



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **53541** | Service: **DTV** | Call **KMLM-DT** | Channel: **15 (UHF)**  
ID: | Sign:  
File **000028891**  
Number:  
FRN: **0004328100** | Date **06/10**  
Submitted: **/2021**

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

Applicant	Address	Phone	Email	Applicant Type
<b>Prime Time Christian Broadcasting, Inc.</b> Doing Business As: God's Learning Channel (GLC)	Corey Adams 12706 W Hwy 80 East Odessa, TX 79765 United States	+1 (432) 563-0420	coreya@glc.us.com	Not-for-Profit

## Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Corey Adams</b> <i>Chief Operating Officer</i> <i>Prime Time Christian Broadcasting</i>	Corey Adams 12706 W Hwy 80 E Odessa, TX 79765 United States	+1 (432) 563-5200	coreya@glc.us.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.	Yes
Briefly describe transition plan	It is planned to have the tower crew arrive on site, remove the existing antenna, install the new, test and turn on at re-scan. A new transmitter will be purchased as the existing cannot be retuned. There will be no testing phase.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	TXUD-1000
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 kW

**Primary Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	TBD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Current transmitter not supported and cannot be returned.

**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	Yes

	Description	Conduit, Electrical panel adjustments, and other electrical services
<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
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	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) .....	50.0 kW
	Manufacturer	

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Model	PSILPD36MBFA /42
Year	1999

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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?	Yes
	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	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	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)	27.9 kW
Manufacturer		

Model	ATC- BCE228B- V3-15
Year	2017
Justification for New Antenna	EXISTING ANTENNA CANNOT BE RETUNED

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	
	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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
<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?	Yes

**Primary  
Transmission  
Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Lease 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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	480 feet per run

**Primary  
Transmission  
Line**      **New Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Lease New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	480 feet per run
	Justification for New Transmission Line	The site owner, In Site Wireless, decided to replace tenant transmission lines. KMLM is not seeking reimbursement for the cost of the replacement line.

**Primary  
Transmission  
Line**      **Other Transmission Line Expenses Not Listed**

Name	Description
<b>Transmission Line - Other Costs</b>	Additional transmission line costs required for transmission line operation on new channel

**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	Move Equipment
	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)	Yes
	Others Types of Users	No
	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	1053974
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 02' 54.6" N-
	Longitude (NAD83)	102° 18' 05.6" W-
	Overall Structure Height	479.98 feet
	Support Structure Height	472.11 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2924.83 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	InSite Towers, LLC
Date Constructed	01/01/1981

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
50038	KXWT	FM

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
TOWER RIGGING	LABOR TO REMOVE CURRENT PSI 36 SLOT AND INSTALL NEW ATC 28 SLOT ANTENNA.



**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	595
	Explanation	COORDINATION REGARDING INSTALLATION, SUPERVISION AND COORDINATION WITH CABLE COMPANIES
<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	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	5
	Justification	TRANSMITTER INSTALLATION AND PROOF.

**Outside  
Professional  
Services  
Costs**

**Other Professional Services Expenses Not Listed**

Information not provided.

**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	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	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**

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
<b>Primary Transmitter TBD</b>	<b>\$127,019.75</b>	<b>\$76,085.64</b>		<b>\$76,085.64</b>	
Other Electrical Service: Conduit, Electrical panel adjustments, and other electrical services	<i>\$1,019.75</i>	\$1,019.75	Please see attached KMLM-DT Primary Transmitter Other Electrical Service Budget Revision Justification	\$1,019.75	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$75,065.89	CURRENT TRANSMITTER NOT SUPPORTED OR FIELD TUNABLE	\$75,065.89	N/A
<b>Sub-total</b>	<b>\$127,019.75</b>	<b>\$76,085.64</b>	N/A	<b>\$76,085.64</b>	N/A
<b>Total for all systems</b>	<b>\$496,944.38</b>	<b>\$308,020.27</b>	N/A	<b>\$186,267.47</b>	N/A

