



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **34202** | Service: **DTV** | Call **WKMR** | Channel: **30 (UHF)**  
ID: | Sign:  
File **0000026892**  
Number:  
FRN: **0001790583** | Date **03/27**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>KENTUCKY AUTHORITY FOR EDUCATIONAL TV</b>	Shae Hopkins 600 COOPER DR LEXINGTON, KY 40502 United States	+1 (859) 258- 7000	SHOPKINS@KET. ORG	Government Entity

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Greg Best</b> <i>Consulting Engineer</i> <i>Greg Best Consulting, Inc.</i>	16100 Outlook Avenue Stilwell, KS 66085 United States	+1 (816) 792- 2913	gbconsulting54@gmail. com

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	Please see attached repack plan exhibit.

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	DHD20P1
	Year	2001
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	Maxiva UAXTE-8
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	5 kW
	Justification for New Transmitter	Pre-auction transmitter no longer supported by supplier; not re-tunable.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	50.0 feet
	Other Electrical Service	No

	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	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**

Information not provided.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	51.4 kW

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Manufacturer	
Model	TLP-16B (15)
Year	2001

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	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
<b>New Antenna Manufacturer and Types</b>	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/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	60.5 kW
Manufacturer		

Model	ATW21H3-ETO-30H
Year	2017
Justification for New Antenna	Primary antenna is not broadband or able to be tuned to a new channel. New top mount reduces overall repack cost. Please see Repack Plan Exhibit for details.

**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	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel

	Feed Line Size	6 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

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	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	613 feet per run

**Primary  
Transmission  
Line**

**New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	50 feet per run
	Justification for New Transmission Line	Short run of new line to cover distance from current side-mount elevation to new top-mount location.

**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
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1044041
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	38° 10' 38.0" N-
	Longitude (NAD83)	083° 24' 17.0" W-
	Overall Structure Height	606.95 feet
	Support Structure Height	560.36 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1389.09 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	KENTUCKY AUTHORITY FOR EDUCATIONAL TELEVISION DBA = WKMR
Date Constructed	01/01/1968

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

Facility ID	Call Sign	Service
43765	WMKY	FM

**Primary  
Tower**

**Tower Modification Costs**

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

**Primary  
Tower**

**Tower Rigging Costs**

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



**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
Load Study	Structural engineering tower load study is required to design tower reinforcements and rigging.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	KET Staff require outside services to manage the upgrades.
<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	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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	Yes
	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
Progress and Transition Reports	progress and transition reports

**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	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Information not provided.

**Cost Information**

**Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Transmitter Maxiva UAXTE-8</b>	<b>\$291,700.00</b>	<b>\$277,450.00</b>		<b>\$113,892.89</b>	
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	\$1,240.00	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,450.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	\$236,500.00	\$225,000.00	N/A	\$112,652.89	N/A
<b>Sub-total</b>	<b>\$291,700.00</b>	<b>\$277,450.00</b>	<b>N/A</b>	<b>\$113,892.89</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,057,430.00</b>	<b>\$1,219,275.00</b>	<b>N/A</b>	<b>\$339,361.33</b>	<b>N/A</b>

**Components**

Actual Information Description	File Name
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Service entrance 3 phase /800 amp/208 volt	<p><b>Component Description:</b> KET Transmitter building electrical upgrade</p> <p><b>Amount:</b> \$1,240.00</p>
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	<p><b>Component Description:</b> eComm admin and support, distribution services at time of bidding -- GatesAir (RFP-48-19)</p> <p><b>Amount:</b> \$362.88</p> <p><b>Component Description:</b> Transmitter, RF System, Electrical System, Freight</p> <p><b>Amount:</b> \$112,290.01</p>

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna ATW21H3-ETO-30H</b>	<b>\$266,030.00</b>	<b>\$259,500.00</b>		<b>\$743.75</b>	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$235,000.00	N/A	\$743.75	N/A
Sweep test of existing antenna	\$6,730.00	\$12,800.00	Transition requires two sweeps of transmission equipment. Please see attached Repack Plan Exhibit for details.	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$266,030.00</b>	<b>\$259,500.00</b>	<b>N/A</b>	<b>\$743.75</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,057,430.00</b>	<b>\$1,219,275.00</b>	<b>N/A</b>	<b>\$339,361.33</b>	<b>N/A</b>



## Components

Actual Information		
Description	File Name	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	<b>Component Description:</b>	Antenna gain and TPO Evaluation and revision of specifications
	<b>Amount:</b>	\$306.25
	<b>Component Description:</b>	Antenna and Line Spec
	<b>Amount:</b>	\$437.50
Sweep test of existing antenna	Information not provided.	
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.	

