



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **70420** | Service: **DCA** | Call **KBXS-CD** | Channel: **20 (UHF)** |  
ID: | Sign:  
File **0000027562**  
Number:  
FRN: **0018223693** | Date **06/10**  
Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>L4 MEDIA GROUP, LLC</b> Doing Business As: L4 MEDIA GROUP, LLC	PO Box 60606 Suite 2450 Chicago, IL 60606 United States	+1 (612) 202-4980	ssaldana@sktytrading. 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
<b>Tim Wolak</b> <i>Director</i> <i>Banded IT</i> <i>Solutions</i>	2425 Bentshire Dr Jacksonville, FL 32246 United States	+1 (312) 231- 7895	twolak@bandeditsolutions. 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	Current transmission system consists of a single transmitter feeding a flexible transmission line which connects to an antenna on the tower. Work includes tower study/rehabilitation to support new antenna, mounting antenna and retuning transmitter.

**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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Elettronika
	Model	TXUD1000

Year	2015
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	1.0 kW

**Primary Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	1.5 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**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**  
Information not provided.

**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?	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) .....	3.0 kW

Manufacturer	
Model	DLP8B
Year	2015

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	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/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) .....	0.024 kW
	Manufacturer	
	Model	DLP8B



Year	2017
Justification for New Antenna	Current antenna is for channel 14 and cannot be retuned to repack channel 20. Applicant is proposing to replace with similar pattern tuned to the repack channel.

## 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	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No

<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**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?	Yes

**Primary Tower****Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	No
	Others Types of Users	Yes
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1013803
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	32° 28' 25.2" N-
	Longitude (NAD83)	093° 46' 13.7" W-

Overall Structure Height	419.94 feet
Support Structure Height	409.77 feet
Ground Elevation Above Mean Sea Level (AMSL)	240.81 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	SBA Towers, LLC
Date Constructed	04/17/1998

### Other Types of Users

#### Users

Cellular

### Primary Tower

### Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

### Primary Tower

### Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A

<b>Helicopter Services Required</b>	Are helicopter services required?	No
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**Primary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Applicant has no internal resources capable of overseeing, identifying, purchasing, installing and commissioning this repack project. It will rely solely on outside services to manage all work required.
<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	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside  
Professional

Other Professional Services Expenses Not Listed

Services Costs

Name	Description
Progress Reporting	Prepare and file required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.
Fletcher, Heald and Hildreth	FCC Attorney fees for repack planning, forms and filing



## 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	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?	No

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	Information not provided.

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 TXUD1000	\$108,230.00	\$17,958.00		\$17,958.00	
UHF and VHF - minor banding issues	\$105,200.00	\$15,000.00	N/A	\$15,000.00	N/A
1.5 kW mask filter	\$3,030.00	\$2,958.00	N/A	\$2,958.00	THE ESTIMATE DID NOT INCLUDE FREIGHT EXPENSE
Sub-total	\$108,230.00	\$17,958.00	N/A	\$17,958.00	N/A
Total for all systems	\$433,795.00	\$256,224.25	N/A	\$164,832.40	N/A

Components

Actual Information	
Description	File Name
UHF and VHF - minor banding issues	<div>Component Description: TRANSMITTER - UHF AND VHF - MINOR REBANDING</div> <div>Amount: \$15,000.00</div>

1.5 kW mask filter	<b>Component Description:</b>	Filter and shipping cost
	<b>Amount:</b>	\$2,958.00
	<b>Component Description:</b>	CH 20 MASK FILTER
	<b>Amount:</b>	\$2,958.00

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 DLP8B	\$33,030.00	\$29,500.00		\$8,062.50	
Sweep test of existing antenna	\$6,730.00	\$4,500.00	N/A	\$4,500.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$25,000.00	N/A	\$3,562.50	N/A
Sub-total	\$33,030.00	\$29,500.00	N/A	\$8,062.50	N/A
Total for all systems	\$433,795.00	\$256,224.25	N/A	\$164,832.40	N/A

