



(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 **08/14**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>GULF-CALIFORNIA BROADCAST COMPANY</b>	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.	Yes
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
<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	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
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-4R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.4 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
<b>Electrical Service</b>	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
<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**

Section	Question	Response
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	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	

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Model	4DR-8S
Year	1998

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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	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
<b>New Antenna Manufacturer and Types</b>	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
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No

**Enter a list of RF channel numbers.**

<b>RF Channel Number</b>
33
18
20
28

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Interim  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Type</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for an 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?	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
<b>Existing Tower Description</b>	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
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	No
	ASR Number	
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	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**

<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	595
	Explanation	Please see the attached quote from Widelity
<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
For Auxiliary Facility		No
For Main Facility		Yes
Prepare and file Form FCC License to Cover Application		Yes

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	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
<b>Additional Repack Legal Services Not Otherwise Specified in Form 399</b>	NON-CATALOG LEGAL SERVICES SUCH AS REVIEW OF QUARTERLY TRANSITION STATUS REPORTS AND OTHER MISCELLANEOUS NON-CATALOG LEGAL FEES.

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	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
<b>Primary Transmitter UAXTE-4R37</b>	<b>\$141,180.00</b>	<b>\$93,007.80</b>		<b>\$28,463.28</b>	
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
<b>Sub-total</b>	<b>\$141,180.00</b>	<b>\$93,007.80</b>	<b>N/A</b>	<b>\$28,463.28</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$585,888.20</b>	<b>\$320,677.57</b>	<b>N/A</b>	<b>\$93,272.94</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<b>Component Description:</b> UAXTE-4 Transmitter
	<b>Amount:</b> \$14,231.64
	<b>Component Description:</b> UAXTE-4 Transmitter
	<b>Amount:</b> \$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
<b>Interim Antenna N/A</b>	<b>\$27,560.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	
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
<b>Primary Antenna SBB-E-8C170</b>	<b>\$84,200.00</b>	<b>\$14,396.57</b>		<b>\$13,739.00</b>	



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.	\$13,739.00	N/A
<b>Sub-total</b>	\$111,760.00	\$14,396.57	N/A	\$13,739.00	N/A
<b>Total for all systems</b>	\$585,888.20	\$320,677.57	N/A	\$93,272.94	N/A

## Components

Actual Information	
Description	File Name
UHF " Broadband Panel, Side Mount Auxiliary /Interim, 0 horizontally polarized	Information not provided.
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	Information not provided.
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	Information not provided.

<p>UHF - High Power, Side Mount, broadband panel, 8 bay,, 15 kW input, directional,, elliptically or circularly polarized</p>	<p>Information not provided.</p>
<p>New combiner, cost per channel (without antenna)</p>	<p><b>Component Description:</b> 24.31075.110 CA8PPXX200E /CS8PPXX160E</p> <p><b>Amount:</b> \$13,739.00</p>

**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
<b>Primary Tower LTOWER</b>	<b>\$84,200.00</b>	<b>\$81,900.00</b>		<b>\$0.00</b>	
Short Tower (less than 500')	\$84,200.00	\$81,900.00	N/A	N/A	N/A
<b>Primary Tower TOWER</b>	<b>\$84,200.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	
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
<b>Sub-total</b>	<b>\$168,400.00</b>	<b>\$81,900.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$585,888.20</b>	<b>\$320,677.57</b>	N/A	<b>\$93,272.94</b>	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
<b>Outside Professional Services</b>	<b>\$145,413.20</b>	<b>\$121,798.20</b>		<b>\$51,070.66</b>	
Project management of the transition	\$94,010.00	\$99,675.00	Please see the attached quote from Widelity.	\$37,807.70	N/A
Additional Repack Legal Services Not Otherwise Specified in Form 399	<i>\$5,373.20</i>	\$5,373.20	Per Brooks Pierce Invoices	\$5,373.20	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
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	\$4,728.66	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,000.00	N/A	\$937.50	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
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 and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$1,223.60	N/A
<b>Sub-total</b>	\$145,413.20	\$121,798.20	N/A	\$51,070.66	N/A
<b>Total for all systems</b>	\$585,888.20	\$320,677.57	N/A	\$93,272.94	N/A

## Components

Actual Information Description	File Name
Project management of the transition	<b>Component Description:</b> Outside Project Management <b>Amount:</b> \$4,500.00
	<b>Component Description:</b> Project Management <b>Amount:</b> \$3,800.30
	<b>Component Description:</b> Project Management <b>Amount:</b> \$2,562.55
	<b>Component Description:</b> Cost Reconciliation <b>Amount:</b> \$5,356.20
	<b>Component Description:</b> Project Management <b>Amount:</b> \$3,628.40
	<b>Component Description:</b> Project Management <b>Amount:</b> \$1,250.80
	<b>Component Description:</b> Project Management <b>Amount:</b> \$2,791.35
	<b>Component Description:</b> Project Management <b>Amount:</b> \$1,579.80

