



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **64548** | Service: **DTV** | Call **KITV** | Channel: **20 (UHF)** |  
ID: | Sign:  
File **0000028913**  
Number:  
FRN: **0024593717** | Date **10/22**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>KITV, INC.</b> Doing Business As: KITV, INC.	Wade O'Hagan 999 MONTEREY STREET SUITE 350 SAN LUIS OBISPO, CA 93401 United States	+1 (805) 548-0602	sjlwade@aol. com	Corporation

## 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
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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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	To relocate from channel 40 to channel 20, KITV will retune its existing primary antenna and install a new transmitter and transmission line at the station's existing tower location.

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	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	DHD30P1 Diamond CD
	Year	2004
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	7.5 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?	Yes
	Manufacturer	
	Model	THU9-6 EVO
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	9.8 kW
	Justification for New Transmitter	The existing transmitter cannot be retuned to operate on channel 20.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	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?	Yes
	Type	Cooling Only
	Size	15 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Transmitter Room Ventilation</b>	Transmitter room ventilation services for new transmitter
<b>Installation</b>	Move new transmitter to transmitter room on 40th floor

**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	Retune Existing
	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	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	6
	Design power capacity in use	100.0 %
	Lower Limit	470.00 MHz

Upper Limit	600.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	85.0 kW
Manufacturer	RFS
Model	PHP6U313
Year	2004

**Primary  
Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

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



**Primary**  
**Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 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	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	250 feet per run
	Justification for New Transmission Line	A new transmission line is recommended by antenna manufacturer due to age.

Primary  
Transmission Line

Other Transmission Line Expenses Not Listed

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

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

**Primary  
Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	Located on Building
	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?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1019034
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	21° 17' 25.0" N-
	Longitude (NAD83)	157° 50' 24.0" W-
	Overall Structure Height	495.07 feet
	Support Structure Height	399.93 feet

	Ground Elevation Above Mean Sea Level (AMSL)	4.92 feet
	Structure Type	BANT - Building with an Antenna
	Tower Owner	KITV, Inc.
	Date Constructed	01/01/1976

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	Located on Building
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Other Tower Expenses	Demolition and disposal services

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	The station's attorney will manage the reimbursement filings, review engineering applications, and engage in any additional coordination that is needed for KITV to accomplish its repack transition over the three year period.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	Yes
	Quantity	1
	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	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Other Expenses	Engineer Travel Expenses

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<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
Other Expenses		Engineer Travel Expenses

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 THU9-6 EVO	\$393,338.69	\$389,838.69		\$327,262.12	
15 Ton system	\$55,800.00	\$53,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 9.8 kW	\$313,555.00	\$313,555.00	N/A	\$313,555.00	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	\$4,123.43	N/A
Transmitter Room Ventilation	\$4,083.69	\$4,083.69	N/A	\$4,083.69	N/A
Installation	\$5,500.00	\$5,500.00	N/A	\$5,500.00	N/A
Sub-total	\$393,338.69	\$389,838.69	N/A	\$327,262.12	N/A
Total for all systems	\$971,578.69	\$556,879.69	N/A	\$365,115.85	N/A

Components

Actual Information	
Description	File Name
15 Ton system	Information not provided.

UHF - Air Cooled Solid State Transmitter 9.8 kW	<div> <b>Component Description:</b> Rohde Schwarz 9500097465 - 60% Payment - with Explanatory Statement         </div> <div> <b>Amount:</b> \$188,133.00         </div>
	<div> <b>Component Description:</b> Rohde Schwarz 9500086827 - 30% Payment - with Explanatory Statement         </div> <div> <b>Amount:</b> \$94,066.50         </div>
	<div> <b>Component Description:</b> Rohde Schwarz 9500097466 - 10% Payment - with Explanatory Statement         </div> <div> <b>Amount:</b> \$31,355.50         </div>
Service entrance 3 phase /800 amp/208 volt	<div> <b>Component Description:</b> Richardson Electric, LLC Invoice #31519         </div> <div> <b>Amount:</b> \$4,123.43         </div>
Transmitter Room Ventilation	<div> <b>Component Description:</b> Blue Chip Builders - Invoice #190501         </div> <div> <b>Amount:</b> \$4,083.69         </div>
Installation	<div> <b>Component Description:</b> Putnam Installation Company Invoice #040219-01         </div> <div> <b>Amount:</b> \$5,500.00         </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
Primary Antenna PHP6U313	\$6,730.00	\$8,266.00		\$0.00	
Sweep test of existing antenna	\$6,730.00	\$8,266.00	The invoice from the vendor for the antenna sweep is \$8266.00.	\$0.00	N/A
Sub-total	\$6,730.00	\$8,266.00	N/A	\$0.00	N/A
Total for all systems	\$971,578.69	\$556,879.69	N/A	\$365,115.85	N/A