Components

Actual Information	
Description	File Name
Sweep test of existing antenna	Component Description: SWEEP TEST Amount: \$4,500.00
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	Component Description: CHANNEL 20 ANTENNA Amount: \$3,562.50

**Cost Information**      **Transmission Line**  
Information not provided.

**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 TOWER	\$110,500.00	\$88,000.00		\$57,500.00	
Short Tower (less than 500')	\$84,200.00	\$63,000.00	N/A	\$57,500.00	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	\$0.00	N/A
Sub-total	\$110,500.00	\$88,000.00	N/A	\$57,500.00	N/A
Total for all systems	\$433,795.00	\$256,224.25	N/A	\$164,832.40	N/A

**Components**

Actual Information	
Description	File Name

Short Tower (less than 500')	<div> <div> <b>Component Description:</b> </div> <div> TOWER EQUIPMENT AND RIGGING </div> </div> <div> <b>Amount:</b> </div> <div> \$15,000.00 </div> <div> <b>Component Description:</b> </div> <div> TOWER EQUIPMENT AND RIGGING </div> <div> <b>Amount:</b> </div> <div> \$42,500.00 </div>
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	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>\$155,150.00</b>	<b>\$100,441.25</b>		<b>\$78,056.90</b>	
Fletcher, Heald and Hildreth	<i>\$5,000.00</i>	\$5,000.00	N/A	\$3,694.61	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 - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$582.29	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,378.75	The actual cost exceeded the original estimate taken from the FCC provided price book.	\$3,378.75	This task exceeds the micro budget, but the macro budget will not exceed the total budget.



Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$6,293.75	All sub tasks serve the whole engineering effort, the total for this macro effort will not exceed the macro budget
Progress Reporting	<b>\$12,000.00</b>	\$12,000.00	Prepare and file 6 required progress reports on FCC Form 2100, Schedule 387 on a quarterly basis with the FCC.	\$795.00	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$30,000.00	N/A	\$30,000.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$3,312.50	The actual cost exceeded the original estimate taken from the FCC provided price book.	\$3,312.50	We accepted the FCC's menu budget as a base line however the actual tasks and services exceeded that estimate.
Project management of the transition	\$31,600.00	\$30,000.00	N/A	\$30,000.00	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$155,150.00	\$100,441.25	N/A	\$78,056.90	N/A
<b>Total for all systems</b>	\$433,795.00	\$256,224.25	N/A	\$164,832.40	N/A

## Components

Actual Information Description	File Name
Fletcher, Heald and Hildreth	<b>Component Description:</b> FCC Attorney Fees <b>Amount:</b> \$92.70
	<b>Component Description:</b> FCC Attorney Fees <b>Amount:</b> \$62.50
	<b>Component Description:</b> FCC Attorney Fees <b>Amount:</b> \$68.75
	<b>Component Description:</b> FCC Attorney Fees <b>Amount:</b> \$120.85
	<b>Component Description:</b> FCC Attorney Fees <b>Amount:</b> \$329.15
	<b>Component Description:</b> corrected which stations were invoiced and corrected requested amounts. <b>Amount:</b> \$116.46

<b>Component Description:</b>	corrected which stations were invoiced and corrected requested amounts.
<b>Amount:</b>	\$66.65

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$51.05

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$395.85

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$125.00

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$100.00

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$406.25

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$83.35

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$208.35

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$62.50

<b>Component Description:</b>	FCC Attorney Fees
<b>Amount:</b>	\$204.16

	<b>Component Description:</b> <b>Amount:</b>	FCC Attorney Fees \$712.50
	<b>Component Description:</b> <b>Amount:</b>	FCC Attorney Fees \$333.35
	<b>Component Description:</b> <b>Amount:</b>	FCC Attorney Fees \$214.60
	<b>Component Description:</b> <b>Amount:</b>	FCC Attorney Fees \$250.00
	<b>Component Description:</b> <b>Amount:</b>	FCC Attorney Fees \$229.15
	<b>Component Description:</b> <b>Amount:</b>	FCC Attorney Fees \$393.75
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	<b>Component Description:</b> <b>Amount:</b>	Attorney Services \$582.29

