



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **18267** | Service: **DTV** | Call **WKOP-TV** | Channel: **29 (UHF)** |
ID:
File **0000025313**
Number:
FRN: **0001773852** | Date **10/07**
Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EAST TENNESSEE PUBLIC COMMUNICATIONS CORP. Doing Business As: EAST TENNESSEE PUBLIC COMMUNICATIONS CORP.	Tony Poole 1611 E. MAGNOLIA AVENUE KNOXVILLE, TN 37917 United States	+1 (865) 595- 0220	tony@easttennesseepbs.org	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
Robert Gehman <i>ConsultingEngineer</i> <i>Kessler and Gehman Associates, Inc.</i>	Robert Gehman 507 NW 60 Street Suite D Gainesville, FL 32607 United States	+1 (352) 332-3157	bob@kesslerandgehman.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.	Yes
Briefly describe transition plan	Replace transmitter using existing antenna and line.

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	Diamond
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	10 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	EC712HP-BB
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	10 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter advises that the transmitter cannot be re-tuned to the assigned channel. See attachment.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes

	Size	3 inches
	Length	100.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line
Electrical	Electrical
Standby Exciter and Switch	Standby Exciter with Automatic Change Over Switch

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?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	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)	100.0 kW
Manufacturer	Andrew
Model	ABBP16H3- HTO5-17 /30H
Year	2007

**Facility ID's and Call Signs of
all stations with whom the
antenna is shared.**

Facility ID	Call Sign
35908	WVLT-TV

**Primary
Antenna**

Adjustment to Existing Antenna

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

**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	

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Rigging	Rigging to replace and/or retune the elbow complex
RF System Test	RF System Test
New Combiner	New Combiner
Combiner Installation	Combiner Installation
Combiner Interconnect parts	Combiner Interconnect parts

Transmission Line

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

Primary Transmission Line**Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Dielectric
	Type	Rigid
	Diameter	8 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1450 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Tests	Sweep tests associated with the elbow complex tuning or replacement with the assistance of a rigger

**Tower
Equipment
And
Rigging
Costs**

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

**Outside
Professional
Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	34
	Explanation	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 34 hrs (\$5,100 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	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
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes
	Number of Days	9
	Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Other Engineering Services	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 34 hrs (\$5,100 at \$150 /hr), & a new OES category has been created & funded with the money removed from PM.
Other Legal Services	Other Legal Services

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
	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 EC712HP-BB	\$737,254.79	\$548,033.79		\$317,533.79	
Standby Exciter and Switch	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	\$494,500.00	\$308,729.00	N/A	\$308,729.00	N/A
Additional Interior RF System	<i>\$140,000.00</i>	\$140,000.00	N/A	N/A	N/A

Electrical	\$8,804.79	\$8,804.79	See attached / uploaded PDF file titled "Lloyd Elec 30858 v200825jgv1.pdf"	\$8,804.79	N/A
Sub-total	\$737,254.79	\$548,033.79	N/A	\$317,533.79	N/A
Total for all systems	\$1,080,849.29	\$883,872.29	N/A	\$431,404.73	N/A

Components

Actual Information	
Description	File Name
Standby Exciter and Switch	Information not provided.
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 8.2 - 13 kW	<div> Component Description: Comark inv #12101-B Primary transmitter pmt 1 UL20190208jgv2 </div> <div> Amount: \$194,087.57 </div> <div> Component Description: Comark 12101-3A v190612jgv2 </div> <div> Amount: \$114,641.43 </div>
Additional Interior RF System	Information not provided.

Electrical	<div><div><div>Component Description:</div><div>Lloyd Elec 30858 v200825jgv1</div></div><div><div>Amount:</div><div>\$8,804.79</div></div></div>
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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 ABBP16H3-HTO5-17/30H	\$98,630.00	\$96,200.00		\$63,200.00	
Combiner Installation	<i>\$11,200.00</i>	\$11,200.00	See attached American Tower LLC invoice 460218498	\$11,200.00	N/A
New Combiner	<i>\$37,000.00</i>	\$37,000.00	See attached American Tower LLC invoice 460218498	\$37,000.00	N/A
Rigging	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
RF System Test	<i>\$5,000.00</i>	\$5,000.00	See attached American Tower LLC invoice 460218498	\$5,000.00	N/A
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	\$13,700.00	\$13,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$5,000.00	See attached American Tower LLC invoice 460218498	\$5,000.00	N/A

