



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **168419** | Service: **DCA** | Call **WJTS-CD** | Channel: **24 (UHF)**
ID: | Sign:
File **0000028091**
Number:
FRN: **0015209620** | Date **10/31**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Paul E Knies	P.O. BOX 1009 JASPER, IN 47547 United States	+1 (812) 482- 2727	wjts1@DCBROADCASTING. COM	Individual

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
John Neely , Esq . <i>counsel</i> <i>Miller and Neely,</i> <i>PC</i>	Suite 203 3750 University Blvd., West Kensington, MD 20895 United States	+1 (301) 933- 6304	johnsneely@yahoo. 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	Transition by Assigned Phase Completion Date

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	Iu2000 atd
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2 kW

**Primary
Transmitter**

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE-6
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	4.32 kW
	Justification for New Transmitter	Repacking from Ch. 18 to 24 results in higher power requirement than permitted by existing Tx maximum capability.

**Primary
Transmitter**

Other Transmitter Costs

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

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

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Coolant Transfer charge kit	308.30
ULXT System wiring kit	590.75
7 percent Indiana state use tax on purchase	11417.78
Heat Exhcanger	4459.95
Internal High Efficiency Pump Module	6442.64
RF line connection kit	6314.65
Plumbing Integrated pump kit	1838.72
Parallel Surge Suppressor	1726.66

Install Material kit	590.75
shipping	5000.00
XTE Exciter with supply of new Digital Mask Filter	14950.00
Coupler	1375.30
Antifreeze Coolant	247.26
Installation Service	26766.25

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	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?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Class A
	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)	15.0 kW

Manufacturer	
Model	ALP12L4- HSO
Year	2008

Primary
Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	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 Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	12
	Lower Limit	530.00 MHz
	Upper Limit	536.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	

	Model	ALP12L4-CSO-24
	Year	2017
	Justification for New Antenna	change from h-pol to c-pol

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	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
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?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
ERI - add'l intall hardware	additional installation hardware
ERI - Indiana Sales Tax	Indiana Sales Tax
ERI - antenna installation	Antenna Installation services

Transmission Line

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

Primary
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	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
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Air
	Diameter	Other
	Other Diameter	3 1/8 inches
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	10 feet per run

Primary
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	3 1/8 inches
	Other Diameter	N/A
	Segment Length	Other
	Other Segment Length	10 feet
	Number of parallel runs	1
	Length	5 feet per run
	Justification for New Transmission Line	transmitter compatibility

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?	No

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	40
	Explanation	contract engineer project manager to supervise and facilitate equipment installation and coordinate equipment suppliers, tower crew, and ready the tx site for channel conversion. \$125 per hour
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No

	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes

RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
General Manager	Bill Potter WJTS General Manager - for project management, gather Form 399 costs, contact with MVPD, assess project needs, public outreach, coord. buildout schedule, coord suppliers/contractors; 80 hours at \$25 per hour.
Part time staff engineer	Evan Elrod part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 60 hours at \$25 per hour
Second Part time staff engineer	Dave Ferguson part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 40 hours at \$25 per hour
Station Owner	Paul Knies station owner - for project management, contact with MVPD, assisting counsel to prepare forms 399, 1876 and 2100, identify suppliers/contractors; 80 hours at \$25 per hour.
Medical Facility Notification	notification required as a special condition of the displacement construction permit

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

**Other
Expenses**

Other Expenses Not Listed

Name	Description
Nonreducible Dark Station costs	nonreducible costs when station is dark pending coordination with linked-stations and commencing program test operations.
Newspaper and Radio advertising	Alert public as to rescan necessity. 3 newspaper \$3000, 4 radio stations \$3000

