



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **54011** | Service: **DTV** | Call **KLJB** | Channel: **30 (UHF)** |  
ID: | Sign:  
File **0000028435**  
Number:  
FRN: **0004284899** | Date **08/03**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>MARSHALL BROADCASTING GROUP, INC., AS DEBTOR-IN-POSSESSION</b> Doing Business As: MARSHALL BROADCASTING GROUP, INC., AS DEBTOR-IN-POSSESSION	8323 SOUTHWEST FREEWAY SUITE 433, HOUSTON, TX 77074 United States	+1 (213) 835-1500	pluria@mbg.tv	Corporation

## 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.		Yes
Briefly describe transition plan		Replace transmitter. Install new combiner for new channel and use existing antenna and transmission line. See Transition plan attachment.

**Transmitters**

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<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	Millennium DCX
	Year	2005
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THU9EVO-30
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	46 kW
	Justification for New Transmitter	The purchase price of a new solid state transmitter is less than a comparable replacement IOT based on a Proposal from Comark for an MSDC IOT. See attached proposal for solid state transmitter.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
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<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	Yes
	Size	3 inches
	Length	100.0 feet
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	20 tons
	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**

Name	Description
Transmitter installation	Transmitter installation and test services.
Interface line	Cut piece of transmission line to mate xmtr with combiner.



**Antennas**

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

**Primary  
Antenna****Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	56
	Design power capacity in use	50.0 %

Lower Limit	470.00 MHz
Upper Limit	605.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	1000.0 kW
Manufacturer	DIELECTRIC
Model	TUF-O4-14 /56H-1-T
Year	2008

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

Facility ID	Call Sign
6885	KWQC-TV

**Primary Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	

**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	2
	Frequencies of channels supported	RF channel
	Frequency	N/A



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

RF Channel Number
23
30

**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
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Dielectric
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1100 feet per run

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

Facility ID	Call Sign
5468	WQPT-TV

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Tests	Sweep tests to ensure good performance on the assigned channel

**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	300
	Explanation	Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. Project management services needed.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes

	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<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	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination	Yes

	issues w/ other stations and wireless providers	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	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

Services not provided.

## 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	Yes
	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?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
Sales Tax	Sales and use tax on goods and services
Generator Move	Generator and fuel move to be compliant with lease terms



## 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 THU9EVO-30</b>	<b>\$1,790,665.00</b>	<b>\$1,713,665.00</b>		<b>\$1,343,535.62</b>	
Interface line	<i>\$965.00</i>	\$965.00	Special length of line to interface transmitter and combiner.	\$960.23	N/A
Transmitter installation	<i>\$121,000.00</i>	\$121,000.00	See transmitter installation quote.	\$120,531.50	N/A
20 Ton system	\$115,500.00	\$115,500.00	N/A	\$54,372.00	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$1,400,000.00	N/A	\$1,167,671.89	N/A

<b>Sub-total</b>	\$1,790,665.00	\$1,713,665.00	N/A	\$1,343,535.62	N/A
<b>Total for all systems</b>	\$2,163,270.00	\$2,101,590.00	N/A	\$1,510,484.96	N/A

## Components

Actual Information	
Description	File Name
Interface line	<p><b>Component Description:</b> Special length of transmission line to mate transmitter with combiner.</p> <p><b>Amount:</b> \$960.23</p>
Transmitter installation	<p><b>Component Description:</b> Initial invoice for Land Comm transmitter install services.</p> <p><b>Amount:</b> \$60,265.75</p> <p><b>Component Description:</b> Final invoice for Land Comm transmitter and electric installation service.</p> <p><b>Amount:</b> \$60,265.75</p>
20 Ton system	<p><b>Component Description:</b> FINAL INVOICE FOR PROJECT.</p> <p><b>Amount:</b> \$27,186.00</p> <p><b>Component Description:</b> First invoice for HVAC work.</p> <p><b>Amount:</b> \$27,186.00</p>
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.