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<table> <tr> <td data-bbox="691 174 994 208"><b>Component Description:</b></td><td data-bbox="1129 174 1377 685">           RF Consulting Services - KBXS- Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 2100 Schedule 399 Budget and Narrative for filing in initial CP Filing Window         </td></tr> <tr> <td data-bbox="691 696 798 730"><b>Amount:</b></td><td data-bbox="1129 696 1246 730">\$3,378.75</td></tr> <tr> <td data-bbox="691 835 994 869"><b>Component Description:</b></td><td data-bbox="1129 835 1377 1025">           Prepare Form 2100 schedule 399 budget and narrative for filing window - Joe S 12.75 hrs         </td></tr> <tr> <td data-bbox="691 1037 798 1070"><b>Amount:</b></td><td data-bbox="1129 1037 1174 1070">N/A</td></tr> </table>	<b>Component Description:</b>	RF Consulting Services - KBXS- Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 2100 Schedule 399 Budget and Narrative for filing in initial CP Filing Window	<b>Amount:</b>	\$3,378.75	<b>Component Description:</b>	Prepare Form 2100 schedule 399 budget and narrative for filing window - Joe S 12.75 hrs	<b>Amount:</b>	N/A
<b>Component Description:</b>	RF Consulting Services - KBXS- Prepare initial budgets, equipment lists, and determine equipment replacements for new repack channel; Prepare FCC Form 2100 Schedule 399 Budget and Narrative for filing in initial CP Filing Window								
<b>Amount:</b>	\$3,378.75								
<b>Component Description:</b>	Prepare Form 2100 schedule 399 budget and narrative for filing window - Joe S 12.75 hrs								
<b>Amount:</b>	N/A								

Perform engineering study for new channel assignment and antenna development

**Component Description:**

Conduct TVStudy analysis of initial channel assignment and analyze interference issues with new repack channel. Develop azimuth antenna patterns and determine antenna required for FCC Form 2100 CP App for initial Repack Channel CP Filing

**Amount:**

\$5,830.00

**Component Description:**

RF Consulting Services - Prepare and Review Technical Portions of FCC Form 2100 License to Cover CP Application and filing with FCC. KBXSCD

**Amount:**

\$463.75

**Component Description:**

Conduct TVStudy, analyze MX issues - Joe S -13.5  
Develope az patterns for Form 2100 app for CP - Joe S - 8.5 hrs. Prepare tech portions of Form 2100 CP app & engineering exhibits for initial repack CP app - filing window - Joe S -12.5 hrs.

**Amount:**

N/A

Progress Reporting	<p><b>Component Description:</b></p> <p>RF Consulting Services - Prepare FCC Form 387 Repack Progress Report Filing. KBXS-CD</p> <p><b>Amount:</b></p> <p>\$795.00</p>
Comprehensive coverage verification via field study, if needed	<p><b>Component Description:</b></p> <p>PERFORM IN FIELD COMPREHENSIVE COVERAGE FIELD STUDY TO CONFIRM PROPAGATION MATCHES DESIGN EXPECTATIONS</p> <p><b>Amount:</b></p> <p>\$30,000.00</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b></p> <p>Prepare Technical Portions of FCC Form 2100 Construction Permit Application and Engineering Exhibits required to be filed with initial Repack Channel Construction Permit Application FCC Form 2100</p> <p><b>Amount:</b></p> <p>\$3,312.50</p>
Project management of the transition	<p><b>Component Description:</b></p> <p>Project management</p> <p><b>Amount:</b></p> <p>\$2,250.00</p>