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 ULXTE-6	\$208,835.81	\$208,835.81		\$141,344.97	
ULXT System wiring kit	<i>\$2,317.41</i>	\$2,317.41	see price quote	\$2,317.41	N/A
Internal High Efficiency Pump Module	<i>\$6,442.64</i>	\$6,442.64	see price quote	\$0.00	N/A
Installation Service	<i>\$27,357.00</i>	\$27,357.00	see price quote	\$13,973.88	N/A
Antifreeze Coolant	<i>\$247.26</i>	\$247.26	see price quote	\$0.00	N/A
Coupler	<i>\$1,375.30</i>	\$1,375.30	see price quote	\$0.00	N/A
XTE Exciter with supply of new Digital Mask Filter	<i>\$14,950.00</i>	\$14,950.00	see price quote	\$0.00	N/A
shipping	<i>\$5,000.00</i>	\$5,000.00	see price quote	\$5,000.00	N/A
Install Material kit	<i>\$590.75</i>	\$590.75	see price quote	\$0.00	N/A
Parallel Surge Suppressor	<i>\$1,726.66</i>	\$1,726.66	see price quote	\$0.00	N/A
Plumbing Integrated pump kit	<i>\$1,838.72</i>	\$1,838.72	see price quote	\$0.00	N/A

RF line connection kit	\$20,986.82	\$20,986.82	see price quote	\$20,986.82	N/A
Heat Exhcanger	\$4,459.95	\$4,459.95	see price quote	\$0.00	N/A
7 percent Indiana state use tax on purchase	\$8,785.00	\$8,785.00	7 percent Indiana state use tax	\$0.00	N/A
Coolant Transfer charge kit	\$308.30	\$308.30	see price quote	\$0.00	N/A
UHF - Liquid Cooled Solid State Transmitter 4.32 kW	\$112,450.00	\$112,450.00	see price quote	\$99,066.86	N/A
Sub-total	\$208,835.81	\$208,835.81	N/A	\$141,344.97	N/A
Total for all systems	\$406,322.71	\$429,105.44	N/A	\$175,387.47	N/A

Components

Actual Information	
Description	File Name
ULXT System wiring kit	Component Description: system wiring
	Amount: \$1,158.70
	Component Description: electrical
	Amount: \$1,158.71
Internal High Efficiency Pump Module	Component Description: Internal High Efficiency Pump Module
	Amount: N/A

Installation Service	Component Description:	install material kit
	Amount:	\$295.38
	Component Description:	Installation and Proof
	Amount:	\$13,678.50
Antifreeze Coolant	Component Description:	coolant
	Amount:	\$247.26
Coupler	Component Description:	coupler
	Amount:	\$1,375.30
XTE Exciter with supply of new Digital Mask Filter	Component Description:	Exciter
	Amount:	N/A
shipping	Component Description:	freight
	Amount:	\$5,000.00
Install Material kit	Component Description:	install material kit
	Amount:	N/A
Parallel Surge Suppressor	Component Description:	surge suppressor
	Amount:	N/A
Plumbing Integrated pump kit	Component Description:	Plumbing Integrated pump kit
	Amount:	\$1,838.72

RF line connection kit	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>connection kit</div> <div>\$10,493.41</div> </div> <div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>RF Accessories</div> <div>\$10,493.41</div> </div>
Heat Exhcanger	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>Heat Exchanger</div> <div>\$4,459.95</div> </div>
7 percent Indiana state use tax on purchase	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>7 percent Indiana state use tax on purchase</div> <div>N/A</div> </div>
Coolant Transfer charge kit	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>transfer charge kit</div> <div>\$308.30</div> </div>
UHF - Liquid Cooled Solid State Transmitter 4.32 kW	<div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>additional xm payment</div> <div>\$42,841.86</div> </div> <div> <div>Component Description:</div> <div>Amount:</div> </div> <div> <div>transmitter</div> <div>\$56,225.00</div> </div>

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna ALP12L4-CSO-24	\$51,942.19	\$83,375.27		\$30,172.50	
ERI - antenna installation	<i>\$14,987.50</i>	\$14,987.50	install services	\$0.00	N/A
ERI - Indiana Sales Tax	<i>\$2,303.69</i>	\$2,303.69	Indian sales tax	\$0.00	N/A
ERI - add'l intall hardware	<i>\$1,621.00</i>	\$1,621.00	required add'l install hardware	\$0.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$58,213.08	per attached ERI invoice includes \$8870 Bandpass filter, + \$1500 mask filter installation fee + \$27535 antenna cost + \$22225 antenna installation services + \$285.88 freight charge + 7% Indiana sales tax \$1927.45	\$30,172.50	N/A

Sweep test of existing antenna	\$6,730.00	\$6,250.00	N/A	\$0.00	N/A
Sub-total	\$51,942.19	\$83,375.27	N/A	\$30,172.50	N/A
Total for all systems	\$406,322.71	\$429,105.44	N/A	\$175,387.47	N/A