Transformer 3 phase/480v - 300 KVA	Information not provided.	
Switchgear - industrial 800 amp	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	<b>Component Description:</b>  <b>Amount:</b>	First invoice for xmtr. \$274,812.50   <b>Component Description:</b>  Please ignore this reimbursement request. These expenses are covered elsewhere in the cost category.  <b>Amount:</b> N/A   <b>Component Description:</b>  Final transmitter invoice.  <b>Amount:</b> \$892,859.39   <b>Component Description:</b>  Initial invoice for transmitter installation and test.  <b>Amount:</b> N/A

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 TUF-O4-14 /56H-1-T	\$90,930.00	\$90,930.00		\$74,647.88	
New combiner, cost per channel (without antenna)	\$84,200.00	\$84,200.00	N/A	\$74,647.88	N/A
Sweep test of existing antenna	\$6,730.00	\$6,730.00	N/A	N/A	N/A
Sub-total	\$90,930.00	\$90,930.00	N/A	\$74,647.88	N/A
Total for all systems	\$2,163,270.00	\$2,101,590.00	N/A	\$1,510,484.96	N/A

Components

Actual Information	
Description	File Name
New combiner, cost per channel (without antenna)	<div>Component Description: Please reject this invoice as this item is covered in the transmitter cost category.</div> <div>Amount: N/A</div>

	<b>Component Description:</b>	Combiner first invoice.
	<b>Amount:</b>	\$24,882.62
	<b>Component Description:</b>	Combiner second invoice.
	<b>Amount:</b>	\$49,765.26
Sweep test of existing antenna	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
Primary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Sub-total	\$6,400.00	\$6,400.00	N/A	\$0.00	N/A
Total for all systems	\$2,163,270.00	\$2,101,590.00	N/A	\$1,510,484.96	N/A

Components

Information not provided.

Cost Information	Tower Equipment and Rigging Costs				
	Information not provided.				

Cost Information	Outside Professional Services				
	Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).				
	Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost Justification
	Outside Professional Services	\$76,590.00	\$92,460.00		\$57,620.46
	Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,210.00	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
	Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A
	Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$800.00
	Perform	\$7,360.00	\$7,000.00	N/A	\$5,750.00

engineering  
study for new  
channel  
assignment  
and antenna  
development

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$4,500.00	Due to MBG business structure changes filing for the repack, and coordination with other facilities, KLJB costs were higher.	\$2,518.75	Attorney was providing transition reporting and also required coordination with new project manager /engineer.
Prepare and or review reimbursement form	\$2,630.00	\$10,000.00	Internal resources were insufficient so outside resources were used to prepare the 399 forms.	\$8,431.25	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,000.00	N/A
Project management of the transition	\$47,400.00	\$55,000.00	Engineering to close out project and review all reimbursable expense required more project management costs.	\$37,120.46	N/A
<b>Sub-total</b>	<b>\$76,590.00</b>	<b>\$92,460.00</b>	<b>N/A</b>	<b>\$57,620.46</b>	<b>N/A</b>



<b>Total for all systems</b>	\$2,163,270.00	\$2,101,590.00	N/A	\$1,510,484.96	N/A
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## Components

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> Preparation and submittal of license to cover application.</p> <p><b>Amount:</b> \$800.00</p>
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b> See cover letter item 3 - Perform engineering study for new channel assignment and antenna development services provided by consultant Kessler and Gehman Associates.</p> <p><b>Amount:</b> \$5,750.00</p>
Address transition timing and coordination issues w/ other stations and wireless	

<b>Component Description:</b>	Transition procedures for repack.
<b>Amount:</b>	\$81.25

<b>Component Description:</b>	Address transition plan issues and planning for reimbursement.
<b>Amount:</b>	\$568.75

<b>Component Description:</b>	Transition plan coordination. Other items on this invoice are not reimbursable so please just reimburse the indicated amount.
<b>Amount:</b>	\$162.50

<b>Component Description:</b>	New Cores account and reimbursement setup.
<b>Amount:</b>	\$1,056.25

<b>Component Description:</b>	Preparation of transition report and coordination with other counsel.
<b>Amount:</b>	\$406.25

<b>Component Description:</b>	Transition report and coordination of transition plan creation.
<b>Amount:</b>	\$243.75

	<b>Component Description:</b>	Coordination of various repack procedures with client.
	<b>Amount:</b>	\$1,056.25
	<b>Component Description:</b>	Transition report review.
	<b>Amount:</b>	\$81.25
Prepare and or review reimbursement form	<b>Component Description:</b>	Change in licensee structure required research for new 1876 form and to start new 1876 credentials all over.
	<b>Amount:</b>	\$4,550.00
	<b>Component Description:</b>	Identification of 399 items for reimbursement and reimbursement rules for processing.
	<b>Amount:</b>	\$1,137.50
	<b>Component Description:</b>	Change in licensee required research for new 1876 identity.
	<b>Amount:</b>	\$731.25

