



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **188056** | Service: **LPD** | Call **KNPN-LD** | Channel: **15 (UHF)**  
ID: | Sign:  
File **0000089468**  
Number:  
FRN: **0021454004** | Eligibility **Eligible** | Date **06/10**  
Status: | Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>News-Press TV, LLC</b>	825 Edmond Street	+1 (816) 271-8504	tim.hannan@npgco.com	Limited Liability Company
Doing Business As: News-Press TV, LLC	St. Joseph, MO 64501 United States			

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
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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	Please see Transition Plan Description Exhibit

Question	Response
Sharee Station Facility ID	188055
Call Sign	KNPG-LD
Type	
Licensee Name	News-Press TV, LLC
Status	LICENSED
DTS (Distributed Transmission System)	No
Community of License	SAINT JOSEPH, MO
Pre-auction RF Channel	9
Post-auction RF Channel	
Neilsen DMA	
Network Affiliation	

Question	Response
Sharee Station Facility ID	188057
Call Sign	KCJO-LD
Type	
Licensee Name	News-Press TV, LLC

Status	LICENSED
DTS (Distributed Transmission System)	No
Community of License	SAINT JOSEPH, MO
Pre-auction RF Channel	28
Post-auction RF Channel	
Neilsen DMA	
Network Affiliation	

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

<b>Primary Transmitter</b>	<b>Existing Transmitter Information</b>		
	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Existing Transmitter Description</b>	Type of change	Retune Existing
		Use	Primary (Main)
		Ownership	Owned
		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	Linear Industries
		Model	AT71K0
		Year	2012
		Type	Solid State

Solid State Cooling	Air Cooled
Solid State Power capacity	1.8 kW

**Primary Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New Mask Filter</b>	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Full Service
	Power	1.1-2kW
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	Yes
	Description	Labor and material for electrical work to install new manual transfer switch split with KCJO and KNPG

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

**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Primary  
Transmitter****Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	AT71K0
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.8 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	UAXTE-4-G2
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.4 kW
	Justification for New Transmitter	Continued transmitter failure while attempting to re-tune

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No

<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
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**Primary Transmitter**

**Other Transmitter Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Freight</b>	Freight
<b>Mask Filter</b>	Mask Filter
<b>RF Parts for New Transmitter</b>	RF Parts for New Transmitter
<b>Installation</b>	Installation



**Antennas**

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

**Primary  
Antenna****Existing Antenna Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Antenna Description</b>	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?	No
	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>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	SFN-2030- B-12 (E/P)
	Year	2012

**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Types</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	
	Model	SFN-2030-B-12
	Year	2018
Justification for New Antenna	Please see Transition Plan Description Exhibit	

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No

<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<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?	No

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Antenna Sweep - KNPN-KNPG-KCJO</b>	Antenna Sweep - KNPN-KNPG-KCJO

**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	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
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	0
	Length	240 feet per run

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

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Number of parallel runs	0
	Length	240 feet per run
	Justification for New Transmission Line	Placeholder
<b>Interior RF Systems</b>	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

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

Information 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

**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?	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	1006991
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	39° 45' 02.8" N-
	Longitude (NAD83)	094° 50' 25.8" W-
	Overall Structure Height	259.84 feet
	Support Structure Height	239.50 feet
	Ground Elevation Above Mean Sea Level (AMSL)	973.09 feet



Structure Type	LTOWER - Lattice Tower
Tower Owner	MIDWEST MOBILE RADIO SERVICE
Date Constructed	07/01/2019

**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
188055	KNPG-LD	LPD
188057	KCJO-LD	LPD

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	No study needed
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
<b>KNPN and KNPG Antenna Installation</b>	KNPN and KNPG Antenna Installation

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
<b>Outside RF consulting Engineering Services</b>	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	Yes
	Quantity	1
	Prepare Form 601	No
<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
	Negotiation of Lease and other Matter for Shared Locations	No

