

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

64048 Service: DCA Channel: 31 (UHF) Facility Call **KNOV-CD** Sign:

File 0000027971

Number:

ID:

FRN: 0004941621 Date 11/16

> Submitted: /2020

### **Applicant** Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
BEACH TV PROPERTIES, INC. Doing Business As: BEACH TV PROPERTIES, INC.	Byron J. Colley, Jr. PO Box SUITE 23 PANAMA CITY, FL 32407 United States	+1 (850) 234- 2773	jud. colley@tripsmarter. com	Corporation

# Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

### **Preparer Contact** Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email
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The Preparer is same as the reimbursement contact.

**Broadcaster** Information and **Transition** Plan

Question Response

Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	KNOV will transition to channel 31, to maintain signal to head ends, a second antenna will be mounted near the current antenna and will become the main antenna. A new transmitter and mask filter are required. An interim transmitter is required.

# 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	
Manufacturer and Type	Model	ATSC-1.6 KW
	Year	2017
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.6 kW

# Primary Transmitter

## **New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE- 2R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Transmitter is needed in order to maintain continuous service during the transition.

# 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	Yes
	Description	120/240
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	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 leashold 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
Mask Filter	GatesAir

#### **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	Class	Class A
Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	3.2 kW

Manufacturer	
Model	770-881
Year	2003

# 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	Class	Class A
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	3.2 kW
	Manufacturer	
	Model	ANT TLP6B

Year	2018
Justification for New Antenna	Old antenna cannot be retuned.

# Primary Antenna

## **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	Туре	
	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
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Combiner	Combines channels 31 and 41 so only one
	antenna will be needed for the transition

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Primary Transmission Line

# **Existing Transmission Line**

n 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	
	Туре	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	100 feet per run

# **Primary**

## **New Transmission Line**

Transmissio	n 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
		Туре	Flexible Air
		Diameter	1 5/8 inches
		Other Diameter	N/A
		Segment Length	N/A
		Other Segment Length	N/A
		Number of parallel runs	1
	Length	100 feet per	
	Justification for New Transmission Line	Need transmission line for the new antenna.	

**Primary** Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

# Tower Equipment And Rigging Costs

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

# Primary Tower

# **Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower	Do you have a tower registration number?	No
Structure Registration	ASR Number	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	29° 57' 07.7" N-
	Longitude (NAD83)	090° 04' 13.0" W-
	Overall Structure Height	665.67 feet
	Support Structure Height	655.50 feet
	Ground Elevation Above Mean Sea Level (AMSL)	4.59 feet

Structure Type	BANT - Building with an Antenna
Tower Owner	PS CHARLES ASSOCIATES LP
Date Constructed	07/06/2017

# 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

Name	Description
Tower Modifications	Minor modifications to tower site due to new mast required for repack

# Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	620
	Explanation	Have no ability to conduct internally.
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	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	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	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes

For Main Facility 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)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement Address transition timing and coordination issues w/ other stations and wireless providers  RF Field Engineering Services  Comprehensive coverage verification via field study  RF exposure measurements No  Additional Field Engineering Service No  Number of Days Justification N/A		
Authority  Quantity  NEPA Section 106 environmental review  No  Environmental Assessment  No  ASR Modification  FAA Consultation (including preparation of FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  N/A	For Main Facility	Yes
NEPA Section 106 environmental review  No  Environmental Assessment  No  ASR Modification  FAA Consultation (including preparation of FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  No		No
Environmental Assessment No  ASR Modification No  FAA Consultation (including preparation of FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  No	Quantity	N/A
ASR Modification No  FAA Consultation (including preparation of FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  No	NEPA Section 106 environmental review	No
FAA Consultation (including preparation of FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  No	Environmental Assessment	No
FAA Form 7460)  Negotiation of Lease and other Matter for Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No Additional Field Engineering Service  No Number of Days  No	ASR Modification	No
Shared Locations  Prepare or Review FCC Form 399 for Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  N/A		No
Reimbursement  Address transition timing and coordination issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  No	_	No
issues w/ other stations and wireless providers  Comprehensive coverage verification via field study  RF exposure measurements  No  Additional Field Engineering Service  No  Number of Days  N/A	•	Yes
Field study  RF exposure measurements  Additional Field Engineering Service  No  Number of Days  N/A	issues w/ other stations and wireless	No
Additional Field Engineering Service No  Number of Days N/A	 _	No
Number of Days N/A	RF exposure measurements	No
	Additional Field Engineering Service	No
Justification N/A	Number of Days	N/A
	Justification	N/A

### Outside Professiona

# Other Professional Services Expenses Not Listed

al	Services Costs	Description
	Thomaston Broadcasting	KNOV 8 hr. x \$40/hr. 320. Preparation of 399.
	Mike Minturn	MVPD property installs. 125 properties @ 3 hrs/property. 375 hrs. x \$35/hr. \$13,125.
	Thomaston Broadcasting	Transmitter and antenna work. 80 hr x \$40 /hr. \$3,200. MVPD property installs. 125 properties @ 3 hrs/property. 375hrs. x\$40 /hr. \$15,000

# 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?	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
Upgrade Hotels	Antennas and processors in each of 125 hotels have to be replaced.