**Components**

Actual Information	
Description	File Name
Other Electrical Service: Conduit, Electrical panel adjustments, and other electrical services	<p><b>Component Description:</b> Provide and install conduit and wiring from panel across ceiling</p> <p><b>Amount:</b> \$1,019.75</p>

UHF - Air Cooled Solid  
State Transmitter 1 - 2.5  
kW

**Component Description:**

bROADCAST  
TRANSMITTER  
SYSTEM tmu9

**Amount:**

\$60,065.89

**Component Description:**

Installation services  
for transmitter  
TMU9-2

**Amount:**

\$15,000.00

**Cost Information**

**Antennas**

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
<b>Primary Antenna ATC-BCE228B-V3-15</b>	<b>\$55,630.00</b>	<b>\$51,800.00</b>		<b>\$41,300.00</b>	
UHF - High Power, Side Mount, basic slot antenna, 28 kW input, directional,, elliptically or circularly polarized	<i>\$41,300.00</i>	\$41,300.00	N/A	\$41,300.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$4,500.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$55,630.00</b>	<b>\$51,800.00</b>	<b>N/A</b>	<b>\$41,300.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$496,944.38</b>	<b>\$308,020.27</b>	<b>N/A</b>	<b>\$186,267.47</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name

<p>UHF - High Power, Side Mount, basic slot antenna, 28 kW input, directional,, elliptically or circularly polarized</p>	<p><b>Component Description:</b> ATC-BCE228B-15, 28 Bay Side Mount "B" Pattern H-POL 0.5 Degree Beam Tilt 1-5/8" EIA Input</p> <p><b>Amount:</b> \$41,300.00</p>
<p>Sweep test of existing antenna</p>	<p>Information not provided.</p>
<p>Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)</p>	<p>Information not provided.</p>



**Cost Information**

**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
<b>Primary Transmission Line</b>	<b>\$29,719.63</b>	<b>\$1,399.63</b>		<b>\$1,399.63</b>	
Flexible Air Transmission Line - dielectric, 3"	\$28,320.00	\$0.00	The site owner, In Site Wireless, decided to replace tenant transmission lines. KMLM is not seeking reimbursement for the cost of the replacement line.	N/A	N/A
Transmission Line - Other Costs	<i>\$1,399.63</i>	\$1,399.63	Please see KMLM-DT Primary Transmission Line - Other Costs Budget Revision Justification Letter	\$1,399.63	N/A
<b>Sub-total</b>	<b>\$29,719.63</b>	<b>\$1,399.63</b>	N/A	<b>\$1,399.63</b>	N/A
<b>Total for all systems</b>	<b>\$496,944.38</b>	<b>\$308,020.27</b>	N/A	<b>\$186,267.47</b>	N/A

**Components**

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 3"	Information not provided.

Transmission Line - Other Costs	<b>Component Description:</b> Dehydrator 115 Volts <b>Amount:</b> \$1,399.63
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**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
<b>Primary Tower TOWER</b>	<b>\$104,200.00</b>	<b>\$20,000.00</b>		<b>\$0.00</b>	
TOWER RIGGING	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$104,200.00</b>	<b>\$20,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$496,944.38</b>	<b>\$308,020.27</b>	<b>N/A</b>	<b>\$186,267.47</b>	<b>N/A</b>

**Components**

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>\$134,380.00</b>	<b>\$116,400.00</b>		<b>\$62,677.20</b>	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$1,400.00	Please See: KMLM-DT Attorney STA Budget Revision Justification Letter and Law Ofc JLC Invoices 629, 787, 816.pdf	\$1,400.00	N/A
Additional Field Engineering Service, 5 Days	<i>\$7,500.00</i>	\$7,500.00	N/A	\$2,853.95	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$3,500.00	N/A	\$1,675.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,000.00	N/A	\$300.00	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$3,500.00	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	\$1,500.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,250.00	N/A	\$437.50	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$1,500.00	N/A	\$437.50	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	\$1,000.00	N/A	\$840.00	N/A