Combiner Interconnect parts	\$5,000.00	\$5,000.00	See attached American Tower LLC invoice 460218498	\$5,000.00	N/A
Sub-total	\$98,630.00	\$96,200.00	N/A	\$63,200.00	N/A
Total for all systems	\$1,080,849.29	\$883,872.29	N/A	\$431,404.73	N/A

Components

Actual Information	
Description	File Name
Combiner Installation	<p>Component Description: Am Twr 460218498 v190827jgv1</p> <p>Amount: \$11,200.00</p>
New Combiner	<p>Component Description: Am Twr 460218498 v190827jgv1</p> <p>Amount: \$37,000.00</p>
Rigging	Information not provided.
RF System Test	<p>Component Description: Am Twr 460218498 v190827jgv1</p> <p>Amount: \$5,000.00</p>
Elbow complex, broadband, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.

Sweep test of existing antenna	<div><div>Component Description:</div><div>Am Twr 460218498 v190827jgv1</div><div>Amount:</div><div>\$5,000.00</div></div>
Combiner Interconnect parts	<div><div>Component Description:</div><div>Am Twr 460218498 v190827jgv1</div><div>Amount:</div><div>\$5,000.00</div></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	\$6,400.00	\$6,400.00		\$0.00	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Sub-total	\$6,400.00	\$6,400.00	N/A	\$0.00	N/A
Total for all systems	\$1,080,849.29	\$883,872.29	N/A	\$431,404.73	N/A

Components

Information not provided.

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	\$176,074.50	\$172,738.50		\$45,495.94	
Other Legal Services	\$722.50	\$722.50	Other Legal Services related to the station's transition to it's post-Repack channel	\$712.50	N/A
Other Engineering Services	\$21,750.00	\$21,750.00	N/A	\$1,883.00	N/A
RF Exposure Measurements	\$21,050.00	\$2,000.00	N/A	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	\$397.50	Attorney section of Form FCC Construction Permit Application Main Facility for WKOP
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$1,500.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,000.00	Engineering section of Form FCC Construction Permit Application Main Facility for WKOP
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$8,750.00	See attached American Tower LLC invoice 460218498 and Kessler and Gehman invoice 950- 02	\$8,750.00	Engineering study for new channel assignment and antenna development for WKOP
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	\$10,986.00	The Estimated Cost includes Form 399 submissions including ongoing Actual Cost invoice prep and submission, and amendments as needed.	\$10,986.00	N/A
Project management of the transition	\$5,372.00	\$16,280.00	See attached American Tower LLC invoice 460218498 and various Kessler and Gehman invoices	\$16,280.00	Outside Project Management Services, Form 387 Progress Report.
Additional Field Engineering Service, 9 Days	\$18,000.00	\$18,000.00	N/A	\$2,986.94	Additional Field Engineering Service, on-site equip inventory and facilities survey for post trans planning WKOP
Sub-total	\$176,074.50	\$172,738.50	N/A	\$45,495.94	N/A
Total for all systems	\$1,080,849.29	\$883,872.29	N/A	\$431,404.73	N/A

Components

Actual Information
Description

File Name

Other Legal Services		
	Component Description:	Shainis 66376
		v211007jgv1
	Amount:	\$62.50
	Component Description:	Shainis 65309
		v200317jgv3
	Amount:	\$650.00

Other Engineering Services	Component Description: KGA 950-47 v191011jgv1 Amount: \$75.00
	Component Description: KGA inv #950-20 Actual Cost invoices Nov 2018 UL20190117jgv1 Amount: \$450.50
	Component Description: KGA inv #950-22 Actual Cost invs 181130-190119 UL20190201jgv1 Amount: \$575.00
	Component Description: KGA 950-35 v190702jgv1 Amount: \$325.00
	Component Description: KGA inv #950-21 RF Design and calcs UL20190117jgv1 Amount: \$132.50
	Component Description: KGA inv #950-26 Actual Cost invs 190110-190131 UL20190228jgv1 Amount: \$325.00
RF Exposure Measurements	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	Component Description: Amount:	Attorney section of Form FCC Construction Permit Application Main Facility for WKOP \$360.00
	Component Description: Amount:	Attorney section of Form FCC Construction Permit Application Main Facility \$37.50
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Component Description: Amount:	KGA 950-55 v200227jgv1 \$1,500.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Engineering section of Form FCC Construction Permit Application Main Facility for WKOP \$2,000.00
	Component Description: Amount:	CP Application for Main Facility \$2,000.00

