

Federal Communications Commission

(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: 002	21646880	Date	08/08		
		Submitted:	/2017		

Applicant Name, Type, and Contact Information

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
KMYA, 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 Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Preparer Contact Name and Information

Contact 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	Imcgough@allenwithrow. com

Broadcaster	Question	Response
Information and Transition Plan	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	Existing Transmitter Information				
Transmitter	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	TRN-5X-4D- U-C		
		Year	2015		
		Туре	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power Capacity	.50 kW		

Existing Transmitter Information

Primary	New Transmitter Costs			
Transmitter	Section	Question	Response	
	New Transmitter Use Change Type	Use	Primary (Main)	
		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	Other Transmitter Costs
Troposition	

Transmitter	Section	Question Response Service Entrance (3 phases 800A 208V) No	
	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
	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	Other Transmitter Cost Not Listed		
Transmitter	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

Existing Antenna Information

Primary

Antenna	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?	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
		Туре	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

Adjustment to Existing Antenna

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

Other Antenna Costs Primary

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

Other Antenna Cost Not Listed Primary

Antenna Information not provided.

Transmission ^{Seffien}	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

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

Outside	Section	Question	Response
Professional	Services Costs 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	Prepare and file Form FCC Construction Permit Application	Yes
Services	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
	proper installation
	(One day for 2
	for 2
	people)

Outside Other Professional Services Expenses Not Listed Professional Services Costs Description Tower Climber Climber to check and test the antenna after channel change

Other	Section	Question	Response
Expenses	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 Not Listed

Other Expenses

Name	Description
Sales Taxes	Not included in the item costs
Travel	Third party consultants travel reimbursement
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.

Transmitters

Cost Information

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	\$17,000.00	\$17,000.00		\$0.00	
On-site engineering	\$2,000.00	\$2,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter .5 kW	\$15,000.00	\$15,000.00	N/A	\$0.00	N/A
Sub-total	\$17,000.00	\$17,000.00	N/A	\$0.00	N/A
Total for all systems	\$203,985.78	\$99,225.78	N/A	\$0.00	N/A

Components

Antennas

Cost Information

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 KAT-723147 X1X2	\$35,550.00	\$5,000.00		\$0.00	
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	None Required	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$35,550.00	\$5,000.00	N/A	\$0.00	N/A
Total for all systems	\$203,985.78	\$99,225.78	N/A	\$0.00	N/A

Components

Cost Transmission Line

Information Information not provided.

Cost Tower Equipment and Rigging Costs

Information Information not provided.

Outside Professional Services

Cost Information

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		\$0.00	
Additional Field Engineering Service, 2 Days	\$2,000.00	\$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	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	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	N/A	N/A
Project management of the transition	\$7,900.00	\$5,000.00	N/A	N/A	N/A

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.	N/A	N/A
Sub-total	\$125,290.00	\$55,750.00	N/A	\$0.00	N/A
Total for all systems	\$203,985.78	\$99,225.78	N/A	\$0.00	N/A

Components

Other Expenses

Cost Information

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	\$26,145.78	\$21,475.78		\$0.00	
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
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
Construction Financing	\$433.33	\$433.33	Interest costs for financing the construction. See Construction Loan and Fees 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

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
Equipment Delivery and Handling Charges	\$1,000.00	\$1,000.00	Shipping costs not included in individual items.	N/A	N/A
Local Zoning	\$2,000.00	\$2,000.00	If required	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	If required	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	Not required	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
Sub-total	\$26,145.78	\$21,475.78	N/A	\$0.00	N/A
Total for all	\$203,985.78	\$99,225.78	N/A	\$0.00	N/A

Components

Cost	Grand Total					
Information		Predetermined Cost Estimate Estimated Cos		Actual Cost		
	Total for all systems	\$203,985.78	\$99,225.78	\$0.00		

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

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.	
		 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. 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).
- 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 <i>Manager</i> 08/08/2017

Attachments