<b>Component Description:</b>	Project Management services, research and coordination w/rf engineering, equipment vendors and site owners
<b>Amount:</b>	\$2,250.00

<b>Component Description:</b>	PROJECT MANAGEMENT
<b>Amount:</b>	\$4,500.00

<b>Component Description:</b>	PROJECT MANAGEMENT SERVICES
<b>Amount:</b>	\$1,500.00

<b>Component Description:</b>	PROJECT MANAGEMENT SERVICES
<b>Amount:</b>	\$3,000.00

<b>Component Description:</b>	PROJECT MANAGEMENT SERVICES
<b>Amount:</b>	\$3,000.00

<b>Component Description:</b>	Project management
<b>Amount:</b>	\$2,250.00



	<b>Component Description:</b>	REPACK PROJECT MANAGEMENT SERVICES. RESEARCH AND COORDINATION W /RF ENGINEERING, ATTORNEY, EQUIPMENT VENDORS AND SITE OWNER
	<b>Amount:</b>	\$6,000.00
	<b>Component Description:</b>	Project Management services, research and coordination w/rf engineering, equipment vendors and site owners
	<b>Amount:</b>	\$750.00
	<b>Component Description:</b>	PROJECT MANAGEMENT SERVICES
	<b>Amount:</b>	\$4,500.00
Prepare and or review reimbursement form	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>\$26,885.00</b>	<b>\$20,325.00</b>		<b>\$3,255.00</b>	
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	It is required that the applicant give notification to viewers of the repack channel change. Applicant has limited internal resources to create and produce such notifications and will most likely have to obtain the services from an outside vendor.	N/A	N/A

Equipment Delivery and Handling Charges	<b>\$5,000.00</b>	\$5,000.00	There will be shipping charges for the antenna and transmitter costs. Precise costs will not be known until the carrier issues an invoice. Currently, applicant does not estimate costs to be more than this estimate.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$1,000.00</b>	\$1,000.00	Applicant will be required to dispose of the current pre-repack antenna and parts that were replaced for transmitter retuning. The exact costs are not known at this time.	N/A	N/A

Non-zoning permits	<b>\$2,000.00</b>	\$2,000.00	It is currently unknown what the city or county may levy on applicant in terms of a building permit to perform the tower work required. It is felt this estimate should cover the associated costs for any required permits.	N/A	N/A
Local Zoning	<b>\$2,000.00</b>	\$2,000.00	It is currently unknown what the local zoning authority may levy on applicant to perform the tower work required. It is felt this estimate should cover the associated costs for any required permits.	N/A	N/A

FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$5,000.00	N/A	\$3,255.00	N/A
Equipment Storage	<b>\$2,500.00</b>	\$2,500.00	Applicant may receive antenna and transmitter parts prior to set installation dates. There is no on-site storage available and applicant may be forced to use outside temporary storage facilities.	N/A	N/A
<b>Sub-total</b>	\$26,885.00	\$20,325.00	N/A	\$3,255.00	N/A
<b>Total for all systems</b>	\$433,795.00	\$256,224.25	N/A	\$164,832.40	N/A

## Components

Actual Information	
Description	File Name
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.

Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Non-zoning permits	Information not provided.
Local Zoning	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	<div> <div> <b>Component Description:</b> </div> <div> Notification of Medical Facilities  - Transmitter Medical Facility  Notification per proposal. </div> </div> <div> <div> <b>Amount:</b> </div> <div> \$3,255.00 </div> </div>
Equipment Storage	Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$433,795.00	\$256,224.25
			\$164,832.40

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <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>Tim Wolak</b>  <i>Director</i>    06/10/2021</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> <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> </ol>	

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

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Tim Wolak</b> <i>Director</i></p> <p>06/10/2021</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> </ol>	

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

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

**Tim Wolak**  
Director

06/10/2021

## Attachments

