

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: File Number:	130241 000008	Service: LPA 9923	Call Sign:	KKTM-LP	Channel: 21 (UHF)
FRN: 00 1	18223693	Eligibility Status:	Eligible	Date Submitted:	04/19 /2021

Applicant Name, Type, and Contact Information

Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC Applicant Doing Business As: GRAY TELEVISION LICENSEE, LLC	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (701) 237- 5211	robert. folliard@gray. tv	Other

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information	Preparer Contac	t Name and Inforn	nation	
	Applicant	Address	Phone	Email
	Samuel Hariton Widelity	4031 University Dr Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widelity.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	KKTM-LP is planning to remain on the current tower. Because KKTM is moving from an analog to a digital facility, it will be upgrading its transmitter and antenna in order to accommodate this change. The new transmission line will be like for like.

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

Primary	Existing Transmitter Infor	mation			
Transmitter	Section	Question	Response		
	Existing Transmitter Description	Type of change	Purchase New		
		Use	Primary (Main)		
		Ownership	Owned		
	-	Is this transmitter currently shared with another station?	No		
		Is this transmitter currently in operating condition?	Yes		
	Existing Transmitter	Manufacturer			
	Manufacturer and Type	Model	NT15		
		Year	2006		
		Туре	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power Capacity	15 W		

Existing Transmitter Information

Primary	New Transmitter Costs	Costs			
Transmitter	Section	Question	Response		
	New Transmitter	Use	Primary (Main)		
		Change Type	Purchase New		
		Is this a request for upgraded equipment?	Yes		
		Manufacturer			
Model Transmitter Type	Model	TBD			
		Transmitter Type	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power capacity	15 W		
		Justification for New Transmitter	It is an analog transmitter that cannot function on the new channel.		

Primary	Other Transmitter Costs			
Transmitter	Section	Question	Response	
	Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No	
	Electrical Service	Service Entrance (3 phases 800A 208V)	No	
		Switchgear (industrial 800 amp)	No	
		Transformer (480V)	Yes	
		Power	150 kVA	
		Rigid Conduit and Wiring	No	
		Other Electrical Service	No	

HVAC Service	Does the replacement transmitter require HVAC Service?	No
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No

Other Transmitter Cost Not Listed PrimaryOther Transmitter CoTransmitterInformation not provided.

Antennas Section		Question	Response
Antenna Rela	ated 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)	
		Ownership	Owned	
		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	Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Horizontal	
		Туре	Broadband Panel	
		Number of Stations Supported	1	
		Number of Panels	1	
		Design power capacity in use	20.0 %	
		Lower Limit	470.00 MHz	
		Upper Limit	890.00 MHz	
		ERP: (Effective Radiated Power)	212.0 W	
		Manufacturer		
		Model	BKU4-5	
		Year	2006	

Primary Antenna	New Antenna Costs			
	Section	Question	Response	
	New Antenna Description	Use	Primary (Main)	
		Change Type	Purchase New	
		Ownership	Owned	
		Is antenna shared?	No	
		Is antenna directional?	Yes	
		Will antenna be located on or in close proximity to an antenna farm?	No	
	New Antenna Manufacturer and Types	Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Elliptical	
		Туре	Broadband Panel	
		Number of Stations Supported	1	
		Number of Panels/Bays	10	
		Lower Limit	470.00 MHz	
		Upper Limit	860.00 MHz	
		Design power capacity in use	66.0 %	
		ERP: (Effective Radiated Power)	100.0 W	
		Manufacturer		
		Model	TBD	
		Year	2019	

Justification for New Antenna	The existing antenna is analog and will not be functional on the new digital channel.

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
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?	No
Power Dividers	Does the panel antenna require power dividers?	No
Cable Harness	Does the panel antenna require cable harness?	No

Other Antenna Costs

Primary Antenna

Primary Other Antenna Cost Not Listed

Antenna Information not provided.

Transmissior	n Seffien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary Existing Transmission Line Transmission Line

n Line Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	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
	Number of parallel runs	1
	Length	150 feet per run

Primary	New Transmission Line		
Transmissio	n Line Section	Question	Response
	New Transmission Line Costs	Use	Primary (Main)
		Change Type	Purchase New
		Is this a request for upgraded equipment?	No
		Туре	Flexible Air
		Diameter	1 5/8 inches
		Number of parallel runs	1
		Length	75 feet per run
		Justification for New Transmission Line	A new transmission line is required because KKTM is moving from an analog to digital facility.
	Interior RF Systems	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

Other Transmission Line Expenses Not Listed Transmission

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

Existing Tower

Primary Tower	Existing Tower			
	Section	Question	Response	
	Existing Tower Description	Type of change	Modify Existing	
		Tower Use	Primary (Main)	
		Ownership	Owned	
		Is this tower consider Complex?	No	
		Is this tower currently shared with any other stations?	No	
		Is tower documented for structural analysis?	No	
		Is tower compliant with Rev G?	No	
	Existing Tower Structure Registration	Do you have a tower registration number?	No	
	Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 38' 34.2" N-	
		Longitude (NAD83)	099° 20' 02.3" W-	
		Overall Structure Height	62.00 feet	
		Support Structure Height	56.00 feet	
		Ground Elevation Above Mean Sea Level (AMSL)	1509.00 feet	
		Structure Type	BTWR - Building with Tower	

Tower Owner	GRAY TELEVISION LICENSEE, LLC
Date Constructed	01/01/2004

Primary Tower Modification Costs

Tower

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Tower mapping and report for structural engineer
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

Primary Tower Section

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

Other Tower Expenses Not Listed

PrimaryOther Tower ExpensTowerInformation not provided.

