



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **52425** | Service: **DCA** | Call **KSJF-CD** | Channel: **34 (UHF)**  
ID: | Sign:  
File **0000025228**  
Number:  
FRN: **0021646880** | Date **06/20**  
Submitted: **/2018**

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

Applicant	Address	Phone	Email	Applicant Type
<b>KTV MEDIA, LLC</b> Doing Business As: KTV MEDIA	Larry Morton 17200 Chenal Parkway Suite 300 - 267 Little Rock, AR 72223 United States	+1 (501) 476-1507	EQUITYLEM@GMAIL. COM	Limited Liability Company

## Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Lindsey McGough</b> <i>Lori E. Withrow, P.L. L.C.</i>	Lindsey McGough 12410 Cantrell Rd. Suite 100 Little Rock, AR 72223 United States	+1 (501) 227- 2000	lmcgough@allenwithrow. 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	This application is to convert Channel 50 to Channel 19. We will use the existing antenna and retune the transmitter and filter. The change that was assigned to us by the FCC resulted in a loss of population and coverage area. See attached explanation.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	TRN-5X-4D- U-C
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.50 kW

**Primary Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TRN-5X-4D-U-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.5 kW
	Justification for New Transmitter	See KSJF-CD Project Description, items 2 and 3. It is cheaper to buy a used transmitter on frequency than to retune the existing transmitter.

**Primary Transmitter**

**Other Transmitter Costs**

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

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
On-site engineering	It costs to set up the new transmitter and to hook it into the antenna system.

**Antennas**

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

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

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	2
	Design power capacity in use	50.0 %
Lower Limit	470.00 MHz	

Upper Limit	690.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	2.0 kW
Manufacturer	Kathrein
Model	KAT-723147 X1X2
Year	2015

**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?	Yes

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

**Primary Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

<b>Transmission Line</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Transmission Line Related Expenses</b>		Do you have transmission line related expenses?

<b>Tower Equipment And Rigging Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Tower Equipment or Rigging Costs Changes</b>		Do you have tower equipment or rigging costs changes?

<b>Outside Professional Services Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
		Number of Hours	50
		Explanation	To plan and oversee the transition from Channel 50 to Channel 19
	<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
		Prepare engineering section of Form FCC Construction Permit Application	Yes
		For Auxiliary Facility	No
		For Main Facility	Yes
		Prepare engineering section of Form FCC License to Cover Application	Yes
		For Auxiliary Facility	No
	For Main Facility	Yes	
	Prepare request for Special Temporary Authority	No	
	Quantity	N/A	

	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	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 issues w/ other stations and wireless providers	Yes	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	2

Justification
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Confirm proper installation. (One day for 2 people)
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**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Name	Description
Tower Climber	Climber to check and test the antenna after channel change

**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	Yes
	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
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	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**

<b>Name</b>	<b>Description</b>
<b>Construction Financing</b>	Construction interest costs to build the project.
<b>Sales Taxes</b>	Not included in the item costs
<b>Travel</b>	Third party consultants travel reimbursement
<b>Contingency</b>	5% Contingency factor for unexpected items and cost increases over the course of the construction project.

**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 TRN-5X-4D-U-C</b>	<b>\$17,500.00</b>	<b>\$17,500.00</b>		<b>\$14,787.50</b>	
On-site engineering	<i>\$2,500.00</i>	\$2,500.00	We are requesting that this price be increased by \$500 because the original proposal did not reflect the cost of installing a full service filter.	N/A	N/A
UHF - Air Cooled Solid State Transmitter .5 kW	<i>\$15,000.00</i>	\$15,000.00	N/A	\$14,787.50	N/A
<b>Sub-total</b>	<b>\$17,500.00</b>	<b>\$17,500.00</b>	N/A	<b>\$14,787.50</b>	N/A
<b>Total for all systems</b>	<b>\$204,485.78</b>	<b>\$104,510.78</b>	N/A	<b>\$31,537.50</b>	N/A

**Components**

Actual Information	
Description	File Name
On-site engineering	Information not provided.

UHF - Air Cooled Solid  
State Transmitter .5 kW

**Component Description:**

Purchased and  
received the  
Transmitter

**Amount:**

\$12,267.50

**Component Description:**

Per FCC  
instructions, the  
cost of the  
transmitter  
includes the Mask  
Filter. See the  
attached KSJF-  
CD Construction  
Permit requiring a  
full service mask  
filter. This amount  
was included in  
our estimate. We  
negotiated a  
discount off of list  
price.

**Amount:**

\$2,520.00

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna KAT-723147 X1X2</b>	<b>\$35,550.00</b>	<b>\$5,000.00</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	\$2,520.00	\$0.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$35,550.00</b>	<b>\$5,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$204,485.78</b>	<b>\$104,510.78</b>	<b>N/A</b>	<b>\$31,537.50</b>	<b>N/A</b>

**Components**

Information not provided.

