

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

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

ID: Sign:

ID: File

0000027971

Number:

FRN: **0004941621**

Date **09/21**

Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

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

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Address	Phone	Email
	Address	Address Phone

The Preparer is same as the reimbursement contact.

Broadcaster Information and Transition Plan Question Response

Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	No
Briefly describe transition plan	KNOV will transition to channel 25, to maintain signal to head ends, a second antenna will be mounted near the current antenna and will become the main antenna. A new transmitter and mask filter are required. An interim transmitter is required.

Transmitters Section Question Response Transmitter Related Expenses Do you have transmitter related expenses? Yes

Primary Transmitter

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter	Manufacturer	
Manufacturer and Type	Model	ATSC-1.6 KW
	Year	2017
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.6 kW

Primary Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TMx9
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Transmitter is needed in order to maintain continuous service during the transition.

Primary Transmitter

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes

	Description	120/240
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description	
Mask Filter	Rhode & Swartz UT6E7F-1.5K	

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

Primary Antenna

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Class A
Manufacturer and Type	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	3.2 kW

Manufacturer	
Model	770-881
Year	2003

Primary Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Class A
Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	3.2 kW
	Manufacturer	
	Model	ANT TLP6B

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

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Name	Description
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Combiner	Combines channels 31 and 41 so only one
	antenna will be needed for the transition

Transmission ^{Seffien}	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary Transmission Line

Existing Transmission Line

n Line Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Туре	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	100 feet per run

Primary

New Transmission Line

Transmissio	n Section	Question	Response
	New Transmission Line Costs	Use	Primary (Main)
		Description of Use	N/A
		Change Type	Purchase New
		Is this a request for upgraded equipment?	No
		Туре	Flexible Air
		Diameter	1 5/8 inches
		Other Diameter	N/A
		Segment Length	N/A
		Other Segment Length	N/A
		Number of parallel runs	1
		Length	100 feet per
	Justification for New Transmission Line	Need transmission line for the new antenna.	

Primary Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

Interim

New Transmission Line

Transmission	n Line Section	Question	Response
	New Transmission Line	Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Flexible Air
		Diameter	1 5/8 inches
		Segment Length	N/A
		Other Segment Length	
		Number of parallel runs	1
	Length	100 feet per run	
	Justification for New Transmission Line	Need transmission line for new antenna.	

Interim

Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

Tower Equipment And Rigging Costs

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

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	620
	Explanation	Have no ability to conduct internally.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes

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

Outside Professiona

Other Professional Services Expenses Not Listed

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

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

Other Expenses

Other Expenses Not Listed

Name	Description		
Upgrade Hotels	Antennas and processors in each of 125 hotels have to be replaced.		

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 TMx9	\$135,101.00	\$67,296.00		\$33,197.23	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$58,195.00	N/A	\$29,364.75	N/A
Other Electrical Service: 120 /240	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Mask Filter	\$4,101.00	\$4,101.00	N/A	\$3,832.48	N/A
Sub-total	\$135,101.00	\$67,296.00	N/A	\$33,197.23	N/A
Total for all systems	\$511,045.00	\$435,455.00	N/A	\$53,939.14	N/A

Components

Actual Information		
Description	File Name	

Transmitter 1 - 2.5 kW	Component Description:	Second 1/3 due before shipping.
	Amount:	\$16,200.24
	Component Description:	Last 1/3 payment
	Amount:	for Transmitter \$13,164.51
	Component Description:	1/3 Down
		payment, invoice does not include tax and freight which are
		included in the attached quote.
	Amount:	\$14,700.24
Other Electrical Service: 120 /240	Information not provided.	
Mask Filter		
	Component Description:	Mask filter
	Amount:	\$3,832.48

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna ANT TLP6B	\$39,319.00	\$38,989.00		\$11,666.14	
UHF - Lower Power, Top Mount, Class A, basic slot antenna, 3 kW input, elliptically or circularly polarized	\$24,601.50	\$24,601.50	N/A	\$5,191.76	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$2,880.00	N/A
Combiner	\$7,987.50	\$7,987.50	N/A	\$3,594.38	N/A
Sub-total	\$39,319.00	\$38,989.00	N/A	\$11,666.14	N/A
Total for all systems	\$511,045.00	\$435,455.00	N/A	\$53,939.14	N/A