# **Cost** Information

## **Transmitters**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter UAXTE-2R37	\$134,832.48	\$58,460.78		\$52,974.84	
Other Electrical Service: 120 /240	\$5,000.00	\$5,000.00	N/A	\$3,987.00	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$49,628.30	N/A	\$45,155.36	N/A
Mask Filter	\$3,832.48	\$3,832.48	N/A	\$3,832.48	N/A
Sub-total	\$134,832.48	\$58,460.78	N/A	\$52,974.84	N/A
Total for all systems	\$725,145.24	\$436,686.64	N/A	\$215,681.18	N/A

# Components

Actual Information Description	File Name	
Other Electrical Service: 120 /240	Component Description:  Amount:	KNOV FACILITY TV RACK \$3,987.00
	Amount	ψ5,307.00

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description:	Second payment before shipping. Matching check
	Amount:	written in final payment. \$16,950.34
	Component Description: Amount:	2nd Payment \$16,950.34
	Component Description:	7/8/2019 Travel from Panama City to New Orleans by Wade Thomaston
	Amount:	\$1,075.00
	Component Description:	1/3 Down payment, invoice does not include tax and freight which are included in the attached quote.
	Amount:	\$13,965.51
	Component Description: Amount:	Last 1/3 payment for Transmitter \$13,164.51
Mask Filter	Commonant Decorintian	Mook filter
	Component Description: Amount:	Mask filter \$3,832.48

# **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 ANT TLP6B	\$46,209.26	\$38,989.00		\$26,436.64	
Combiner	\$7,987.50	\$7,987.50	N/A	\$3,594.38	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$4,324.89	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$19,409.74	This estimated cost is equivalent to the previously approved budget amount of \$24,601.50 less the previously reimbursed amount of \$5,191.76.	\$13,325.61	N/A
UHF - Lower Power, Top Mount, Class A, basic slot antenna, 3 kW input, elliptically or circularly polarized	\$5,191.76	\$5,191.76	***System Notice: Estimate adjusted and locked because line has been superseded.  ***	\$5,191.76	N/A
Sub-total	\$46,209.26	\$38,989.00	N/A	\$26,436.64	N/A
Total for all systems	\$725,145.24	\$436,686.64	N/A	\$215,681.18	N/A

# Components

Actual Information Description	File Name	
Combiner	Component Description:  Amount:	45% with order. See Dielectric proposal. \$3,594.38
Sweep test of existing antenna	Component Description:	KNOV-210- Sweep Test Existing Primary Antenna
	Amount:	\$1,444.89
	Component Description:	45% of sweep cost with order. See Dielectric
	Amount:	quote. \$2,880.00
UHF - Lower Power Side Mount, Class A One Station antenna basic	Component Description:	Technical services rendered
	Amount:	on customer's site \$2,880.00
	Component Description:	UHF lower power side mount
	Amount:	\$10,445.61

UHF - Lower Power, Top Mount, Class A, basic slot antenna, 3 kW input, elliptically or circularly polarized

Component Description: 45% of Jumper

with order. See Dielectric quote.

\$458.32

Amount: \$458

Component Description: 45% of antenna

cost. See

Dielectric quote.
We have adjusted the request to match the
Dielectric quote

for an h.pol antenna. See attached explanation.

**Amount:** \$4,733.44

# **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	\$3,300.00	\$12,578.63		\$12,267.82	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$3,300.00	\$12,578.63	Please see Estimated Cost Justification KNOV-310- New Primary Transmission Line v2	\$12,267.82	N/A
Sub-total	\$3,300.00	\$12,578.63	N/A	\$12,267.82	N/A
Total for all systems	\$725,145.24	\$436,686.64	N/A	\$215,681.18	N/A

# Components

<b>Actual Information</b>	
Description	File Name

Flexible Air Transmission Line - dielectric, 1 5/8"