Components

Actual Information	
Description	File Name
ERI - antenna installation	<p>Component Description: installation services</p> <p>Amount: \$14,987.50</p>
ERI - Indiana Sales Tax	<p>Component Description: Indiana sales tax</p> <p>Amount: \$2,303.69</p>
ERI - add'l intall hardware	<p>Component Description: add'l install hardware</p> <p>Amount: \$1,621.00</p>
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<p>Component Description: 50% antenna plus 50% filter system</p> <p>Amount: \$15,185.00</p> <p>Component Description: 50% antenna deposit</p> <p>Amount: \$30,172.50</p>
Sweep test of existing antenna	<p>Component Description: reject</p> <p>Amount: N/A</p>

Cost
Information

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$520.00	\$6,314.65		\$0.00	
Rigid Transmission Line - copper, 3 1/8"	\$520.00	\$6,314.65	compatibility with transmitter	\$0.00	N/A
Sub-total	\$520.00	\$6,314.65	N/A	\$0.00	N/A
Total for all systems	\$406,322.71	\$429,105.44	N/A	\$175,387.47	N/A

Components

Actual Information	
Description	File Name
Rigid Transmission Line - copper, 3 1/8"	<div>Component Description: transmission line and hangars</div> <div>Amount: \$6,314.65</div>

Cost Information

Tower Equipment and Rigging Costs

Information not provided.

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$114,640.00	\$108,250.00		\$0.00	
Medical Facility Notification	<i>\$0.00</i>	\$0.00	please reject	\$0.00	medical facility notification expense required as per special condition to the displacement construction permit
Station Owner	<i>\$2,000.00</i>	\$2,000.00	wage	N/A	N/A
Second Part time staff engineer	<i>\$1,000.00</i>	\$1,000.00	wages	N/A	N/A
Part time staff engineer	<i>\$1,500.00</i>	\$1,500.00	wages	N/A	N/A
General Manager	<i>\$2,000.00</i>	\$2,000.00	wage	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	Price quote from consulting engineer.	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	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
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$6,320.00	\$5,000.00	40 hours at \$125 per hour	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
Sub-total	\$114,640.00	\$108,250.00	N/A	\$0.00	N/A

Total for all systems	\$406,322.71	\$429,105.44	N/A	\$175,387.47	N/A
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Components

Actual Information Description	File Name
Medical Facility Notification	Component Description: reject Amount: N/A
Station Owner	Information not provided.
Second Part time staff engineer	Information not provided.
Part time staff engineer	Information not provided.
General Manager	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Project management of the transition	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	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	\$30,384.71	\$22,329.71		\$3,535.00	
Newspaper and Radio advertising	<i>\$6,000.00</i>	\$6,000.00	N/A	N/A	N/A
Nonreducible Dark Station costs	<i>\$7,000.00</i>	\$7,000.00	nonreducible costs while station is dark for tower work and linked-station coordination while preparing to commence program test operation. \$1000 per day for 7 days.	N/A	N/A
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$889.71</i>	\$889.71	N/A	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	\$2,000.00	\$2,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	Media Bureau Fee filer Guide	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,535.00	required by construction permit special condition	\$3,535.00	.
Sub-total	\$30,384.71	\$22,329.71	N/A	\$3,535.00	N/A
Total for all systems	\$406,322.71	\$429,105.44	N/A	\$175,387.47	N/A

Components

Actual Information	
Description	File Name
Newspaper and Radio advertising	Information not provided.
Nonreducible Dark Station costs	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	<div> <div> Component Description: </div> <div> Repack license to cover application filing fee </div> </div> <div> <div> Amount: </div> <div> \$335.00 </div> </div>
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<div> <div> Component Description: </div> <div> required by CP special condition; estimate and invoice. </div> </div> <div> <div> Amount: </div> <div> \$3,535.00 </div> </div>

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

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$406,322.71	\$429,105.44	\$175,387.47

Reimbursement Status

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

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

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

<p>8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Paul Knies <i>soel</i> <i>proprietor</i></p> <p>10/31/2019</p>

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

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Paul Knies . 10/31/2019</p>

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

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

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

Paul Knies

10/31/2019

Attachments

