915.75	\$722,054.00	N/A	\$120,461.25	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	Information not provided.
Other Electrical Service: Minimal electric services will be needed to implement new facility.	Information not provided.
5 Ton system	<p>Component Description: Joshua D Reamer, 20MFD RUN CAPACITOR, 5 UF CAPACITOR</p> <p>Amount: \$550.20</p>
Mask Filter	<p>Component Description: KWOQ-110-1st Primary Transmitter - Mask Filter</p> <p>Amount: \$8,199.00</p>
UHF - Air Cooled Solid State Transmitter 2.7 kW	<p>Component Description: SHIPPING AND HANDLING from Miami to Fayetteville, AR, INSURANCE OF EQUIPMENT</p> <p>Amount: \$839.00</p> <p>Component Description: EKA TXUD2700AC D UHF Digital TV Transmitter, Power 2700w RMS, Composed by DynaMaia NT Digital TV Transmitter.</p> <p>Amount: \$79,438.00</p>

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 SWED120I /29-EP	\$30,670.00	\$30,340.00		\$16,910.85	
UHF - High Power, Side Mount, basic slot antenna, 29 kW input, directional,, elliptically or circularly polarized	\$23,940.00	\$23,940.00	N/A	\$16,910.85	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$30,670.00	\$30,340.00	N/A	\$16,910.85	N/A
Total for all systems	\$799,915.75	\$722,054.00	N/A	\$120,461.25	N/A

Components

Actual Information	
Description	File Name
UHF - High Power, Side Mount, basic slot antenna, 29 kW input, directional,, elliptically or circularly polarized	Component Description: Antenna Amount: \$16,910.85
Sweep test of existing antenna	Information not provided.

Cost Information **Transmission Line**
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	\$268,500.00	\$255,000.00		\$2,792.73	
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	\$2,792.73	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	N/A	N/A
Minor tower reinforcement /modifications	\$158,000.00	\$150,000.00	N/A	N/A	N/A
Sub-total	\$268,500.00	\$255,000.00	N/A	\$2,792.73	N/A
Total for all systems	\$799,915.75	\$722,054.00	N/A	\$120,461.25	N/A

Components

Actual Information Description	File Name
--------------------------------	-----------

Short Tower (less than 500')	<div> <div>Component Description:</div> <div>Labor for Delivery of transmitter to KWOOG and helping to install in building.</div> <div>Amount:</div> <div>\$2,792.73</div> </div>
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	Information not provided.
Minor tower reinforcement /modifications	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
Outside Professional Services	\$198,280.00	\$179,175.00		\$11,454.20	
Project management of the transition	\$109,020.00	\$109,175.00	Widely quote for services (uploaded), plus KWOOG estimated project management	\$6,709.70	N/A
Migratory Bird Assessment Permitting	<i>\$1,750.00</i>	\$1,750.00	N/A	N/A	N/A
Additional Field Engineering Service, 7 Days	<i>\$10,500.00</i>	\$10,500.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$5,000.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$786.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$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	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	\$967.50	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	\$2,663.50	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$327.50	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	N/A	N/A	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
Sub-total	\$198,280.00	\$179,175.00	N/A	\$11,454.20	N/A
Total for all systems	\$799,915.75	\$722,054.00	N/A	\$120,461.25	N/A

Components

Actual Information	
Description	File Name
Project management of the transition	Component Description: Project Management Amount: \$1,514.90
	Component Description: Project Management Amount: \$26.40
	Component Description: Project Management Amount: \$2,787.15
	Component Description: Project Management Amount: \$2,381.25
	Component Description: Invoiced moved and resubmitted Amount: N/A
Migratory Bird Assessment Permitting	Information not provided.
Additional Field Engineering Service, 7 Days	Information not provided.
RF Exposure Measurements	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.