**Component Description:** Project Management  
**Amount:** \$2,744.85

**Component Description:** Project Management  
**Amount:** \$3,275.40

**Component Description:** Project Management  
**Amount:** \$1,037.80

**Component Description:** Project Management  
**Amount:** \$2,677.25

**Component Description:** Project Management  
**Amount:** \$2,603.00

Additional Repack Legal Services Not Otherwise Specified in Form 399

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

**Component Description:** Repack Legal Services  
**Amount:** \$324.80

**Component Description:** Repack Legal Services  
**Amount:** \$151.90

**Component Description:** Telephone Conference with Jim DeChant  
**Amount:** \$46.40

**Component Description:** Repack Legal Services  
**Amount:** \$706.10

**Component Description:** Repack Legal Services  
**Amount:** \$27.84

**Component Description:** Repack Legal Services  
**Amount:** \$27.84

**Component Description:** Repack Legal Services for KPSP-CD  
**Amount:** \$535.80

**Component Description:** Repack Legal Services for KPSP-CD  
**Amount:** \$1,053.20

**Component Description:** KPSP-CD-550-Attorney - Additional Repack Legal Services  
**Amount:** \$185.60

**Component Description:** Repack Legal Services for KPSP-CD  
**Amount:** \$754.20



	<p><b>Component Description:</b> legal services  <b>Amount:</b> \$272.40</p> <p><b>Component Description:</b> legal services  <b>Amount:</b> \$442.80</p> <p><b>Component Description:</b> Repack Legal Services  <b>Amount:</b> \$157.60</p> <p><b>Component Description:</b> Non-Catalog Legal Services such as review of quarterly transition status reports and other miscellaneous non-catalog legal fees.  <b>Amount:</b> \$37.12</p>
RF Exposure Measurements	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Description: KPSP-CD-550-Attorney - Construction Permit Application (Main)</p> <p><b>Amount:</b> \$51.00</p>
<p></p>	<p><b>Component Description:</b> KPSP Charges related to CP.</p> <p><b>Amount:</b> \$2,386.30</p>
<p></p>	<p><b>Component Description:</b> General Filing and associated costs 2017 see "Repack Invoice Memo"</p> <p><b>Amount:</b> \$2,291.36</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>

<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b> Engineering study work for new channel assignment and antenna development.</p> <p><b>Amount:</b> \$62.50</p>
<p></p>	<p><b>Component Description:</b> Engineering study work for new channel assignment and antenna development.</p> <p><b>Amount:</b> \$375.00</p>
<p></p>	<p><b>Component Description:</b> Professional Services</p> <p><b>Amount:</b> \$250.00</p>
<p></p>	<p><b>Component Description:</b> "Calculation of replication transmitter power output requirement based on FCC issued replication facility effective radiated power."</p> <p><b>Amount:</b> \$250.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Engineering study work for new channel assignment and antenna development.</p> <p><b>Amount:</b> \$1,000.00</p>

<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>												
<p>Prepare and or review reimbursement form</p>	<table> <tr> <td data-bbox="703 371 1011 405"><b>Component Description:</b></td> <td data-bbox="1145 371 1334 562">           KPSP-CD-590-            Prepare and/or            Review            Reimbursement            Form         </td> </tr> <tr> <td data-bbox="703 573 815 607"><b>Amount:</b></td> <td data-bbox="1145 573 1241 607">\$788.80</td> </tr> <tr> <td data-bbox="703 707 1011 741"><b>Component Description:</b></td> <td data-bbox="1145 707 1334 898">           KPSP-CD-590-            Prepare and/or            Review            Reimbursement            Form         </td> </tr> <tr> <td data-bbox="703 909 815 943"><b>Amount:</b></td> <td data-bbox="1145 909 1241 943">\$170.40</td> </tr> <tr> <td data-bbox="703 1043 1011 1077"><b>Component Description:</b></td> <td data-bbox="1145 1043 1370 1155">           Repack Legal            Services for KPSP-            CD         </td> </tr> <tr> <td data-bbox="703 1167 815 1200"><b>Amount:</b></td> <td data-bbox="1145 1167 1241 1200">\$264.40</td> </tr> </table>	<b>Component Description:</b>	KPSP-CD-590- Prepare and/or Review Reimbursement Form	<b>Amount:</b>	\$788.80	<b>Component Description:</b>	KPSP-CD-590- Prepare and/or Review Reimbursement Form	<b>Amount:</b>	\$170.40	<b>Component Description:</b>	Repack Legal Services for KPSP- CD	<b>Amount:</b>	\$264.40
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<b>Amount:</b>	\$170.40												
<b>Component Description:</b>	Repack Legal Services for KPSP- CD												
<b>Amount:</b>	\$264.40												

**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>\$19,135.00</b>	<b>\$9,575.00</b>		<b>\$0.00</b>	
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
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
Develop and air announcement of upcoming channel change	<i>\$750.00</i>	\$750.00	PRODUCTION COSTS NECESSARY ADVERTISING ANNOUNCEMENTS	N/A	N/A
<b>Sub-total</b>	\$19,135.00	\$9,575.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$585,888.20	\$320,677.57	N/A	\$93,272.94	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>	\$585,888.20	\$320,677.57	\$93,272.94

**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.

**James W. DeChant**  
*VP of Technology*

08/14/2019

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.

**James W. DeChant**  
*VP of Technology*

08/14/2019

## Attachments