	<p><b>Component Description:</b></p> <p>See cover letter item 2 - Prepare and or review reimbursement form services provided by consultant Kessler and Gehman Associates.</p> <p><b>Amount:</b></p> <p>\$2,500.00</p>
	<p><b>Component Description:</b></p> <p>Preparation of 399 form information.</p> <p><b>Amount:</b></p> <p>\$243.75</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b></p> <p>See cover letter item 4 - Prepare engineering section of FCC form 2100, Construction Permit Application services provided by consultant Kessler and Gehman Associates.</p> <p><b>Amount:</b></p> <p>\$3,000.00</p>
Project management of the transition	<p><b>Component Description:</b></p> <p>Project management for structural analysis and tower modification services 5.26.18 through 6.29.18 and consulting services by Kessler and Gehman Associates May 2018.</p> <p><b>Amount:</b></p> <p>\$460.00</p>

<b>Component Description:</b>	Project management activities including progress reports.
<b>Amount:</b>	\$5,700.00
<b>Component Description:</b>	Project management including scheduling of resources for testing.
<b>Amount:</b>	\$2,625.00
<b>Component Description:</b>	Project management activities for August.
<b>Amount:</b>	\$1,837.50
<b>Component Description:</b>	Project management activities for test and transition reporting.
<b>Amount:</b>	\$4,000.00
<b>Component Description:</b>	Project Management and site trip to do station equipment planning. Direct expenses itemized.
<b>Amount:</b>	\$7,544.50

<b>Component Description:</b>	Project management and engineering to choose equipment and services, and for site visit for combiner planning.
<b>Amount:</b>	\$11,269.46

<b>Component Description:</b>	Project management services provided by consultants Kessler and Gehman Associates.
<b>Amount:</b>	\$550.00

<b>Component Description:</b>	See cover letter item 1, 5-8 - project management services
<b>Amount:</b>	\$5,784.00

<b>Component Description:</b>	Project management tasks including equipment review and selection.
<b>Amount:</b>	\$1,050.00

**Component Description:**

Project  
management  
services for  
schedule 387  
progress report  
preparation by  
consultants Kessler  
and Gehman  
Associates for  
2018 Q2 and 2018  
Q4.

**Amount:**

\$300.00

## 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>\$198,685.00</b>	<b>\$198,135.00</b>		<b>\$34,681.00</b>	
Sales Tax	<i>\$119,000.00</i>	\$119,000.00	N/A	\$0.00	N/A
MVPD Notification of Channel Change	<i>\$3,500.00</i>	\$3,500.00	N/A	\$2,865.00	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
Equipment Storage	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$20,000.00</i>	\$20,000.00	N/A	\$16,630.00	N/A
Non-zoning permits	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	\$0.00	N/A
DTV Medical	\$11,550.00	\$11,000.00	N/A	\$4,986.00	N/A



Facility  
Notification

Generator Move	\$10,800.00	\$10,800.00	N/A	\$10,200.00	N/A
<b>Sub-total</b>	\$198,685.00	\$198,135.00	N/A	\$34,681.00	N/A
<b>Total for all systems</b>	\$2,163,270.00	\$2,101,590.00	N/A	\$1,510,484.96	N/A

## Components

Actual Information	
Description	File Name
Sales Tax	Information not provided.
MVPD Notification of Channel Change	<p><b>Component Description:</b> Notifications to MVPD operations.</p> <p><b>Amount:</b> \$2,865.00</p>
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	<p><b>Component Description:</b> Removal and disposal of all transmitter room equipment to be compliant with lease terms.</p> <p><b>Amount:</b> \$16,630.00</p>
Non-zoning permits	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	

	<b>Component Description:</b>	Notifications provided to Medical facilities.
	<b>Amount:</b>	\$4,986.00
Generator Move	<b>Component Description:</b>	Relocation of generator per lease terms.
	<b>Amount:</b>	\$10,200.00

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

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,163,270.00	\$2,101,590.00	\$1,510,484.96

**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 Actual Cost Documentation Statements	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).	
		<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> <li>4. The above-named entity acknowledges the submission of the information herein</li> </ol>	

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

<p>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><b>Pluria Marshall, Jr.</b>  <i>President</i></p> <p>08/03/2020</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"> <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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> <li>3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-</li> </ol>	

<p>named entity, including any discounts, refunds, or rebates.</p> <p>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.</p> <p>5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</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><b>Pluria Marshall, Jr.</b>  <i>President</i></p> <p>08/03/2020</p>

## Attachments