<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="699 100 1109 369"> <p>Component Description:</p> </td><td data-bbox="1141 100 1428 369"> <p>Engineering study for new channel assignment and antenna development</p> </td></tr> <tr> <td data-bbox="699 369 1109 436"> <p>Amount:</p> </td><td data-bbox="1141 369 1428 436"> <p>\$3,750.00</p> </td></tr> <tr> <td data-bbox="699 504 1109 750"> <p>Component Description:</p> </td><td data-bbox="1141 504 1428 750"> <p>Engineering study for new channel assignment and antenna development for WKOP</p> </td></tr> <tr> <td data-bbox="699 750 1109 817"> <p>Amount:</p> </td><td data-bbox="1141 750 1428 817"> <p>\$3,750.00</p> </td></tr> <tr> <td data-bbox="699 884 1109 952"> <p>Component Description:</p> </td><td data-bbox="1141 884 1428 952"> <p>Am Twr 460218498 v190827jgv1</p> </td></tr> <tr> <td data-bbox="699 952 1109 1019"> <p>Amount:</p> </td><td data-bbox="1141 952 1428 1019"> <p>\$5,000.00</p> </td></tr> </table>	<p>Component Description:</p>	<p>Engineering study for new channel assignment and antenna development</p>	<p>Amount:</p>	<p>\$3,750.00</p>	<p>Component Description:</p>	<p>Engineering study for new channel assignment and antenna development for WKOP</p>	<p>Amount:</p>	<p>\$3,750.00</p>	<p>Component Description:</p>	<p>Am Twr 460218498 v190827jgv1</p>	<p>Amount:</p>	<p>\$5,000.00</p>
<p>Component Description:</p>	<p>Engineering study for new channel assignment and antenna development</p>												
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<p>Amount:</p>	<p>\$3,750.00</p>												
<p>Component Description:</p>	<p>Am Twr 460218498 v190827jgv1</p>												
<p>Amount:</p>	<p>\$5,000.00</p>												
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>												
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="699 1220 1109 1489"> <p>Component Description:</p> </td><td data-bbox="1141 1220 1428 1489"> <p>Attorney Review FCC Form 399 for Reimbursement for WKOP</p> </td></tr> <tr> <td data-bbox="699 1489 1109 1556"> <p>Amount:</p> </td><td data-bbox="1141 1489 1428 1556"> <p>\$435.00</p> </td></tr> <tr> <td data-bbox="699 1624 1109 1915"> <p>Component Description:</p> </td><td data-bbox="1141 1624 1428 1915"> <p>Prepare or Review FCC Form 399 for Reimbursement for WKOP. See attached KGA Repack Services Proposal to justify fixed fee.</p> </td></tr> <tr> <td data-bbox="699 1915 1109 2136"> <p>Amount:</p> </td><td data-bbox="1141 1915 1428 2136"> <p>\$2,500.00</p> </td></tr> </table>	<p>Component Description:</p>	<p>Attorney Review FCC Form 399 for Reimbursement for WKOP</p>	<p>Amount:</p>	<p>\$435.00</p>	<p>Component Description:</p>	<p>Prepare or Review FCC Form 399 for Reimbursement for WKOP. See attached KGA Repack Services Proposal to justify fixed fee.</p>	<p>Amount:</p>	<p>\$2,500.00</p>				
<p>Component Description:</p>	<p>Attorney Review FCC Form 399 for Reimbursement for WKOP</p>												
<p>Amount:</p>	<p>\$435.00</p>												
<p>Component Description:</p>	<p>Prepare or Review FCC Form 399 for Reimbursement for WKOP. See attached KGA Repack Services Proposal to justify fixed fee.</p>												
<p>Amount:</p>	<p>\$2,500.00</p>												