Components

Actual Information	
Description	File Name

UHF - Lower Power, Top Mount, Class A, basic slot			
antenna, 3 kW input,	Component Description:	45% of antenna	
elliptically or circularly		cost. See	
polarized		Dielectric quote.	
polarizoa		We have adjusted	
		the request to	
		match the	
		Dielectric quote	
		for an h.pol	
		antenna. See	
		attached	
		explanation.	
	Amount:	\$4,733.44	
	Component Description:	45% of Jumper	
	Component Bosonphon.	with order. See	
		Dielectric quote.	
	Amount:	\$458.32	
	Amount.	Ψ100.02	
Sweep test of existing antenna			
amonna	Component Description:	45% of sweep	
		cost with order.	
		See Dielectric	
		quote.	
	Amount:	\$2,880.00	
Combiner			
	Component Description:	45% with order.	
		See Dielectric	
		proposal.	
	Amount:	\$3,594.38	

Transmission Line

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Interim Transmission Line	\$3,300.00	\$3,100.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$3,300.00	\$3,100.00	N/A	N/A	N/A
Primary Transmission Line	\$3,300.00	\$3,100.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$3,300.00	\$3,100.00	N/A	N/A	N/A
Sub-total	\$6,600.00	\$6,200.00	N/A	\$0.00	N/A
Total for all systems	\$511,045.00	\$435,455.00	N/A	\$53,939.14	N/A

Components

Information not provided.

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower BANT	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$511,045.00	\$435,455.00	N/A	\$53,939.14	N/A

Components

Information not provided.

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	\$159,530.00	\$153,075.00		\$9,075.77	
Mike Minturn	\$13,125.00	\$13,125.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	\$1,740.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A

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

Project management of the transition	\$97,960.00	\$93,000.00	N/A	\$4,715.77	N/A
Thomaston Broadcasting	\$18,200.00	\$18,200.00	N/A	\$1,040.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$80.00	N/A
Sub-total	\$159,530.00	\$153,075.00	N/A	\$9,075.77	N/A
Total for all systems	\$511,045.00	\$435,455.00	N/A	\$53,939.14	N/A

Components

Actual Information Description	File Name	
Mike Minturn	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	Component Description: Amount:	Prepare minor change application \$1,740.00
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	Component Description: Amount:	Review antenna and system data. \$1,500.00
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	

RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	Component Description: Amount:	Prepare Form 387. \$175.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Review FCC filing process. \$337.50
Perform engineering study for new channel assignment and antenna development	Information not provided.	
Project management of the transition	Component Description: Amount:	Project Management \$2,394.50
	Component Description:	Review initial FCC notification. Email time with client reviewing the FCC filing process.
	Amount:	\$339.17
	Component Description: Amount:	FCC 387 Form prep \$175.00
	Component Description:	Project
	- Campanani 2000i piloni	management

Thomaston Broadcasting		
	Component Description:	Contract Labor
	Amount:	\$400.00
	Component Description:	Getting quotes for equipment and assisting 399 filing.
	Amount:	\$640.00
Prepare and or review reimbursement form		
reimbursement form	Component Description:	Complete
		processing of 399
		Forms.
	Amount:	\$80.00
	Component Description:	Form 399
		research.
	Amount:	\$740.00

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	\$170,495.00	\$169,895.00		\$0.00	
Upgrade Hotels	\$125,000.00	\$125,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$5,000.00	\$5,000.00	Must notify 125 hotels who receive our signal in their SMATV systems.	N/A	N/A
Develop and air announcement of upcoming channel change	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Equipment Storage	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$15,000.00	\$15,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A

FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Sub-total	\$170,495.00	\$169,895.00	N/A	\$0.00	N/A
Total for all systems	\$511,045.00	\$435,455.00	N/A	\$53,939.14	N/A

Components

Information not provided.

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$511,045.00	\$435,455.00	\$53,939.14

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

Section Question Response

Submission of Estimated Expenses Statements

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.

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

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

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

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

09/21/2018

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).

- 1. The Authorized
 Person signing
 below certifies and
 represents that he
 /she is authorized to
 submit this TV
 Broadcaster
 Relocation Fund
 Reimbursement
 Form on behalf of
 the above-named
 entity.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- The above-named entity acknowledges that all certifications and attached documentation are considered material representations.

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

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

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

09/21/2018

Attachments