Components

Actual Information Description	File Name
Sweep test of existing antenna	<div>Component Description:RFS Broadcast Systems Invoice #512852</div> <div>Amount:\$8,266.00</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	\$14,750.00	\$14,000.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$14,750.00	\$14,000.00	N/A	N/A	N/A
Sub-total	\$14,750.00	\$14,000.00	N/A	\$0.00	N/A
Total for all systems	\$971,578.69	\$556,879.69	N/A	\$365,115.85	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 BANT	\$425,000.00	\$14,000.00		\$3,678.62	
Other Tower Expenses	\$4,000.00	\$4,000.00	No predetermined cost associated with this item.	\$3,678.62	N/A
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$10,000.00	N/A	N/A	N/A
Sub-total	\$425,000.00	\$14,000.00	N/A	\$3,678.62	N/A
Total for all systems	\$971,578.69	\$556,879.69	N/A	\$365,115.85	N/A

Components

Actual Information	
Description	File Name
Other Tower Expenses	<div>Component Description: Koko Head Plaza - Invoice 312</div> <div>Amount: \$3,678.62</div>
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	Information not provided.



## Cost Information

### Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$59,680.00</b>	<b>\$59,250.00</b>		<b>\$20,935.15</b>	
Other Expenses	<i>\$0.00</i>	\$0.00	N/A	\$0.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	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	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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	\$75.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,080.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$5,500.00	The actual costs were greater than the estimated costs. Estimated costs increased to reflect.	\$4,251.25	N/A
Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$15,528.90	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$59,680.00	\$59,250.00	N/A	\$20,935.15	N/A
<b>Total for all systems</b>	\$971,578.69	\$556,879.69	N/A	\$365,115.85	N/A

## Components

**Actual Information**  
**Description**

**File Name**

Other Expenses	<p><b>Component Description:</b> Hilton Hawaiian Village Invoice #7068954 A</p> <p><b>Amount:</b> N/A</p>
Attorney Fees - Prepare and File request for Special Temporary Authorization	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 request for Special Temporary Authorization	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> Mid-State Consultants - Invoice 1903-5005 - April 2019</p> <p><b>Amount:</b> \$75.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Mid-State Consultants - Invoice 1707-5012 - Aug 2017</p> <p><b>Amount:</b> \$1,080.00</p> <p><b>Component Description:</b> Mid-State 8-17 Invoice for KITV CP.</p> <p><b>Amount:</b> \$1,080.00</p>
Prepare and or review reimbursement form	

<b>Component Description:</b>	LS Invoice #482077 - August 2020
<b>Amount:</b>	\$550.00

<b>Component Description:</b>	LS Invoice - April 2018
<b>Amount:</b>	\$540.00

<b>Component Description:</b>	Lerman Senter - April 2019 Invoice # 474391
<b>Amount:</b>	\$363.75

<b>Component Description:</b>	LS Invoice #481595 - July 2020
<b>Amount:</b>	\$220.00

<b>Component Description:</b>	LS Invoice #483111 - October 2020
<b>Amount:</b>	\$1,210.00

<b>Component Description:</b>	LS Invoice #482610 - Sept 2020
<b>Amount:</b>	\$330.00

<b>Component Description:</b>	Lerman Senter -- November 2019 -- Invoice #478100
<b>Amount:</b>	\$220.00

<b>Component Description:</b>	LS Invoice - March 2018
<b>Amount:</b>	\$335.00

Project management of the transition	<b>Component Description:</b>	LS Invoice - Feb 2018
	<b>Amount:</b>	\$235.00
	<b>Component Description:</b>	LS Invoice - July 2018
	<b>Amount:</b>	\$247.50
	<b>Component Description:</b>	Lerman Senter -- October 2019 -- Invoice #477618
	<b>Amount:</b>	\$110.00
	<b>Component Description:</b>	Repack legal project management services - July 2017.
	<b>Amount:</b>	\$1,158.75
	<b>Component Description:</b>	LS -- Jan 2019 -- Invoice #472829
	<b>Amount:</b>	\$525.00
	<b>Component Description:</b>	LS Invoice #480287 - April 2020
	<b>Amount:</b>	\$330.00
	<b>Component Description:</b>	Lerman Senter - March 2019 Invoice # 473834
	<b>Amount:</b>	\$420.00