**Cost Information** **Transmission Line**  
 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	Actual Cost Justification
<b>Outside Professional Services</b>	<b>\$125,290.00</b>	<b>\$55,750.00</b>		<b>\$16,750.00</b>	
Tower Climber	<i>\$2,000.00</i>	\$2,000.00	Climber to realign the STL on the tower and to check and test the antenna after channel change.	N/A	N/A
Additional Field Engineering Service, 2 Days	<i>\$2,000.00</i>	\$2,000.00	Confirm proper installation (1 day for two people)	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$20,000.00	N/A	N/A	N/A

Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	If required	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$4,250.00	N/A	\$4,250.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$7,000.00	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	\$2,500.00	N/A
Project management of the transition	\$7,900.00	\$5,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$125,290.00	\$55,750.00	N/A	\$16,750.00	N/A
<b>Total for all systems</b>	\$204,485.78	\$104,510.78	N/A	\$31,537.50	N/A

## Components

Actual Information	
Description	File Name
Tower Climber	Information not provided.
Additional Field Engineering Service, 2 Days	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
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.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Payment of Legal fees for the Construction Permit</p> <p><b>Amount:</b> \$4,250.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Payment for preparation of the Engineering portion of Form 2100.</p> <p><b>Amount:</b> \$3,000.00</p> <p><b>Component Description:</b> Payment for preparation of the Engineering portion of Form 2100.</p> <p><b>Amount:</b> \$3,000.00</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b> Perform engineering study for new channel assignment and antenna development</p> <p><b>Amount:</b> \$7,000.00</p> <p><b>Component Description:</b> Channel 24 Repack Study and antenna development.</p> <p><b>Amount:</b> \$7,000.00</p>

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Prepare and or review reimbursement form	<p data-bbox="715 331 1023 365"><b>Component Description:</b></p> <p data-bbox="1157 331 1374 521">Preparation and review of the Form 399. Paid receipts were in previous submissions.</p> <p data-bbox="715 533 826 566"><b>Amount:</b></p> <p data-bbox="1157 533 1278 566">\$2,500.00</p>
Project management of the transition	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
<b>Other Expenses</b>	<b>\$26,145.78</b>	<b>\$26,260.78</b>		<b>\$0.00</b>	
Contingency	<i>\$2,877.45</i>	\$2,877.45	Allowance for items left out of the projections and cost increases during construction - 3%. See Contingency memo.	N/A	N/A
Travel	<i>\$1,500.00</i>	\$1,500.00	Travel reimbursement for third party consultants travel. See Travel Memo.	N/A	N/A
Sales Taxes	<i>\$2,340.00</i>	\$2,340.00	Estimate of sales taxes owed for equipment and services. See Sales Tax Memo.	N/A	N/A
Construction Financing	<i>\$433.33</i>	\$433.33	Interest costs for financing the construction. See Construction Loan and Fees memo.	N/A	N/A
Local Zoning	<i>\$2,000.00</i>	\$2,000.00	If required	N/A	N/A

FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$4,785.00	Because we will have to file for a different channel to correct the interference our assigned channel receives we will be required to file Major Modification. See attached KSJF-CD Fee Waiver letter.	\$0.00	THERE WAS N ESTIMATE FO THIS BECAUS WE WERE NO EXPECTING T HAVE TO FILE MAJOR MODIFICATIO BECAUSE OF EXISTING INTERFERENC AND COVERAGE REDUCTION See attached KSJF Robertsc Letter-2 and KSJF 399 ADDITIONAL COST LETTEF
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	If required	N/A	N/A
Equipment Delivery and Handling Charges	<b>\$1,000.00</b>	\$1,000.00	Shipping costs not included in individual items.	N/A	N/A
Develop and air announcement of upcoming channel change	<b>\$1,000.00</b>	\$1,000.00	Payment to third-party to prepare the proper notification of the channel change.	N/A	N/A
MVPD Notification of Channel Change	<b>\$2,000.00</b>	\$2,000.00	Cost to notify all MVPD providers of Channel Changes	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$8,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$26,145.78	\$26,260.78	N/A	\$0.00	N/A

<b>Total for all systems</b>	\$204,485.78	\$104,510.78	N/A	\$31,537.50	N/A
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### Components

Actual Information	
Description	File Name
Contingency	Information not provided.
Travel	Information not provided.
Sales Taxes	Information not provided.
Construction Financing	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	<p><b>Component Description:</b> Because the Auction Taskforce gave us incorrect advice we had to file in the window that required us to pay a Major Mod fee. This was an unexpected expense we had to pay the FCC. See Attached Waiver Letter.</p> <p><b>Amount:</b> \$4,785.00</p>
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
MVPD Notification of Channel Change	Information not provided.

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DTV Medical Facility  
Notification

Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$204,485.78	\$104,510.78	\$31,537.50

**Reimbursement Status**

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

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

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

<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><b>LARRY MORTON</b> <i>Manager</i></p> <p>06/20/2018</p>

**Attachments**