



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **10535** | Service: **DCA** | Call **KPSP-CD** | Channel: **18 (UHF)**
ID: | Sign:
File **0000026847**
Number:
FRN: **0001590330** | Date **02/08**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GULF-CALIFORNIA BROADCAST COMPANY	TIM HANNAN	+1 (816)	TIM.HANNAN@NPGCO.COM	Corporation
Doing Business As: GULF-CALIFORNIA BROADCAST COMPANY	PO Box 64501 ST. JOSEPH, MO 64501 United States	271-8405		

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
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	The plan is for KPSP-CD is to replace the existing channel 38 system with a new channel 18 transmitter. They will move their tower location to share a broadcast antenna, combiner, transmission line, and tower with KESQ-TV, KDFX-CD, and KCWQ-LD.

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	DT834A
	Year	2001
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

Primary Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.4 kW
	Justification for New Transmitter	SEE ATTACHED "RALEIGH-#349249-v1-KPSP-CD_Form_399_New_Transmitter_Justificati.pdf"

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	Yes
	Size	2 inches
	Length	30.0 feet
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No

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

Primary Transmitter **Other Transmitter Cost Not Listed**
Information not provided.

Antennas

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

**Primary
Antenna**

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Lease New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	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	PARPANEL
	ERP: (Effective Radiated Power)	9.0 kW
Manufacturer		

Model	4DR-8S
Year	1998

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Lease New
	Is this a request for upgraded equipment?	Yes
	Ownership	Leased
	Owner	KESQ-TV
	Is antenna shared?	Yes
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Broadband Panel
	Number of Stations Supported	4
	Number of Panels/Bays	8
	Lower Limit	470.00 MHz
	Upper Limit	700.00 MHz
	Design power capacity in use	5.5 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
Model	SBB-E-8C170	

Year	2018
Justification for New Antenna	Existing antenna will cannot be re-tuned to the transition frequency.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	4
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

Enter a list of RF channel numbers.

RF Channel Number
33
18
20
28

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Lease New
	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 Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	1
	Lower Limit	0.001 MHz
	Upper Limit	0.001 MHz
	Design power capacity in use	0.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	0.001 kW
	Manufacturer	
	Model	N/A
	Year	2018

Justification for New Antenna

INTERIM
ANTENNA
NOT
NEEDED.

**Interim
Antenna**

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

**Interim
Antenna**

Other Antenna Cost Not Listed

Information not provided.

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

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

Primary Tower	Add Tower		
	Section	Question	Response
Existing Tower Description	Type of change	Modify Existing	
	Tower Use	Primary (Main)	
	Description of Use	N/A	
	Ownership	Leased	
	Is this tower consider Complex?	No	
	Is this tower currently shared with any other stations?	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?	Unknown	
	Is tower compliant with Rev G?	No	
Existing Tower Structure Registration	Do you have a tower registration number?	Yes	
	ASR Number	1220472	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	33° 51' 58.1" N-	
	Longitude (NAD83)	116° 26' 05.0" W-	

Overall Structure Height	88.91 feet
Support Structure Height	60.04 feet
Ground Elevation Above Mean Sea Level (AMSL)	1555.10 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Gulf-California Broadcast Co
Date Constructed	09/23/1968

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

Primary Tower

Tower Rigging Costs

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

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

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	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	No
	ASR Number	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	33° 51' 01.0" N-
	Longitude (NAD83)	116° 26' 01.0" W-
	Overall Structure Height	117.90 feet
	Support Structure Height	117.90 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1536.00 feet
	Structure Type	LTOWER - Lattice Tower
	Tower Owner	Inside Tower
	Date Constructed	11/01/1979

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	595
	Explanation	Please see the attached quote from Widelity
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	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	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Other Professional Services Expenses Not Listed

Outside Professional Services Costs

Name	Description
Additional Repack Legal Services Not Otherwise Specified in Form 399	NON-CATALOG LEGAL SERVICES SUCH AS REVIEW OF QUARTERLY TRANSITION STATUS REPORTS AND OTHER MISCELLANEOUS NON-CATALOG LEGAL FEES.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	No

**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 UAXTE-2R37	\$141,180.00	\$93,007.80		\$28,463.28	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$82,457.80	N/A	\$28,463.28	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$9,800.00	N/A	N/A	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$780.00	\$750.00	N/A	N/A	N/A
Sub-total	\$141,180.00	\$93,007.80	N/A	\$28,463.28	N/A
Total for all systems	\$591,440.00	\$325,494.37	N/A	\$52,060.64	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description: UAXTE-4 Transmitter
	Amount: \$14,231.64
	Component Description: UAXTE-4 Transmitter
	Amount: \$14,231.64

Service entrance 3 phase /800 amp/208 volt	Information not provided.
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Antenna N/A	\$27,560.00	\$0.00		\$0.00	
UHF " Broadband Panel, Side Mount Auxiliary /Interim, 0 horizontally polarized	<i>\$0.00</i>	\$0.00	PHANTOM ANTENNA	N/A	N/A
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	\$1,260.00	\$0.00	INTERIM ANTENNA NO LONGER NEEDED	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$0.00	INTERIM ANTENNA NO LONGER NEEDED	N/A	N/A
Primary Antenna SBB-E-8C170	\$84,200.00	\$14,396.57		\$0.00	

UHF - High Power, Side Mount, broadband panel, 8 bay,, 15 kW input, directional,, elliptically or circularly polarized	\$0.00	\$0.00	Associated cost recorded under KESQ-TV - KPSP-CD will use this antenna, owned by KESQ-TV, at a cost of \$0. Please see attached narrative for details.	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$14,396.57	22.5% of the combiner cost. Please see attached narrative for details.	N/A	N/A
Sub-total	\$111,760.00	\$14,396.57	N/A	\$0.00	N/A
Total for all systems	\$591,440.00	\$325,494.37	N/A	\$52,060.64	N/A

Components

Information not provided.

