



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **168419** | Service: **DCA** | Call **WJTS-CD** | Channel: **24 (UHF)** |  
ID:  
File **0000028091**  
Number:  
FRN: **0015209620** | Date **04/21**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Paul E Knies</b>	P.O. BOX 1009 JASPER, IN 47547 United States	+1 (812) 482- 2727	wjts1@DCBROADCASTING. COM	Individual

## 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>John Neely , Esq</b> . <i>counsel</i> <i>Miller and Neely,</i> <i>PC</i>	Suite 203 3750 University Blvd., West Kensington, MD 20895 United States	+1 (301) 933- 6304	johnsneely@yahoo. 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	Transition by Assigned Phase Completion Date

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Iu2000 atd
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2 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	ULXTE-6
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	4.32 kW
	Justification for New Transmitter	Repacking from Ch. 18 to 24 results in higher power requirement than permitted by existing Tx maximum capability.

**Primary  
Transmitter**

**Other Transmitter Costs**

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

	Size	N/A
	Length	N/A
	Other Electrical Service	No
	Description	N/A
<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?	Yes
	Size	24.0 square feet
<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**

Name	Description
<b>Coupler</b>	1375.30
<b>7 percent Indiana state use tax on purchase</b>	11417.78
<b>Heat Exhcanger</b>	4459.95
<b>RF line connection kit</b>	6314.65
<b>Antifreeze Coolant</b>	247.26
<b>Coolant Transfer charge kit</b>	308.30
<b>shipping</b>	5000.00

<b>ULXT System wiring kit</b>	590.75
<b>XTE Exciter with supply of new Digital Mask Filter</b>	14950.00
<b>Plumbing Integrated pump kit</b>	1838.72
<b>Install Material kit</b>	590.75
<b>Internal High Efficiency Pump Module</b>	6442.64
<b>Parallel Surge Suppressor</b>	1726.66
<b>Installation Service</b>	26766.25

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Class A
	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) .....	15.0 kW



Manufacturer	
Model	ALP12L4- HSO
Year	2008

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	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	12
	Lower Limit	530.00 MHz
	Upper Limit	536.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	

	Model	ALP12L4-CSO-24
	Year	2017
	Justification for New Antenna	change from h-pol to c-pol

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	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?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<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**

Name	Description
ERI - field services	field services
ERI - antenna installation	Antenna Installation services
ERI- filter system	filter system
ERI - Indiana Sales Tax	Indiana Sales Tax
ERI - freight	Freight/shipping
ERI - add'l intall hardware	additional installation hardware

**Transmission Line**

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

**Primary  
Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	Other
	Other Diameter	3 1/8 inches
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	10 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	3 1/8 inches
	Other Diameter	N/A
	Segment Length	Other
	Other Segment Length	10 feet
	Number of parallel runs	1
	Length	5 feet per run
	Justification for New Transmission Line	transmitter compatibility

Primary  
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

Section	Question	Response
<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	40
	Explanation	contract engineer project manager to supervise and facilitate equipment installation and coordinate equipment suppliers, tower crew, and ready the tx site for channel conversion. \$125 per hour
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No



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

<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	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**

<b>Name</b>	<b>Description</b>
<b>General Manager</b>	Bill Potter WJTS General Manager - for project management, gather Form 399 costs, contact with MVPD, assess project needs, public outreach, coord. buildout schedule, coord suppliers/contractors; 80 hours at \$25 per hour.
<b>Medical Facility Notification</b>	notification required as a special condition of the displacement construction permit
<b>Part time staff engineer</b>	Evan Elrod part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 60 hours at \$25 per hour
<b>Second Part time staff engineer</b>	Dave Ferguson part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 40 hours at \$25 per hour
<b>Station Owner</b>	Paul Knies station owner - for project management, contact with MVPD, assisting counsel to prepare forms 399, 1876 and 2100, identify suppliers/contractors; 80 hours at \$25 per hour.
<b>Outside Electrical Contractor</b>	Fischer Electric - transmitter shelter electrical site work to receive new transmitter

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	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?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
<b>Nonreducible Dark Station costs</b>	nonreducible costs when station is dark pending coordination with linked-stations and commencing program test operations.
<b>Newspaper and Radio advertising</b>	Alert public as to rescan necessity. 3 newspaper \$3000, 4 radio stations \$3000