Component Description: FREIGHT

**Amount:** \$1,316.02

Component Description: Dehydrator Amount: \$2,325.09

Component Description: 15' Cable

Assemblies with

Connectors

**Amount:** \$2,539.71

**Component Description:** Transmission Line

**Amount:** \$4,651.49

Component Description: Freight; Kit, VAXTE

/UAXTE Cust I/O S

/D

**Amount:** \$1,435.51

# **Cost** Information

# **Tower Equipment and Rigging Costs**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower BANT	\$210,778.50	\$2,987.08		\$2,987.05	
Tall Tower (greater than 500')	\$210,500.00	\$2,708.58	Please see attached justification document and Satellite Center Invoice #0000036584	\$2,708.56	N/A
Tower Modifications	\$278.50	\$278.50	Please see attached Justification Letter for Tower Modifications Category	\$278.49	N/A
Sub-total	\$210,778.50	\$2,987.08	N/A	\$2,987.05	N/A
Total for all systems	\$725,145.24	\$436,686.64	N/A	\$215,681.18	N/A

# Components

Actual Information Description	File Name	
Tall Tower (greater than 500')	Component Description:  Amount:	"Assist Destiantion TV Engineer with Installation of new antenna and transmission equipment" \$2,708.56
	Amount:	

Tower Modifications		
	Component Description:	Wade with
		Destination
		Network
	Amount:	\$278.49

# **Cost Information**

## **Outside Professional Services**

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

			Estimated		
Description	Predetermined Cost Estimate	Estimated Cost	Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$159,530.00	\$153,776.15		\$112,057.43	
Mike Minturn	\$13,125.00	\$13,125.00	N/A	\$875.00	N/A
Thomaston Broadcasting	\$18,200.00	\$18,200.00	N/A	\$14,161.28	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	\$1,740.00	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

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$1,500.00	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
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	\$0.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$0.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$0.00	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$80.00	N/A
Project management of the transition	\$97,960.00	\$93,701.15	The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time.	\$93,701.15	Please see submitted invoices
Sub-total	\$159,530.00	\$153,776.15	N/A	\$112,057.43	N/A
Total for all systems	\$725,145.24	\$436,686.64	N/A	\$215,681.18	N/A

# Components

Actual Information		
Description	File Name	
Mike Minturn		
	Component Description:	Transmitter
		/Antenna install
	Amount:	\$210.00
	Component Description:	Unpack and
		assemble 70
		antennas,
		transport to
		storage
	Amount:	\$665.00

**Thomaston Broadcasting** 

Component Description: "10/14/2019

KNOV # 64048 Loading and transporting equipment from Panama City to New Orleans. Unloading

equipment. Work done by Wade Thomaston."

**Amount:** \$7,105.00

Component Description: Travel from

Morrow

**Amount:** \$5,136.28

Component Description: Getting quotes for

equipment and assisting 399 filing.

**Amount:** \$640.00

Component Description: Invoice replaced,

this entry is no longer needed.

Amount: N/A

Component Description: Processing 387

forms for KNOV

**Amount:** \$440.00

Component Description: Ordering

transmission for transmitter site by Wade Thomaston

**Amount:** \$440.00

Component Description: Contract Labor

**Amount:** \$400.00

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Component Description: Amount:	Prepare minor change application \$1,740.00
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Component Description: Amount:	Review antenna and system data. \$1,500.00
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Component Description: Amount:	Prepare Form 387. \$175.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Review FCC filing process. \$337.50
Perform engineering study for new channel assignment and antenna development	Information not provided.	

Prepare and or review reimbursement form	Component Description:	Complete processing of 399 Forms.
	Amount:	\$80.00
	Component Description:	Form 399
	Amount:	research. \$740.00
Project management of the transition		
แสทรแบบ	Component Description:	Project Management
	Amount:	\$2,125.40
	Component Description:	FCC 387 Form
	Amount:	prep \$175.00
	Component Description:	Project
	Amount:	Management \$2,470.45
	Component Description:	Project
	Amount:	Management \$2,811.70
	Component Description:	Project
	Amount:	Management \$2,404.60

Component Description: Project

Management

**Amount:** \$2,394.50

**Component Description:** 

Amount:

**Project** 

Management \$5,143.30

**Component Description:** 

**Project** Management

Amount:

\$2,788.40

**Component Description:** 

**Project** 

Amount:

Management \$4,167.00

**Project** 

**Component Description:** 

Management

Amount:

\$3,829.25

**Component Description:** 

Project

Amount:

Management

\$2,392.90

**Component Description:** 

**Project** 

Amount:

Management

\$2,116.35

**Component Description:** 

**Project** 

Amount:

Management \$3,763.75

**Component Description:** 

Project

Amount:

Management

\$2,404.10

**Component Description:** 

**Project** 

Amount:

Management

\$3,315.80

Component Description:

Amount:

Project

Management \$4,355.75

**Component Description:** 

Project

Amount:

Management \$2,138.80

**Component Description:** 

Project

Amount:

Management \$4,498.85

Project

**Component Description:** 

Management

Amount:

\$3,769.70

**Component Description:** 

Project

Amount:

Management

\$2,302.15

**Component Description:** 

Project

Amount:

Management \$3,468.20

**Component Description:** 

**Project** 

Amount:

Management \$2,436.30

**Component Description:** 

Project

Amount:

Management \$2,198.65

**Component Description:** 

Project

Amount:

Management \$2,983.95

Component Description: Project

Amount: Management \$2,180.45

Component Description: Project

Project Management

Amount:

\$1,419.45

**Component Description:** 

Project

Amount:

Management \$2,559.30

**Component Description:** 

Project

Amount:

Management \$4,146.90

**Component Description:** 

Project

Amount:

Management

\$1,677.00

**Component Description:** 

**Project** 

Amount:

Management \$3,768.05

Component Description: Review initial FCC

notification. Email time with client reviewing the FCC filing process.

**Amount:** \$337.50

**Component Description:** 

Project

Amount:

Management \$2,154.00

Component Description: Project

Management

**Amount:** \$3,196.55

Component Description: Project

management

**Amount:** \$1,807.10

## **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	Estimated Cost Justification	Actual Coor	Actual Cost Justification
Other Expenses	\$170,495.00	\$169,895.00	Justilication	\$8,957.40	Justinication
Upgrade Hotels	\$125,000.00	\$125,000.00	N/A	\$4,672.50	N/A
MVPD Notification of Channel Change	\$5,000.00	\$5,000.00	Must notify 125 hotels who receive our signal in their SMATV systems.	N/A	N/A
Develop and air announcement of upcoming channel change	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Equipment Storage	\$5,000.00	\$5,000.00	N/A	\$3,714.90	N/A
Equipment Delivery and Handling Charges	\$15,000.00	\$15,000.00	N/A	\$570.00	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A

FCC Filing Fees - 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	\$11,000.00	N/A	N/A	N/A
Sub-total	\$170,495.00	\$169,895.00	N/A	\$8,957.40	N/A
Total for all systems	\$725,145.24	\$436,686.64	N/A	\$215,681.18	N/A

### Components

Actual Information Description	File Name	
Upgrade Hotels	Component Description:  Amount:	11/15/19 - KNOV #64048 MVPD replacement of equipment at hotels \$1,715.00
	Component Description: Amount:	KNOV-610- Upgrade Hotels \$1,820.00
	Component Description: Amount:	MVPD replacement of equipment at hotels \$1,137.50
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
Equipment Storage		

Component Description: Rent & Insurance

(6/19-7/18)

Amount:

\$191.56

**Component Description:** 

Amount:

Storage Rent

\$225.53

**Component Description:** 

Southern Self

Amount:

Storage \$202.06

**Component Description:** 

Amount:

Rent, Insurance

\$202.06

**Component Description:** 

Rent and insurance

Amount:

\$202.06

**Component Description:** 

Amount:

Storage Rent

\$225.53

**Component Description:** 

Amount:

Storage Rent

\$225.53

**Component Description:** 

Amount:

Rent 4/19-5/18

\$202.06

**Component Description:** 

Amount:

Storage Rent

\$225.13

**Component Description:** 

Rent & Insurance

(7/19-8/18)

**Amount:** \$191.56

Component Description: Rent & Insurance

(11/19-12/18)

**Amount:** \$202.24

Component Description: Insurance & Rent

(3/19-4/18),

Administrative Fee

**Amount:** \$211.56

Component Description: Storage Rent

**Amount:** \$227.15

Component Description: Rent & Insurance

(8/19-9/18)

**Amount:** \$191.56

Component Description: Receipt for rent

and insurance

**Amount:** \$191.56

Component Description: Rent & Insurance

(9/19-10/18)

**Amount:** \$191.56

Component Description: Rent & Insurance

(4/19-5/18)

**Amount:** \$191.56

Component Description: Storage Rent

**Amount:** \$225.13

Component Description: Rent & Insurance

(5/19-6/18)

**Amount:** \$191.56

Equipment Delivery and Handling Charges	Component Description:	Unloading antenna and transmission equipment
	Amount:	\$570.00
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	Information not provided.	
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.	
DTV Medical Facility Notification	Information not provided.	

## Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$725,145.24	\$436,686.64	\$215,681.18

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

Section Question Response

## Submission of Estimated Expenses Statements

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.

- 1. The Authorized
  Person signing
  below certifies that he
  /she is authorized to
  submit this TV
  Broadcaster
  Relocation Fund
  Reimbursement
  Form on behalf of
  the above-named
  entity.
- 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.
- 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.

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

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

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Jud Colley
Owner

11/16/2020

Section Question Response

# Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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 certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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.

- 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 abovenamed applicant for the Authorization(s) specified above. Jud Colley
Owner

11/16/2020

#### **Attachments**