	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

**Other Professional Services Expenses Not Listed**

**Outside Professional Services Costs**

<b>Name</b>	<b>Description</b>
<b>Additional Displacement Legal Services Not Otherwise Specified in Form 399</b>	Additional Displacement Legal Services Not Otherwise Specified in Form 399
<b>Project Management Services</b>	Project Management Services

**Other Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	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
<b>Point to Point Microwave (STL/ICR)</b>	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**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 AT71K0</b>	<b>\$11,000.00</b>	<b>\$2,617.22</b>		<b>\$2,617.22</b>	
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$2,617.22	***System Notice: Estimate adjusted and locked because line has been superseded. ***	\$2,617.22	N/A
<b>Primary Transmitter UAXTE-4-G2</b>	<b>\$102,101.74</b>	<b>\$59,987.74</b>		<b>\$59,987.74</b>	
Installation	<i>\$12,628.35</i>	\$12,628.35	N/A	\$12,628.35	N/A
RF Parts for New Transmitter	<i>\$832.20</i>	\$832.20	N/A	\$832.20	N/A
Mask Filter	<i>\$3,561.68</i>	\$3,561.68	N/A	\$3,561.68	N/A
Freight	<i>\$1,079.51</i>	\$1,079.51	N/A	\$1,079.51	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$41,886.00	N/A	\$41,886.00	N/A
<b>Sub-total</b>	<b>\$113,101.74</b>	<b>\$62,604.96</b>	<b>N/A</b>	<b>\$62,604.96</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$231,457.64</b>	<b>\$128,931.42</b>	<b>N/A</b>	<b>\$112,018.32</b>	<b>N/A</b>

**Components**

**Actual Information****Description****File Name**Retune - UHF and VHF -  
minor re-channel issues**Component Description:** For Transmitter  
Re-Tune**Amount:** \$2,116.24**Component Description:** For Transmitter  
Re-Tune**Amount:** \$2,711.30**Component Description:** For Transmitter  
Re-Tune**Amount:** \$2,358.97**Component Description:** For Transmitter  
Re-Tune**Amount:** \$660.63**Component Description:** For Transmitter  
Re-Tune**Amount:** \$500.98**Component Description:** For Transmitter  
Re-Tune**Amount:** \$410.38**Component Description:** For Transmitter  
Re-Tune**Amount:** \$1,750.00

Installation

**Component Description:** New Transmitter  
Installation**Amount:** \$12,628.35

RF Parts for New Transmitter	<p><b>Component Description:</b> RF Parts for New Transmitter</p> <p><b>Amount:</b> \$832.20</p>
Mask Filter	<p><b>Component Description:</b> Mask Filter</p> <p><b>Amount:</b> \$3,561.68</p>
Freight	<p><b>Component Description:</b> Freight for Transmitter</p> <p><b>Amount:</b> \$1,079.51</p>
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<p><b>Component Description:</b> New UAXTE-4-G2 Transmitter</p> <p><b>Amount:</b> \$41,886.00</p>



**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 SFN-2030-B-12</b>	<b>\$30,380.58</b>	<b>\$25,755.58</b>		<b>\$25,755.58</b>	
Side Mount antenna brackets	\$4,625.00	\$0.00	N/A	N/A	N/A
Antenna Sweep - KNPN-KNPG-KCJO	<i>\$700.00</i>	\$700.00	N/A	\$700.00	N/A
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Elliptical	<i>\$25,055.58</i>	\$25,055.58	N/A	\$25,055.58	N/A
<b>Sub-total</b>	<b>\$30,380.58</b>	<b>\$25,755.58</b>	<b>N/A</b>	<b>\$25,755.58</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$231,457.64</b>	<b>\$128,931.42</b>	<b>N/A</b>	<b>\$112,018.32</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Side Mount antenna brackets	Information not provided.
Antenna Sweep - KNPN-KNPG-KCJO	<p><b>Component Description:</b> Antenna sweep split with KNPG-KNPN-KCJO</p> <p><b>Amount:</b> \$700.00</p>