## 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
<b>Primary Transmitter ULXTE-6</b>	<b>\$210,708.81</b>	<b>\$210,708.81</b>		<b>\$183,365.36</b>	
Installation Service	<i>\$27,359.00</i>	\$27,359.00	see price quote	\$26,973.88	N/A
Parallel Surge Suppressor	<i>\$1,726.66</i>	\$1,726.66	see price quote	\$0.00	N/A
Internal High Efficiency Pump Module	<i>\$6,442.64</i>	\$6,442.64	see price quote	\$0.00	N/A
Install Material kit	<i>\$590.75</i>	\$590.75	see price quote	\$0.00	N/A
Plumbing Integrated pump kit	<i>\$1,838.72</i>	\$1,838.72	see price quote	\$0.00	N/A
XTE Exciter with supply of new Digital Mask Filter	<i>\$14,950.00</i>	\$14,950.00	see price quote	\$13,766.25	N/A
ULXT System wiring kit	<i>\$2,317.41</i>	\$2,317.41	see price quote	\$2,317.41	N/A
shipping	<i>\$5,000.00</i>	\$5,000.00	see price quote	\$5,000.00	N/A
Coolant Transfer charge kit	<i>\$308.30</i>	\$308.30	see price quote	\$0.00	N/A

Antifreeze Coolant	<b>\$247.26</b>	\$247.26	see price quote	\$0.00	N/A
RF line connection kit	<b>\$20,986.82</b>	\$20,986.82	see price quote	\$20,986.82	N/A
Heat Exhcanger	<b>\$4,459.95</b>	\$4,459.95	see price quote	\$0.00	N/A
7 percent Indiana state use tax on purchase	<b>\$8,785.00</b>	\$8,785.00	7 percent Indiana state use tax	\$0.00	N/A
Coupler	<b>\$1,375.30</b>	\$1,375.30	see price quote	\$0.00	N/A
Other -- Building Addition Size: 24.0	<b>\$1,871.00</b>	\$1,871.00	The required outside heat exchanger requires concrete pad extension to the transmitter shelter with ice breaker hardware to protect the heat exchanger from falling ice damage	\$1,871.00	N/A
UHF - Liquid Cooled Solid State Transmitter 4.32 kW	<b>\$112,450.00</b>	\$112,450.00	see price quote	\$112,450.00	N/A
<b>Sub-total</b>	<b>\$210,708.81</b>	<b>\$210,708.81</b>	<b>N/A</b>	<b>\$183,365.36</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$428,623.09</b>	<b>\$455,536.07</b>	<b>N/A</b>	<b>\$260,693.22</b>	<b>N/A</b>

## Components

Actual Information		
Description	File Name	
Installation Service	<b>Component Description:</b>	install material kit
	<b>Amount:</b>	\$295.38
	<b>Component Description:</b>	remaining balance
	<b>Amount:</b>	installation service \$13,000.00
	<b>Component Description:</b>	Installation and Proof
	<b>Amount:</b>	\$13,678.50
Parallel Surge Suppressor	<b>Component Description:</b>	surge suppressor
	<b>Amount:</b>	N/A
Internal High Efficiency Pump Module	<b>Component Description:</b>	Internal High Efficiency Pump Module
	<b>Amount:</b>	N/A
Install Material kit	<b>Component Description:</b>	install material kit
	<b>Amount:</b>	N/A
Plumbing Integrated pump kit	<b>Component Description:</b>	Plumbing Integrated pump kit
	<b>Amount:</b>	\$1,838.72

XTE Exciter with supply of new Digital Mask Filter	<b>Component Description:</b>	equipment
	<b>Amount:</b>	\$13,766.25
	<b>Component Description:</b>	Exciter
	<b>Amount:</b>	N/A
ULXT System wiring kit	<b>Component Description:</b>	system wiring
	<b>Amount:</b>	\$1,158.70
	<b>Component Description:</b>	electrical
	<b>Amount:</b>	\$1,158.71
shipping	<b>Component Description:</b>	freight
	<b>Amount:</b>	\$5,000.00
Coolant Transfer charge kit	<b>Component Description:</b>	transfer charge kit
	<b>Amount:</b>	\$308.30
Antifreeze Coolant	<b>Component Description:</b>	coolant
	<b>Amount:</b>	\$247.26
RF line connection kit	<b>Component Description:</b>	connection kit
	<b>Amount:</b>	\$10,493.41
	<b>Component Description:</b>	RF Accessories
	<b>Amount:</b>	\$10,493.41
Heat Exhcanger	<b>Component Description:</b>	Heat Exchanger
	<b>Amount:</b>	\$4,459.95