Project management of the transition	\$94,010.00	\$90,750.00	Please see PTCB KMLM Widelity Strategic Support Quote	\$53,233.25	N/A
<b>Sub-total</b>	\$134,380.00	\$116,400.00	N/A	\$62,677.20	N/A
<b>Total for all systems</b>	\$496,944.38	\$308,020.27	N/A	\$186,267.47	N/A

### Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	<b>Component Description:</b> Draft, edit, file comments supporting elimination <b>Amount:</b> \$700.00
	<b>Component Description:</b> Numerous email exchanges <b>Amount:</b> \$500.00
	<b>Component Description:</b> KMLM-550-Attorney - Special Temporary Authority: <b>Amount:</b> \$200.00

<p>Additional Field Engineering Service, 5 Days</p>	<p><b>Component Description:</b> PM Informed that parts had arrived at</p> <p><b>Amount:</b> \$927.30</p>
	<p><b>Component Description:</b> 09/26/18 9AM to 10AM arrived at GLC facilities - Picked Up Keys to</p> <p><b>Amount:</b> \$499.40</p>
	<p><b>Component Description:</b> Go with Kevin Southern and Steve Ramer to GLC.</p> <p><b>Amount:</b> \$1,014.75</p>
	<p><b>Component Description:</b> Invoice to be resubmitted per NMI message.</p> <p><b>Amount:</b> N/A</p>
	<p><b>Component Description:</b> Met with tower crew reviewed line parts and splicing requirements verify all parts needed to finish dehydrator installation</p> <p><b>Amount:</b> \$412.50</p>
<p>Attorney Fees - Negotiation of lease and other matters for shared locations</p>	<p><b>Component Description:</b> Professional Services</p> <p><b>Amount:</b> \$400.00</p>
	<p><b>Component Description:</b> Draft and file Form 323E; memo to client with PDF</p> <p><b>Amount:</b> \$100.00</p>

	<p><b>Component Description:</b> Research; KMLM-DT license application granted</p> <p><b>Amount:</b> \$100.00</p>
	<p><b>Component Description:</b> Professional Services</p> <p><b>Amount:</b> \$400.00</p>
	<p><b>Component Description:</b> Professional Services</p> <p><b>Amount:</b> \$200.00</p>
	<p><b>Component Description:</b> Notifications of FCC action</p> <p><b>Amount:</b> \$50.00</p>
	<p><b>Component Description:</b> Memo regarding grant of KGDR-LP application</p> <p><b>Amount:</b> \$100.00</p>
	<p><b>Component Description:</b> Professional Services</p> <p><b>Amount:</b> \$200.00</p>
	<p><b>Component Description:</b> KGDR-LP displacement application accepted for filing for second time</p> <p><b>Amount:</b> \$125.00</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b> Email exchange with Amy</p> <p><b>Amount:</b> \$300.00</p>



<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>	
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Prepare engineering section of FCC form 2100 (main)</p> <p>\$1,500.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>KMLM-530-RF Eng - Construction Permit Application (Main)</p> <p>\$437.50</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p><b>Component Description:</b></p> <p><b>Amount:</b></p> <p><b>Component Description:</b></p> <p><b>Amount:</b></p>	<p>Limited services pertaining to DTV transmission</p> <p>\$437.50</p> <p>Invoice is not reimbursable in this budget category.</p> <p>N/A</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>	