Component Description:	KGA 950-93 v201110jgv1
Amount:	\$100.00

Component Description:	KGA 950-99 v210910jgv1
Amount:	\$195.00

Component Description:	KGA 950-95 v210209jgv1
Amount:	\$125.00

Component Description:	KGA 950-89 v201005jgv1
Amount:	\$175.00

Component Description:	KGA 950-87 v200903jgv1
Amount:	\$450.00

Component Description:	KGA 950-75 v200505jgv1
Amount:	\$225.00

Component Description:	KGA 950-44 v191011jgv1
Amount:	\$825.00

Component Description:	KGA 950-40 v190702jgv1
Amount:	\$800.00

Component Description:	KGA 950-30 v190702jgv1
Amount:	\$50.00

Component Description:	KGA 950-58 v200227jgv1
Amount:	\$325.00

Component Description:	KGA 950-100 v211001jgv1
Amount:	\$300.00

Component Description:	KGA 950-72 v200422jgv1
Amount:	\$250.00

Component Description:	KGA 950-49 v191011jgv1
Amount:	\$700.00

Component Description:	KGA 950-34 v190702jgv1
Amount:	\$381.00

Component Description:	KGA 950-68 v200310jgv1
Amount:	\$350.00

Component Description:	KGA 950-77 v200604jgv1
Amount:	\$75.00

Component Description:	KGA 950-61 v200227jgv1
Amount:	\$650.00

Component Description:	KGA 950-29 v190702jgv1
Amount:	\$975.00

	Component Description:	KGA 950-84 v200821jgv1
	Amount:	\$250.00
	Component Description:	KGA 950-79 v200707jgv1
	Amount:	\$100.00
	Component Description:	KGA 950-54 v200227jgv1
	Amount:	\$600.00
	Component Description:	KGA 950-97 v210308jgv1
	Amount:	\$150.00
Project management of the transition	Component Description:	KGA inv #950-25 2018 Q4 387 UL20190201jgv1
	Amount:	\$150.00
	Component Description:	KGA inv #950-11 2017 Q4 387 UL20181210jgv1
	Amount:	\$225.00
	Component Description:	Am Twr 460218498 v190827jgv1
	Amount:	\$9,480.00
	Component Description:	KGA 950-41 v191011jgv1
	Amount:	\$150.00

Component Description:	KGA inv #950-14 2018 Q2 387 UL20190201jgv1
Amount:	\$150.00

Component Description:	KGA inv #950-09 Actual Cost invoices UL20181210jgv1
Amount:	\$300.00

Component Description:	Am Twr 460218498 v190827jgv1
Amount:	\$5,000.00

Component Description:	KGA inv #950-13 2018 Q1 387 UL20190201jgv1
Amount:	\$225.00

Component Description:	Outside Project Management Services, Form 387 Progress Report for WKOP
Amount:	\$300.00

Component Description:	KGA 950-33 v190702jgv1
Amount:	\$150.00

Component Description:	KGA inv #950-18 2018 Q3 387 UL20190201jgv1
Amount:	\$150.00

Additional Field Engineering Service, 9 Days	<table><tr><td data-bbox="694 174 1007 210">Component Description:</td><td data-bbox="1139 174 1370 367">KGA inv #950-01 Facility Elec Survey and Condition Assessment UL20181130jgv1</td></tr><tr><td data-bbox="694 376 807 412">Amount:</td><td data-bbox="1139 376 1259 412">\$2,986.94</td></tr></table>	Component Description:	KGA inv #950-01 Facility Elec Survey and Condition Assessment UL20181130jgv1	Amount:	\$2,986.94
Component Description:	KGA inv #950-01 Facility Elec Survey and Condition Assessment UL20181130jgv1				
Amount:	\$2,986.94				

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	\$62,490.00	\$60,500.00		\$5,175.00	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	\$1,755.00	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$3,420.00	N/A
AM Pattern Disturbance -- Impact study	\$7,890.00	\$7,500.00	N/A	N/A	N/A
AM Pattern Disturbance -- Remedy	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Sub-total	\$62,490.00	\$60,500.00	N/A	\$5,175.00	N/A
Total for all systems	\$1,080,849.29	\$883,872.29	N/A	\$431,404.73	N/A

Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<p>Component Description: KGA 950-37 v190703jgv1</p> <p>Amount: \$1,755.00</p>
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
DTV Medical Facility Notification	<p>Component Description: KGA 950-38 v190703jgv1</p> <p>Amount: \$3,420.00</p>
AM Pattern Disturbance -- Impact study	Information not provided.
AM Pattern Disturbance -- Remedy	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$1,080,849.29	\$883,872.29
			\$431,404.73

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.	Yes

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.

<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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>10/07/2021</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"> 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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>10/07/2021</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information Statements	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.	
		<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.

Jeffrey C Gehman
Engineering Associate

10/07/2021

Attachments