Prepare and or review reimbursement form	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Total Professional Services, Total Disbursement</div> <div>\$786.00</div> </div>
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Perform engineering study for new channel assignment and antenna development	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Total Professional Services, Total Disbursements</div> <div>\$967.50</div> </div>

Attorney Fees - Negotiation of lease and other matters for shared locations	<table> <tr> <td data-bbox="702 174 1015 208">Component Description:</td><td data-bbox="1147 174 1361 282">Total Professional Services, Total Disbursements</td></tr> <tr> <td data-bbox="702 297 815 331">Amount:</td><td data-bbox="1147 297 1230 331">\$69.50</td></tr> <tr> <td data-bbox="702 436 1015 470">Component Description:</td><td data-bbox="1147 436 1361 544">Total Professional Services, Total Disbursements</td></tr> <tr> <td data-bbox="702 560 815 593">Amount:</td><td data-bbox="1147 560 1246 593">\$208.50</td></tr> <tr> <td data-bbox="702 698 1015 732">Component Description:</td><td data-bbox="1147 698 1361 806">Total Professional Services, Total Disbursements</td></tr> <tr> <td data-bbox="702 822 815 855">Amount:</td><td data-bbox="1147 822 1246 855">\$417.00</td></tr> <tr> <td data-bbox="702 960 1015 994">Component Description:</td><td data-bbox="1147 960 1318 994">Legal services</td></tr> <tr> <td data-bbox="702 994 815 1028">Amount:</td><td data-bbox="1147 994 1267 1028">\$1,837.50</td></tr> <tr> <td data-bbox="702 1133 1015 1167">Component Description:</td><td data-bbox="1147 1133 1361 1240">Total Professional Services, Total Disbursement</td></tr> <tr> <td data-bbox="702 1256 815 1290">Amount:</td><td data-bbox="1147 1256 1246 1290">\$131.00</td></tr> </table>	Component Description:	Total Professional Services, Total Disbursements	Amount:	\$69.50	Component Description:	Total Professional Services, Total Disbursements	Amount:	\$208.50	Component Description:	Total Professional Services, Total Disbursements	Amount:	\$417.00	Component Description:	Legal services	Amount:	\$1,837.50	Component Description:	Total Professional Services, Total Disbursement	Amount:	\$131.00
Component Description:	Total Professional Services, Total Disbursements																				
Amount:	\$69.50																				
Component Description:	Total Professional Services, Total Disbursements																				
Amount:	\$208.50																				
Component Description:	Total Professional Services, Total Disbursements																				
Amount:	\$417.00																				
Component Description:	Legal services																				
Amount:	\$1,837.50																				
Component Description:	Total Professional Services, Total Disbursement																				
Amount:	\$131.00																				
Attorney Fees - Prepare and File request for Special Temporary Authorization	<table> <tr> <td data-bbox="702 1422 1015 1456">Component Description:</td><td data-bbox="1147 1422 1361 1529">Total Professional Services, Total Disbursements</td></tr> <tr> <td data-bbox="702 1545 815 1579">Amount:</td><td data-bbox="1147 1545 1246 1579">\$327.50</td></tr> </table>	Component Description:	Total Professional Services, Total Disbursements	Amount:	\$327.50																
Component Description:	Total Professional Services, Total Disbursements																				
Amount:	\$327.50																				
NEPA Section 106 environmental review, if needed	Information not provided.																				
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.																				

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	\$31,090.00	\$23,217.00		\$190.00	
DTV Medical Facility Notification	\$11,550.00	\$3,732.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	\$190.00	N/A
Local Zoning	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A

Equipment Storage	\$3,500.00	\$3,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$500.00	\$500.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$2,400.00	\$2,400.00	Wiley Rein Invoice #1433072	\$0.00	N/A
Sub-total	\$31,090.00	\$23,217.00	N/A	\$190.00	N/A
Total for all systems	\$799,915.75	\$722,054.00	N/A	\$120,461.25	N/A

Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	<p>Component Description: KWOOG-610-FCC Filing Fee - Special Temporary Authorization</p> <p>Amount: \$190.00</p>
Local Zoning	Information not provided.
Non-zoning permits	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	<div> <div> Component Description: </div> <div> KWOG-610-Equipment Delivery and Handling Charges </div> </div> <div> <div> Amount: </div> <div> \$87.27 </div> </div>
Equipment Storage	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	<div> <div> Component Description: </div> <div> Total Professional Services, Total Disbursements </div> </div> <div> <div> Amount: </div> <div> \$2,400.00 </div> </div>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$799,915.75	\$722,054.00
			\$120,461.25

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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.

**Arnold
Torres**
*Business
Administrator*

04/01/2020

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>Arnold Torres <i>Business Administrator</i></p> <p>04/01/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Arnold
Torres**
*Business
Administrator*

04/01/2020

Attachments