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UHF-Low Power, Side  
Mount, Slotted Coaxial, 15.0  
kW input, Elliptical

**Component Description:** New Antenna  
**Amount:** \$24,575.00

**Component Description:** Freight cost for  
new antenna  
**Amount:** \$480.58

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**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>\$0.00</b>	<b>\$0.00</b>		<b>\$0.00</b>	
Flexible Air Transmission Line - dielectric, 1 5/8"	\$0.00	\$0.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$231,457.64</b>	<b>\$128,931.42</b>	<b>N/A</b>	<b>\$112,018.32</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Flexible Air Transmission Line - dielectric, 1 5/8"	<b>Component Description:</b> Balance of Transmission Line
	<b>Amount:</b> N/A
	<b>Component Description:</b> Down Payment on Transmission Line
	<b>Amount:</b> N/A

**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 LTOWER</b>	<b>\$67,686.41</b>	<b>\$11,496.41</b>		<b>\$5,748.21</b>	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$0.00	N/A	N/A	N/A
KNPN and KNPG Antenna Installation	<i>\$11,496.41</i>	\$11,496.41	N/A	\$5,748.21	N/A
<b>Sub-total</b>	<b>\$67,686.41</b>	<b>\$11,496.41</b>	<b>N/A</b>	<b>\$5,748.21</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$231,457.64</b>	<b>\$128,931.42</b>	<b>N/A</b>	<b>\$112,018.32</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Tower Rigging Short Tower (less than 500')	Information not provided.
KNPN and KNPG Antenna Installation	<p><b>Component Description:</b> KNPN and KNPG Antenna Installation</p> <p><b>Amount:</b> \$5,748.21</p>

**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>\$19,648.91</b>	<b>\$28,434.47</b>		<b>\$17,909.57</b>	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	\$970.50	N/A
Project Management Services	<i>\$2,366.41</i>	\$2,366.41	N/A	\$2,366.41	N/A
Additional Displacement Legal Services Not Otherwise Specified in Form 399	<i>\$2,500.00</i>	\$2,500.00	N/A	\$802.10	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$2,235.00	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 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	\$1,475.00	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,280.00	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$9,128.90	Additional expenses were incurred as indicated in the attached invoices.	\$9,128.90	Additional expenses were incurred as indicated in the attached invoices.
Perform engineering study for displacement application	\$1,800.00	\$3,166.66	Additional expenses were incurred as indicated in the attached invoices.	\$3,166.66	Additional expenses were incurred as indicated in the attached invoices.
<b>Sub-total</b>	\$19,648.91	\$28,434.47	N/A	\$17,909.57	N/A
<b>Total for all systems</b>	\$231,457.64	\$128,931.42	N/A	\$112,018.32	N/A

## Components

Actual Information		
Description	File Name	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Prepare and file displacement application</p> <p><b>Amount:</b> \$257.40</p>	
	<p><b>Component Description:</b> Prepare displacement application</p> <p><b>Amount:</b> \$654.00</p>	
	<p><b>Component Description:</b> Prepare displacement application</p> <p><b>Amount:</b> \$59.10</p>	
	<hr/>	
	Project Management Services	<p><b>Component Description:</b> Please note the exhibit attached with this invoice. The invoice total is \$2860.63. KNPN is requesting reimbursement of \$1430.32 and the Form 399 for KNPG will be requesting reimbursement of \$1430.31 for a total of \$2860.63.</p> <p><b>Amount:</b> \$1,430.32</p>
		<p><b>Component Description:</b> Project Management split with KNPG; KNPG will be requesting \$936.08 of the \$1872.17.</p> <p><b>Amount:</b> \$936.09</p>
<hr/>		
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Additional Displacement  
Legal Services Not  
Otherwise Specified in  
Form 399

**Component Description:** Additional  
Displacement  
Legal Services Not  
Otherwise  
Specified in Form  
399  
**Amount:** \$52.00

**Component Description:** Additional  
Displacement  
Legal Services Not  
Otherwise  
Specified in Form  
399  
**Amount:** \$78.00