<b>Component Description:</b>	Lerman Senter - August 2019 Invoice #476019
<b>Amount:</b>	\$330.00

<b>Component Description:</b>	LS Invoice #481002 - June 2020
<b>Amount:</b>	\$770.00

<b>Component Description:</b>	LS - Oct 2018 - Invoice #471149
<b>Amount:</b>	\$735.00

<b>Component Description:</b>	Lerman Senter - Feb 2019 Invoice # 473409
<b>Amount:</b>	\$1,260.00

<b>Component Description:</b>	Repack legal project management services - May 2017.
<b>Amount:</b>	\$727.50

<b>Component Description:</b>	Lerman Senter - July 2019 Invoice #475569
<b>Amount:</b>	\$440.00

<b>Component Description:</b>	Lerman Senter - June 2019 Invoice #475144 - Project Management
<b>Amount:</b>	\$1,282.50

**Component Description:** Repack legal project management services - March 2017.

**Amount:** \$342.50

**Component Description:** LS - Sept 2018 - Invoice #470555

**Amount:** \$315.00

**Component Description:** LS Invoice - May 2018

**Amount:** \$67.50

**Component Description:** Repack legal project management services - December 2017.

**Amount:** \$100.00

**Component Description:** LS - Dec 2018 - Invoice #472553

**Amount:** \$105.00

**Component Description:** LS - Nov 2018 - Invoice #471738

**Amount:** \$105.00

**Component Description:** Repack legal project management services - August 2017.

**Amount:** \$3,022.80

	<b>Component Description:</b>  <b>Amount:</b>	Repack legal project management services - November 2017. \$105.40
	<b>Component Description:</b>  <b>Amount:</b>	LS Invoice - Aug 2018 \$71.25
	<b>Component Description:</b>  <b>Amount:</b>	Lerman Senter - May 2019 Invoice #474670 \$1,442.50
	<b>Component Description:</b>  <b>Amount:</b>	Lerman Senter - Sept 2019 - Invoice #477086 \$1,650.00
	<b>Component Description:</b>  <b>Amount:</b>	Repack legal project management services - September 2017. \$113.20
Perform engineering study for new channel assignment and antenna development	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>\$72,080.00</b>	<b>\$71,525.00</b>		<b>\$13,239.96</b>	
MVPD Notification of Channel Change	<i>\$5,000.00</i>	\$5,000.00	Estimate based on prior experience and site's remote location.	\$1,635.00	N/A
Other Expenses	<i>\$10,000.00</i>	\$10,000.00	No predetermined cost associated with this item.	\$8,024.96	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$3,245.00	N/A
Develop and air announcement of upcoming channel change	<i>\$10,000.00</i>	\$10,000.00	Estimate based on prior experience.	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$25,000.00</i>	\$25,000.00	Estimate based on prior experience.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	Estimate based on prior experience.	N/A	N/A



FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	\$335.00	N/A
<b>Sub-total</b>	\$72,080.00	\$71,525.00	N/A	\$13,239.96	N/A
<b>Total for all systems</b>	\$971,578.69	\$556,879.69	N/A	\$365,115.85	N/A

## Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<p><b>Component Description:</b> DTVNotification.com Invoice #INV-001987 - MVPD Notifications</p> <p><b>Amount:</b> \$1,635.00</p>
Other Expenses	<p><b>Component Description:</b> Hilton Hawaiian Village Invoice #7068954 A</p> <p><b>Amount:</b> \$8,024.96</p>
DTV Medical Facility Notification	<p><b>Component Description:</b> DTVNotification.com Invoice #INV-001988 - Medical Notifications</p> <p><b>Amount:</b> \$3,245.00</p>
Develop and air announcement of upcoming channel change	Information not provided.

Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	<div> <div> <b>Component Description:</b> </div> <div> Lerman Senter -  June 2019 Invoice  #475144 - License  to Cover </div> </div> <div> <div> <b>Amount:</b> </div> <div> \$335.00 </div> </div>

**Cost  
Information****Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$971,578.69	\$556,879.69	\$365,115.85

**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"> <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>Wade O'Hagan</b> <i>Vice President</i></p> <p>10/22/2020</p>

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

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



<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Wade O'Hagan</b>  <i>Vice President</i></p> <p>10/22/2020</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"> <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.

**Wade  
O'Hagan**  
*Vice  
President*

10/22/2020

**Attachments**