**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
<b>Primary Transmission Line</b>	<b>\$11,600.00</b>	<b>\$11,050.00</b>		<b>\$0.00</b>	
Rigid Transmission Line - copper, 6 1/8" broadband	\$11,600.00	\$11,050.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$11,600.00</b>	<b>\$11,050.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,057,430.00</b>	<b>\$1,219,275.00</b>	<b>N/A</b>	<b>\$339,361.33</b>	<b>N/A</b>

**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
<b>Primary Tower TOWER</b>	<b>\$406,800.00</b>	<b>\$598,000.00</b>		<b>\$211,633.58</b>	
Minor tower reinforcement /modifications	\$158,000.00	\$196,000.00	WKMR tower required more extensive modifications to meet Revision G standards than was initially anticipated.	\$190,684.37	N/A
Tall Tower (greater than 500')	\$210,500.00	\$365,000.00	KET obtained quotation of realistic scope of tower rigging work from reputable supplier. Please see attached Tower Work exhibit.	\$1,540.17	N/A
Load Study	<i>\$12,000.00</i>	\$12,000.00	Structural engineering tower load study is required to design tower reinforcements and rigging.	\$2,310.00	N/A

Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	\$17,099.04	N/A
<b>Sub-total</b>	\$406,800.00	\$598,000.00	N/A	\$211,633.58	N/A
<b>Total for all systems</b>	\$1,057,430.00	\$1,219,275.00	N/A	\$339,361.33	N/A

### Components

Actual Information	
Description	File Name

Minor tower reinforcement /modifications	<p><b>Component Description:</b></p>	<p>Bid Phase Only - RFB-198-18 billed for rebid distribution services only (Allstate Tower contract)</p>
	<p><b>Amount:</b></p>	<p>\$46.87</p>
	<p><b>Component Description:</b></p>	<p>contracts, bonds, insurance; engineering drawings complete; materials accepted by EOR; mobilization to site; installation complete</p>
	<p><b>Amount:</b></p>	<p>\$190,000.00</p>
	<p><b>Component Description:</b></p>	<p>eComm admin and support, distribution services at time of bidding -- Allstate Tower contract</p>
	<p><b>Amount:</b></p>	<p>\$637.50</p>
Tall Tower (greater than 500')	<p><b>Component Description:</b></p>	<p>eComm administration and support, and distribution services at the time of bidding - Electronics Research Inc contract</p>
	<p><b>Amount:</b></p>	<p>\$1,540.17</p>

Load Study	<p><b>Component Description:</b> Geotechnical Studies</p> <p><b>Amount:</b> \$2,310.00</p>
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	<p><b>Component Description:</b> Mapping Complete</p> <p><b>Amount:</b> \$10,000.00</p> <p><b>Component Description:</b> Tower Mapping</p> <p><b>Amount:</b> \$1,373.00</p> <p><b>Component Description:</b> TIA Tower Inspections and Load Audits</p> <p><b>Amount:</b> \$1,726.04</p> <p><b>Component Description:</b> Foundation Mapping</p> <p><b>Amount:</b> \$4,000.00</p>

**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>\$64,250.00</b>	<b>\$62,775.00</b>		<b>\$13,091.11</b>	
Prepare and or review reimbursement form	\$2,630.00	\$4,025.00	Additional engineering was required during the antenna design phase requiring 399 modification.	\$4,025.00	N/A
Progress and Transition Reports	<i>\$4,000.00</i>	\$4,000.00	Engineering consultant costs not otherwise listed.	\$1,750.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	KET requires RFR study of this site with co-located broadcast facilities.	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A

ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	\$284.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$2,057.00	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	\$3,000.00	N/A	\$2,887.50	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$721.87	N/A



Project management of the transition	\$12,640.00	\$12,000.00	KET Staff require outside services to manage the upgrades.	\$1,365.74	N/A
<b>Sub-total</b>	\$64,250.00	\$62,775.00	N/A	\$13,091.11	N/A
<b>Total for all systems</b>	\$1,057,430.00	\$1,219,275.00	N/A	\$339,361.33	N/A

## Components

Actual Information	
Description	File Name
Prepare and or review reimbursement form	<b>Component Description:</b> Antenna Spec Review, Modify transition plan, update CP, 399 input and support <b>Amount:</b> \$1,575.00
	<b>Component Description:</b> First Installment <b>Amount:</b> \$2,450.00
	<b>Component Description:</b> quarterly report <b>Amount:</b> \$962.50
	<b>Component Description:</b> quarterly report <b>Amount:</b> \$787.50
Progress and Transition Reports	Information not provided.
RF Exposure Measurements	Information not provided.
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.