7 percent Indiana state use tax on purchase	<div> <b>Component Description:</b> 7 percent Indiana state use tax on purchase </div> <div> <b>Amount:</b> N/A </div>
Coupler	<div> <b>Component Description:</b> coupler </div> <div> <b>Amount:</b> \$1,375.30 </div>
Other -- Building Addition Size: 24.0	<div> <b>Component Description:</b> install 4x8 concrete pad and purchase ice breaker </div> <div> <b>Amount:</b> \$1,421.00 </div> <div> <b>Component Description:</b> labor to assemble and install ice breaker at transmitter site </div> <div> <b>Amount:</b> \$450.00 </div>
UHF - Liquid Cooled Solid State Transmitter 4.32 kW	<div> <b>Component Description:</b> additional xm payment </div> <div> <b>Amount:</b> \$42,841.87 </div> <div> <b>Component Description:</b> transmitter </div> <div> <b>Amount:</b> \$13,383.13 </div> <div> <b>Component Description:</b> transmitter </div> <div> <b>Amount:</b> \$56,225.00 </div>

## 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 ALP12L4-CSO-24</b>	<b>\$69,904.58</b>	<b>\$105,467.91</b>		<b>\$64,205.37</b>	
Sweep test of existing antenna	\$6,730.00	\$6,250.00	ERI sweep testing	\$3,125.00	N/A
ERI - field services	<i>\$1,500.00</i>	\$1,500.00	field services	\$750.00	N/A
ERI - antenna installation	<i>\$22,225.00</i>	\$22,225.00	antenna installation	\$11,112.50	N/A
ERI- filter system	<i>\$8,870.00</i>	\$8,870.00	antenna filter system equipment	\$4,435.00	N/A
ERI - freight	<i>\$285.88</i>	\$285.88	ship antenna to tower site.	\$0.00	N/A
ERI - Indiana Sales Tax	<i>\$2,372.70</i>	\$2,372.70	***System Notice: Estimate adjusted and locked because line has been superseded. ***Indian sales tax	\$2,239.37	The Sub-total is greater than Estimated Cost. Please provide an explanation for the difference in costs.

UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$62,343.33	per attached ERI invoice includes \$8870 Bandpass filter, + \$1500 mask filter installation fee + \$27535 antenna cost + \$22225 antenna installation services + \$285.88 freight charge + 7% Indiana sales tax \$1927.45	\$40,922.50	N/A
ERI - add'l intall hardware	<b>\$1,621.00</b>	\$1,621.00	***System Notice: Estimate adjusted and locked because line has been superseded. ***required add'l install hardware	\$1,621.00	N/A
<b>Sub-total</b>	\$69,904.58	\$105,467.91	N/A	\$64,205.37	N/A
<b>Total for all systems</b>	\$428,623.09	\$455,536.07	N/A	\$260,693.22	N/A

## Components

**Actual Information**  
**Description**

**File Name**

Sweep test of existing antenna	<b>Component Description:</b>	10% sweep testing
	<b>Amount:</b>	\$625.00
	<b>Component Description:</b>	40% sweep testing
	<b>Amount:</b>	\$2,500.00
ERI - field services	<b>Component Description:</b>	10% field services
	<b>Amount:</b>	\$150.00
	<b>Component Description:</b>	40% field services
	<b>Amount:</b>	\$600.00
ERI - antenna installation	<b>Component Description:</b>	10% installation services
	<b>Amount:</b>	\$2,222.50
	<b>Component Description:</b>	40% installation services
	<b>Amount:</b>	\$8,890.00
ERI- filter system	<b>Component Description:</b>	50% filter system
	<b>Amount:</b>	\$4,435.00
ERI - freight	<b>Component Description:</b>	ship antenna to job site
	<b>Amount:</b>	\$285.88
ERI - Indiana Sales Tax	<b>Component Description:</b>	Indiana sales tax
	<b>Amount:</b>	\$2,239.37

UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<div> <b>Component Description:</b> ignore this item</div> <div> <b>Amount:</b> N/A</div>
	<div> <b>Component Description:</b> 50% equipment</div> <div> <b>Amount:</b> \$10,750.00</div>
	<div> <b>Component Description:</b> 50% antenna deposit</div> <div> <b>Amount:</b> \$30,172.50</div>
ERI - add'l intall hardware	<div> <b>Component Description:</b> additional miscellaneous hardware required on installation date</div> <div> <b>Amount:</b> \$1,621.00</div>
	<div> <b>Component Description:</b> disregard this item</div> <div> <b>Amount:</b> N/A</div>

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	\$520.00	\$6,314.65		\$0.00	
Rigid Transmission Line - copper, 3 1/8"	\$520.00	\$6,314.65	compatibility with transmitter	\$0.00	N/A
Sub-total	\$520.00	\$6,314.65	N/A	\$0.00	N/A
Total for all systems	\$428,623.09	\$455,536.07	N/A	\$260,693.22	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 3 1/8"	<div>Component Description: transmission line and hangars</div> <div>Amount: \$6,314.65</div>