Cost Information **Transmission Line**
 Information not provided.

Cost Information **Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower LTOWER	\$84,200.00	\$81,900.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$81,900.00	N/A	N/A	N/A
Primary Tower TOWER	\$84,200.00	\$0.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$0.00	Cost to be paid by KESQ-TV. Please see attached narrative for details.	N/A	N/A
Sub-total	\$168,400.00	\$81,900.00	N/A	\$0.00	N/A
Total for all systems	\$591,440.00	\$325,494.37	N/A	\$52,060.64	N/A

Components

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	\$150,770.00	\$126,425.00		\$23,597.36	
Additional Repack Legal Services Not Otherwise Specified in Form 399	<i>\$5,000.00</i>	\$5,000.00	N/A	\$2,129.20	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	\$4,677.66	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	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,000.00	N/A	\$1,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,000.00	N/A	\$687.50	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
Project management of the transition	\$94,010.00	\$99,675.00	Please see the attached quote from Widelity.	\$15,103.00	N/A

RF Exposure Measurements	\$21,050.00	\$0.00	All RF Exposure Measurement costs will be apportioned to sister station KESQ-TV. KPSP-CD will not seek reimbursement for these costs. Please see attached cover letter	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$150,770.00	\$126,425.00	N/A	\$23,597.36	N/A
Total for all systems	\$591,440.00	\$325,494.37	N/A	\$52,060.64	N/A

Components

Actual Information	
Description	File Name
Additional Repack Legal Services Not Otherwise Specified in Form 399	Component Description: Telephone Conference with Jim DeChant
	Amount: \$46.40
	Component Description: Repack Legal Services
	Amount: \$151.90
	Component Description: Repack Legal Services
	Amount: \$157.60

Component Description: Repack Legal Services
Amount: \$706.10

Component Description: Repack Legal Services
Amount: \$27.84

Component Description: Non-Catalog Legal Services such as review of quarterly transition status reports and other miscellaneous non-catalog legal fees.
Amount: \$37.12

Component Description: Repack Legal Services
Amount: \$27.84

Component Description: Repack Legal Services
Amount: \$324.80

Component Description: Non-Catalog Legal Services such as review of quarterly transition status reports and other miscellaneous non-catalog legal fees.
Amount: \$649.60

Attorney Fees - Prepare and File request for Special Temporary Authorization

Information not provided.

<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="708 367 1145 403">Component Description:</td> <td data-bbox="1145 367 1428 439">KPSP Charges related to CP.</td> </tr> <tr> <td data-bbox="708 448 1145 483">Amount:</td> <td data-bbox="1145 448 1428 483">\$2,386.30</td> </tr> <tr> <td data-bbox="708 591 1145 627">Component Description:</td> <td data-bbox="1145 591 1428 743">General Filing and associated costs 2017 see "Repack Invoice Memo"</td> </tr> <tr> <td data-bbox="708 752 1145 788">Amount:</td> <td data-bbox="1145 752 1428 788">\$2,291.36</td> </tr> </table>	Component Description:	KPSP Charges related to CP.	Amount:	\$2,386.30	Component Description:	General Filing and associated costs 2017 see "Repack Invoice Memo"	Amount:	\$2,291.36
Component Description:	KPSP Charges related to CP.								
Amount:	\$2,386.30								
Component Description:	General Filing and associated costs 2017 see "Repack Invoice Memo"								
Amount:	\$2,291.36								
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>								
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="708 1227 1145 1263">Component Description:</td> <td data-bbox="1145 1227 1428 1460">Engineering study work for new channel assignment and antenna development.</td> </tr> <tr> <td data-bbox="708 1469 1145 1505">Amount:</td> <td data-bbox="1145 1469 1428 1505">\$1,000.00</td> </tr> </table>	Component Description:	Engineering study work for new channel assignment and antenna development.	Amount:	\$1,000.00				
Component Description:	Engineering study work for new channel assignment and antenna development.								
Amount:	\$1,000.00								

<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Component Description: Engineering study work for new channel assignment and antenna development. Amount: \$375.00</p>
	<p>Component Description: Engineering study work for new channel assignment and antenna development. Amount: \$62.50</p>
	<p>Component Description: Professional Services Amount: \$250.00</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>

Project management of the transition	<p>Component Description: Project Management Amount: \$1,037.80</p> <p>Component Description: Project Management Amount: \$1,250.80</p> <p>Component Description: Project Management Amount: \$1,579.80</p> <p>Component Description: Project Management Amount: \$3,275.40</p> <p>Component Description: Cost Reconciliation Amount: \$5,356.20</p> <p>Component Description: Project Management Amount: \$2,603.00</p>
RF Exposure Measurements	Information not provided.
Prepare and or review reimbursement form	Information not provided.

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$19,330.00	\$9,765.00		\$0.00	
Develop and air announcement of upcoming channel change	<i>\$750.00</i>	\$750.00	PRODUCTION COSTS NECESSARY ADVERTISING ANNOUNCEMENTS	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Sub-total	\$19,330.00	\$9,765.00	N/A	\$0.00	N/A

Total for all systems	\$591,440.00	\$325,494.37	N/A	\$52,060.64	N/A
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Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$591,440.00	\$325,494.37	\$52,060.64

Reimbursement Status

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

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

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

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

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

James W DeChant
VP of Technology

02/08/2019

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<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>James W DeChant <i>VP of Technology</i></p> <p>02/08/2019</p>

Attachments