ASR modification (prepare FCC Form 854)	Information not provided.																								
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<table border="0"> <tr> <td data-bbox="708 293 1015 327"><b>Component Description:</b></td> <td data-bbox="1150 293 1337 327">First Installment</td> </tr> <tr> <td data-bbox="708 331 820 365"><b>Amount:</b></td> <td data-bbox="1150 331 1230 365">\$49.50</td> </tr> <tr> <td data-bbox="708 472 1015 506"><b>Component Description:</b></td> <td data-bbox="1150 472 1374 506">Second Installment</td> </tr> <tr> <td data-bbox="708 510 820 544"><b>Amount:</b></td> <td data-bbox="1150 510 1246 544">\$234.50</td> </tr> </table>	<b>Component Description:</b>	First Installment	<b>Amount:</b>	\$49.50	<b>Component Description:</b>	Second Installment	<b>Amount:</b>	\$234.50																
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<b>Component Description:</b>	Second Installment																								
<b>Amount:</b>	\$234.50																								
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<table border="0"> <tr> <td data-bbox="708 683 1015 716"><b>Component Description:</b></td> <td data-bbox="1150 683 1273 716">repack CP</td> </tr> <tr> <td data-bbox="708 721 820 754"><b>Amount:</b></td> <td data-bbox="1150 721 1230 754">\$49.50</td> </tr> <tr> <td data-bbox="708 862 1015 896"><b>Component Description:</b></td> <td data-bbox="1150 862 1337 896">Fifth Installment</td> </tr> <tr> <td data-bbox="708 900 820 934"><b>Amount:</b></td> <td data-bbox="1150 900 1246 934">\$495.00</td> </tr> <tr> <td data-bbox="708 1041 1015 1075"><b>Component Description:</b></td> <td data-bbox="1150 1041 1347 1075">Third Installment</td> </tr> <tr> <td data-bbox="708 1079 820 1113"><b>Amount:</b></td> <td data-bbox="1150 1079 1230 1113">\$99.00</td> </tr> <tr> <td data-bbox="708 1220 1015 1254"><b>Component Description:</b></td> <td data-bbox="1150 1220 1362 1254">Fourth Installment</td> </tr> <tr> <td data-bbox="708 1258 820 1292"><b>Amount:</b></td> <td data-bbox="1150 1258 1246 1292">\$389.50</td> </tr> <tr> <td data-bbox="708 1400 1015 1433"><b>Component Description:</b></td> <td data-bbox="1150 1400 1337 1433">First Installment</td> </tr> <tr> <td data-bbox="708 1438 820 1471"><b>Amount:</b></td> <td data-bbox="1150 1438 1230 1471">\$99.00</td> </tr> <tr> <td data-bbox="708 1579 1015 1612"><b>Component Description:</b></td> <td data-bbox="1150 1579 1374 1612">Second Installment</td> </tr> <tr> <td data-bbox="708 1617 820 1650"><b>Amount:</b></td> <td data-bbox="1150 1617 1246 1650">\$925.00</td> </tr> </table>	<b>Component Description:</b>	repack CP	<b>Amount:</b>	\$49.50	<b>Component Description:</b>	Fifth Installment	<b>Amount:</b>	\$495.00	<b>Component Description:</b>	Third Installment	<b>Amount:</b>	\$99.00	<b>Component Description:</b>	Fourth Installment	<b>Amount:</b>	\$389.50	<b>Component Description:</b>	First Installment	<b>Amount:</b>	\$99.00	<b>Component Description:</b>	Second Installment	<b>Amount:</b>	\$925.00
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<b>Amount:</b>	\$925.00																								
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.																								

<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> New antenna and line specs <b>Amount:</b> \$87.50</p>
	<p><b>Component Description:</b> N/A <b>Amount:</b> N/A</p>
	<p><b>Component Description:</b> Hitachi and Gates Response review, new antenna and line specs <b>Amount:</b> \$525.00</p>
	<p><b>Component Description:</b> First Installment <b>Amount:</b> \$1,575.00</p>
	<p><b>Component Description:</b> Antenna and transmission line bid spec review &amp; bid response review <b>Amount:</b> \$700.00</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b> Linked station neighbor analysis <b>Amount:</b> \$262.50</p>
	<p><b>Component Description:</b> Review of site documentation and antennas, facility planning <b>Amount:</b> \$459.37</p>

Project management of the transition

**Component Description:** project management  
**Amount:** \$43.75

**Component Description:** linked station analysis  
**Amount:** \$175.00

**Component Description:** travel expenses  
**Amount:** \$10.78

**Component Description:** travel expenses  
**Amount:** \$18.00

**Component Description:** Travel expenses  
**Amount:** \$429.84

**Component Description:** project management  
**Amount:** \$87.50

**Component Description:** Travel expenses  
**Amount:** \$557.12

**Component Description:** Project management tasks; other charges are non-repack activities  
**Amount:** \$43.75

**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>\$17,050.00</b>	<b>\$10,500.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$1,500.00</i>	\$1,500.00	KET estimate to search for and notify all cable companies.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,500.00</i>	\$1,500.00	KET estimate for developing and airing announcement.	N/A	N/A
Equipment Storage	<i>\$500.00</i>	\$500.00	GBC estimate	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,000.00</i>	\$2,000.00	KET estimate based on known costs	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	GBC estimate based on known quotations	N/A	N/A
<b>Sub-total</b>	<b>\$17,050.00</b>	<b>\$10,500.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,057,430.00</b>	<b>\$1,219,275.00</b>	N/A	<b>\$339,361.33</b>	N/A

**Components**

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$1,057,430.00	\$1,219,275.00	\$339,361.33

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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><b>Submission of Estimated Expenses Statements</b></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"> <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.



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.

**Shae Hopkins**  
*Executive Director*

03/27/2019

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></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"> <li>1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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

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

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

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

**Shae Hopkins**  
*Executive Director*

03/27/2019

## Attachments