Prepare and or review reimbursement form

**Component Description:** Further minor amendment to FCC 399 form  
**Amount:** \$277.50

**Component Description:** KMLM-590-Prepare and Review Reimbursement Form  
**Amount:** \$100.00

**Component Description:** FCC 399 form completion, review and filing  
**Amount:** \$462.50

Project management of the transition

**Component Description:** Project Management  
**Amount:** \$1,630.10

**Component Description:** Project Management  
**Amount:** \$1,519.85

**Component Description:** Project Management  
**Amount:** \$125.00

**Component Description:** Project Management  
**Amount:** \$108.75

**Component Description:** Project Management  
**Amount:** \$1,973.70

**Component Description:** Project  
Management  
**Amount:** \$86.25

**Component Description:** Project  
Management  
**Amount:** \$603.75

**Component Description:** Sep 18  
**Amount:** \$1,403.60

**Component Description:** Project  
Management  
**Amount:** \$28.75

**Component Description:** Project  
Management  
**Amount:** \$202.50

**Component Description:** Project  
Management  
**Amount:** \$1,403.60

**Component Description:** Project  
Management  
**Amount:** \$91.25

**Component Description:** Project  
Management  
**Amount:** \$2,068.75

**Component Description:** Project  
Management  
**Amount:** \$5,282.50

**Component Description:** Project  
Management  
**Amount:** \$65.00

**Component Description:** Project  
Management  
**Amount:** \$3,526.25

**Component Description:** Project  
Management  
**Amount:** \$3,267.50

**Component Description:** Project  
Management  
**Amount:** \$252.50

**Component Description:** Project  
Management  
**Amount:** \$1,265.00

**Component Description:** Project  
Management  
**Amount:** \$86.25

**Component Description:** Project  
Management  
**Amount:** \$451.25

**Component Description:** Project  
Management  
**Amount:** \$36.25

**Component Description:** Project  
Management  
**Amount:** \$1,558.20

**Component Description:** Project  
Management  
**Amount:** \$3,684.15

**Component Description:** Project  
Management  
**Amount:** \$11,998.75

**Component Description:** Project  
Management  
**Amount:** \$1,638.05

**Component Description:** Project  
Management  
**Amount:** \$172.50

**Component Description:** Project  
Management  
**Amount:** \$52.50

**Component Description:** Project  
Management  
**Amount:** \$3,765.15

**Component Description:** Project  
Management  
**Amount:** \$1,482.90

**Component Description:** Project  
Management  
**Amount:** \$1,144.00

**Component Description:** Project  
Management  
**Amount:** \$166.25

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$158.75

<b>Component Description:</b>	Project Management
<b>Amount:</b>	\$3,337.30

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**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>\$45,995.00</b>	<b>\$42,335.00</b>		<b>\$4,805.00</b>	
MVPD Notification of Channel Change	<i>\$6,000.00</i>	\$6,000.00	N/A	\$1,200.00	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	Estimated Cost Justification KMLM-610-FCC Filing Fee - License to Cover Application v0	\$335.00	N/A
DTV Medical Facility Notification	\$11,550.00	\$9,000.00	N/A	\$3,270.00	N/A
Equipment Delivery and Handling Charges	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A

Non-zoning permits	<b>\$1,500.00</b>	\$1,500.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	\$45,995.00	\$42,335.00	N/A	\$4,805.00	N/A
<b>Total for all systems</b>	\$496,944.38	\$308,020.27	N/A	\$186,267.47	N/A

## Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<b>Component Description:</b> MVPD Notification <b>Amount:</b> \$1,200.00
Develop and air announcement of upcoming channel change	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	<b>Component Description:</b> KMLM-610-FCC Filing Fee - License to Cover Application <b>Amount:</b> \$335.00
DTV Medical Facility Notification	<b>Component Description:</b> Medical Notification <b>Amount:</b> \$3,270.00
Equipment Delivery and Handling Charges	Information not provided.



Non-zoning permits	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$496,944.38	\$308,020.27	\$186,267.47

**Reimbursement Status**

<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
	<b>Submission of Estimated Expenses Statements</b>	<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.

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.

**Corey  
Adams**  
*Chief  
Operations  
Officer*

06/10/2021

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></p>	<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.

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.

**Corey  
Adams**  
*Chief  
Operations  
Officer*

06/10/2021



Certification	Section	Question	Response
	<p><b>Submission of Final Allocation or Accounting Information Statements</b></p>	<p>WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.</p>	
		<ol style="list-style-type: none"> <li>1. The Authorized Person signing below certifies 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.

**Corey Adams**  
*Chief Operations Officer*

06/10/2021

## Attachments