Cost Information

Tower Equipment and Rigging Costs

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	\$117,104.99	\$110,714.99		\$4,714.99	
Ouside Electrical Contractor	\$2,464.99	\$2,464.99	Electric Panel and sitework for transmitter replacement	\$2,464.99	N/A
Station Owner	\$2,000.00	\$2,000.00	wage	\$0.00	N/A
Second Part time staff engineer	\$1,000.00	\$1,000.00	wages	N/A	N/A
Part time staff engineer	\$1,500.00	\$1,500.00	wages	N/A	N/A
Medical Facility Notification	\$0.00	\$0.00	please reject	\$0.00	medical facility notification expense required as per special condition to the displacement construction permit
General Manager	\$2,000.00	\$2,000.00	wage	N/A	N/A

Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	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	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$0.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	Price quote from consulting engineer.	\$250.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,000.00	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
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A



Project management of the transition	\$6,320.00	\$5,000.00	40 hours at \$125 per hour	N/A	N/A
<b>Sub-total</b>	\$117,104.99	\$110,714.99	N/A	\$4,714.99	N/A
<b>Total for all systems</b>	\$428,623.09	\$455,536.07	N/A	\$260,693.22	N/A

## Components

Actual Information	
Description	File Name
Outside Electrical Contractor	<p><b>Component Description:</b> Electric panel and sitework for transmitter replacement</p> <p><b>Amount:</b> \$2,464.99</p>
Station Owner	Information not provided.
Second Part time staff engineer	Information not provided.
Part time staff engineer	Information not provided.
Medical Facility Notification	<p><b>Component Description:</b> reject</p> <p><b>Amount:</b> N/A</p>
General Manager	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> engineering work - application for license to cover CP</p> <p><b>Amount:</b> \$250.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> repack CP application engineering work</p> <p><b>Amount:</b> \$2,000.00</p>
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Project management of the transition	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
<b>Other Expenses</b>	<b>\$30,384.71</b>	<b>\$22,329.71</b>		<b>\$8,407.50</b>	
Newspaper and Radio advertising	<i>\$6,000.00</i>	\$6,000.00	N/A	\$4,537.50	N/A
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,535.00	required by construction permit special condition	\$3,535.00	.
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	\$335.00	Media Bureau Fee filer Guide	\$335.00	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$889.71</i>	\$889.71	N/A	N/A	N/A

Develop and air announcement of upcoming channel change	<b>\$1,000.00</b>	\$1,000.00	N/A	N/A	N/A
Nonreducible Dark Station costs	<b>\$7,000.00</b>	\$7,000.00	nonreducible costs while station is dark for tower work and linked-station coordination while preparing to commence program test operation. \$1000 per day for 7 days.	N/A	N/A
<b>Sub-total</b>	\$30,384.71	\$22,329.71	N/A	\$8,407.50	N/A
<b>Total for all systems</b>	\$428,623.09	\$455,536.07	N/A	\$260,693.22	N/A

## Components

Actual Information	
Description	File Name

Newspaper and Radio advertising	<b>Component Description:</b>  <b>Amount:</b>	Repack/Rescan community education radio advertising \$1,275.00
	<b>Component Description:</b>  <b>Amount:</b>	Repack/Rescan community education radio advertising \$1,025.00
	<b>Component Description:</b>  <b>Amount:</b>	Repack/Rescan community education newspaper advertising \$464.00
	<b>Component Description:</b>  <b>Amount:</b>	Repack/Rescan community education newspaper advertising \$148.50
	<b>Component Description:</b>  <b>Amount:</b>	Repack/Rescan community education radio advertising \$737.50
	<b>Component Description:</b>  <b>Amount:</b>	Repack/Rescan community education radio advertising \$887.50
MVPD Notification of Channel Change	Information not provided.	

DTV Medical Facility Notification	<p><b>Component Description:</b> required by CP special condition; estimate and invoice.</p> <p><b>Amount:</b> \$3,535.00</p>
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	<p><b>Component Description:</b> Repack license to cover application filing fee</p> <p><b>Amount:</b> \$335.00</p>
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Nonreducible Dark Station costs	Information not provided.

**Cost  
Information**

**Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$428,623.09	\$455,536.07	\$260,693.22

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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"> <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>Paul Knies</b> <i>owner</i></p> <p>04/21/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Paul Knies**  
*owner*

04/21/2020

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"> <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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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.

**Paul Knies**  
owner

04/21/2020

## Attachments