Outside	Section	Question	Response
Professional	Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
		Number of Hours	254
		Explanation	KKTM-LP requires the aid of outside project management services because KKTM-LP does not have sufficient resource capacity and expertise in house to handle all of the activities necessary to facility on- time completion of the station's build.
	Outside RF consulting Engineering Services	Perform engineering study for displacement application	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
	Prepare Form 601	Yes
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

Other Professional Services Expenses Not Listed Professional Services roostsided.

Other	Section	Question	Response
Expenses	AM Pattern Disturbance	Is an Impact Study needed?	No
		Is Remediation needed?	No
	Permit and Filing Costs	FCC Construction Permit Major Change	Yes
		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?	No
		Does this relocation require Equipment Storage?	No
	Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	No
		Frequency Coordination for Bi-Direction System	No
		New Point to Point Microwave System	No

Other Expenses Not Listed

Expenses Information not provided.

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 TBD	\$35,750.00	\$35,750.00		\$0.00	
Transformer 3 phase/480v - 150 KVA	\$25,550.00	\$25,550.00	The transformer needed is actually 45kVA, but LMS will not allow an option lower than 150 kVA	N/A	N/A
UHF - Air Cooled Solid State Transmitter 5 - 50 Watts	\$10,200.00	\$10,200.00	Please see the Justification letter for the Transmitter Like for Like.	N/A	N/A
Sub-total	\$35,750.00	\$35,750.00	N/A	\$0.00	N/A
Total for all systems	\$191,402.00	\$206,515.00	N/A	\$7,766.70	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 TBD	\$27,500.00	\$27,500.00		\$0.00	
UHF-Low Power, Side Mount, Broadband Panel, 10 bay, 100.0watt input, Elliptical	\$27,500.00	\$27,500.00	Please see the Justification letter for the Antenna Like for Like. Costs taken from cost catalog at \$2750 per panel	N/A	N/A
Sub-total	\$27,500.00	\$27,500.00	N/A	\$0.00	N/A
Total for all systems	\$191,402.00	\$206,515.00	N/A	\$7,766.70	N/A

Components

Transmission Line

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 Transmission Line	\$2,475.00	\$2,475.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$2,475.00	\$2,475.00	N/A	N/A	N/A
Sub-total	\$2,475.00	\$2,475.00	N/A	\$0.00	N/A
Total for all systems	\$191,402.00	\$206,515.00	N/A	\$7,766.70	N/A

Components

Tower Equipment and Rigging Costs

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 Tower BTWR	\$77,190.00	\$77,190.00		\$0.00	
Tower mapping and report for structural engineer	\$21,000.00	\$21,000.00	N/A	N/A	N/A
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$56,190.00	N/A	N/A	N/A
Sub-total	\$77,190.00	\$77,190.00	N/A	\$0.00	N/A
Total for all systems	\$191,402.00	\$206,515.00	N/A	\$7,766.70	N/A

Components

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	\$42,082.00	\$57,195.00		\$7,766.70	
Perform engineering study for displacement application	\$1,800.00	\$1,800.00	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Project management of the transition	\$26,797.00	\$41,910.00	Please see Widelity KKTM Strategic Support quote	\$7,766.70	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$3,262.50	\$3,262.50	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Prepare Form 601	\$755.00	\$755.00	N/A	N/A	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A
Sub-total	\$42,082.00	\$57,195.00	N/A	\$7,766.70	N/A
Total for all systems	\$191,402.00	\$206,515.00	N/A	\$7,766.70	N/A

Components

Actual Information Description	File Name	
Perform engineering study for displacement application	Information not provided.	
Prepare/ Review 399 reimbursement form	Information not provided.	
Project management of the transition	Component Description: Amount:	Project Management \$116.10

Component Description:

Component Description:

Amount:

Project management \$2,222.05

Project Management \$1,249.45

Project

\$77.50

Project Management \$419.95

Management

Component Description:

Amount:

Amount:

Component Description:

Amount:

Amount:

Component Description:

Project Management \$584.65

Project

\$409.20

Project Management

\$90.00

Project

Management

Component Description:

Amount:

Component Description:

Amount:

Component Description:

Amount:

management \$77.50

Component Description:

Amount:

Project Management \$206.25

	Component Description: Amount:	Project Management \$506.20
	Component Description: Amount:	Project Management \$888.90
	Component Description: Amount:	Project Management \$116.25
	Component Description: Amount:	Project Management \$125.00
	Component Description: Amount:	Project Management \$329.10
	Component Description: Amount:	Project management \$101.25
	Component Description: Amount:	Project management \$114.85
	Component Description: Amount:	Project Management \$132.50
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.	

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare Form 601	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.

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	\$6,405.00	\$6,405.00		\$0.00	
FCC Filing Fees - Form 2100 Major change CP application	\$4,960.00	\$4,960.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,110.00	N/A	N/A	N/A
Sub-total	\$6,405.00	\$6,405.00	N/A	\$0.00	N/A
Total for all systems	\$191,402.00	\$206,515.00	N/A	\$7,766.70	N/A

Components

Grand Total				
	Predetermined Cost Estimate	Estimated Cost	Actual Cost	
Total for all systems	\$191,402.00	\$206,515.00	\$7,766.70	
		Predetermined Cost Estimate	Predetermined Cost Estimate Estimated Cost	

Reimbursem	envestialus	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.

 The above-name entity certifies the is in full compliar with all statutes, rules, regulations and governments requirements for which complianc a pre-requisite for obtaining the payments herein requested. 	at it ice al e is r	
declare, under penalty an authorized represent named applicant for the specified above.	ative of the above-	Robert Folliard , III Assistant Secretary 04/19/2021

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		 The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 	
		2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.	
		3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

- 4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
- 5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster **Relocation Fund are** necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 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.		Robert Folliard , III Assistant Secretary 04/19/2021

Attachments

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