Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **52425** | Service: **DCA** | Call Sign: **KSJF-CD** | Channel: **34 (UHF)**

File Number: **0000025228**

FRN: **0021646880** | Date Submitted: **10/08/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
KTV MEDIA, LLC 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 Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Lindsey McGough *Lori E. Withrow, P.L.L.C.*	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
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	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
New Transmitter	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
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 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
On-site engineering	It costs to set up the new transmitter and to hook it into the antenna system.

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	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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
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)	2.0 kW
Manufacturer	Antenna Concepts
Model	ANTACS16A
Year	2004

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

Facility ID	Call Sign
14387	KQRY-LD

Primary Antenna

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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.

Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	No

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	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
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
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	Yes
	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	Yes
	Number of Days	2

	Justification	Confirm proper installation. (One day for 2 people)

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
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	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
Other Miscellaneous Expenses	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

Name	Description
Construction Financing	Construction interest costs to build the project.
Contingency	5% Contingency factor for unexpected items and cost increases over the course of the construction project.
Sales Taxes	Not included in the item costs
Travel	Third party consultants travel reimbursement
Combiner	The current antenna will be shared with KQRY-LD

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 TRN-5X-4D-U-C	**$17,500.00**	**$17,500.00**		**$17,287.50**	
UHF - Air Cooled Solid State Transmitter .5 kW	***$15,000.00***	$15,000.00	N/A	$14,787.50	N/A
On-site engineering	***$2,500.00***	$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.	$2,500.00	N/A
Sub-total	$17,500.00	$17,500.00	N/A	$17,287.50	N/A
Total for all systems	$206,208.49	$108,753.49	N/A	$40,405.16	N/A

Components

Actual Information Description	File Name

UHF - Air Cooled Solid State Transmitter .5 kW	**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
	Component Description:	Purchased and received the Transmitter
	Amount:	$12,267.50
On-site engineering	**Component Description:**	Engineering to install the transmitter.
	Amount:	$2,500.00

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
Primary Antenna ANTACS16A	**$33,030.00**	**$5,000.00**		**$0.00**	
Sweep test of existing antenna	$6,730.00	$5,000.00	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
Sub-total	$33,030.00	$5,000.00	N/A	$0.00	N/A
Total for all systems	$206,208.49	$108,753.49	N/A	$40,405.16	N/A

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
Outside Professional Services	**$125,290.00**	**$55,750.00**		**$18,500.00**	
Tower Climber	***$2,000.00***	$2,000.00	Climber to realign the STL on the tower and to check and test the antenna after channel change.	$1,750.00	N/A
Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	$2,500.00	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

Perform engineering study for new channel assignment and antenna development	$7,360.00	$7,000.00	N/A	$7,000.00	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	$7,900.00	$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	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
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 - Negotiation of lease and other matters for shared locations	$4,210.00	$4,000.00	If required	N/A	N/A

Comprehensive coverage verification via field study, if needed	$84,200.00	$20,000.00	N/A	N/A	N/A
Additional Field Engineering Service, 2 Days	***$2,000.00***	$2,000.00	Confirm proper installation (1 day for two people)	N/A	N/A
Sub-total	$125,290.00	$55,750.00	N/A	$18,500.00	N/A
Total for all systems	$206,208.49	$108,753.49	N/A	$40,405.16	N/A

Components

Actual Information Description	**File Name**	
Tower Climber	**Component Description:** **Amount:**	Tower work for installing our transmitter and connecting to the existing antenna. $1,750.00
Prepare and or review reimbursement form	**Component Description:** **Amount:**	Preparation and review of the Form 399. Paid receipts were in previous submissions. $2,500.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	

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

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Additional Field Engineering Service, 2 Days	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	**$30,388.49**	**$30,503.49**		**$0.00**	
Combiner	***$4,242.71***	$4,242.71	To save construction costs, we are sharing the KQRY antenna.	N/A	N/A
MVPD Notification of Channel Change	***$2,000.00***	$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
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
Local Zoning	***$2,000.00***	$2,000.00	If required	N/A	N/A
Equipment Delivery and Handling Charges	***$1,000.00***	$1,000.00	Shipping costs not included in individual items.	N/A	N/A
Develop and air announcement of upcoming channel change	***$1,000.00***	$1,000.00	Payment to third-party to prepare the proper notification of the channel change.	N/A	N/A
Contingency	***$2,877.45***	$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	***$1,500.00***	$1,500.00	Travel reimbursement for third party consultants travel. See Travel Memo.	N/A	N/A
Sales Taxes	***$2,340.00***	$2,340.00	Estimate of sales taxes owed for equipment and services. See Sales Tax Memo.	N/A	N/A

Construction Financing	***$433.33***	$433.33	Interest costs for financing the construction. See Construction Loan and Fees memo.	N/A	N/A
Sub-total	$30,388.49	$30,503.49	N/A	$0.00	N/A
Total for all systems	$206,208.49	$108,753.49	N/A	$40,405.16	N/A

Components

Actual Information Description	File Name	
Combiner	**Component Description:** **Amount:**	Combiner to allow us to share the antenna with KQRY-LD $4,242.71
MVPD Notification of Channel Change	Information not provided.	
DTV Medical Facility Notification	Information not provided.	
FCC Filing Fees - Form 2100 minor change CP application	**Component Description:** **Amount:**	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. $4,785.00

FCC Filing Fees - Form 2100 license to cover application	Information not provided.
Local Zoning	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Contingency	Information not provided.
Travel	**Component Description:** Travel for the transmitter installation. **Amount:** $374.95
Sales Taxes	Information not provided.
Construction Financing	Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$206,208.49	$108,753.49	$40,405.16

Reimbursement Status

Question	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

Certification

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 above-named applicant for the Authorization(s) specified above.	**Larry Morton** *Manager* 10/08/2018

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 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. 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.

	8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Larry Morton** *Manager* 10/08/2018

Attachments