**Component Description:** Additional  
Displacement  
Legal Services Not  
Otherwise  
Specified in Form  
399  
**Amount:** \$73.50

**Component Description:** Additional  
Displacement  
Legal Services Not  
Otherwise  
Specified in Form  
399  
**Amount:** \$22.80

**Component Description:** Additional  
Displacement  
Legal Services Not  
Otherwise  
Specified in Form  
399  
**Amount:** \$346.20



	<p><b>Component Description:</b> Additional Displacement Legal Services Not Otherwise Specified in Form 399</p> <p><b>Amount:</b> \$92.80</p> <p><b>Component Description:</b> Additional Displacement Legal Services Not Otherwise Specified in Form 399</p> <p><b>Amount:</b> \$85.80</p> <p><b>Component Description:</b> Additional Displacement Legal Services Not Otherwise Specified in Form 399</p> <p><b>Amount:</b> \$51.00</p>
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.

<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<table border="0"> <tr> <td data-bbox="707 91 1141 331"> <p><b>Component Description:</b></p> </td> <td data-bbox="1141 91 1428 331"> <p>Prepare engineering portion of displacement application</p> </td> </tr> <tr> <td data-bbox="707 331 1141 459"> <p><b>Amount:</b></p> </td> <td data-bbox="1141 331 1428 459"> <p>\$50.00</p> </td> </tr> <tr> <td data-bbox="707 459 1141 698"> <p><b>Component Description:</b></p> </td> <td data-bbox="1141 459 1428 698"> <p>Prepare engineering portion of displacement application correction</p> </td> </tr> <tr> <td data-bbox="707 698 1141 826"> <p><b>Amount:</b></p> </td> <td data-bbox="1141 698 1428 826"> <p>\$375.00</p> </td> </tr> <tr> <td data-bbox="707 826 1141 1061"> <p><b>Component Description:</b></p> </td> <td data-bbox="1141 826 1428 1061"> <p>Prepare engineering for displacement application</p> </td> </tr> <tr> <td data-bbox="707 965 1141 1061"> <p><b>Amount:</b></p> </td> <td data-bbox="1141 965 1428 1061"> <p>\$1,050.00</p> </td> </tr> </table>	<p><b>Component Description:</b></p>	<p>Prepare engineering portion of displacement application</p>	<p><b>Amount:</b></p>	<p>\$50.00</p>	<p><b>Component Description:</b></p>	<p>Prepare engineering portion of displacement application correction</p>	<p><b>Amount:</b></p>	<p>\$375.00</p>	<p><b>Component Description:</b></p>	<p>Prepare engineering for displacement application</p>	<p><b>Amount:</b></p>	<p>\$1,050.00</p>
<p><b>Component Description:</b></p>	<p>Prepare engineering portion of displacement application</p>												
<p><b>Amount:</b></p>	<p>\$50.00</p>												
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<p><b>Component Description:</b></p>	<p>Prepare engineering for displacement application</p>												
<p><b>Amount:</b></p>	<p>\$1,050.00</p>												
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>												
<p>Prepare/ Review 399 reimbursement form</p>	<table border="0"> <tr> <td data-bbox="707 1178 1141 1373"> <p><b>Component Description:</b></p> </td> <td data-bbox="1141 1178 1428 1373"> <p>Prepare/ Review 399 reimbursement form</p> </td> </tr> <tr> <td data-bbox="707 1373 1141 1500"> <p><b>Amount:</b></p> </td> <td data-bbox="1141 1373 1428 1500"> <p>\$1,791.00</p> </td> </tr> <tr> <td data-bbox="707 1500 1141 1695"> <p><b>Component Description:</b></p> </td> <td data-bbox="1141 1500 1428 1695"> <p>Prepare/ Review 399 reimbursement form</p> </td> </tr> <tr> <td data-bbox="707 1695 1141 1823"> <p><b>Amount:</b></p> </td> <td data-bbox="1141 1695 1428 1823"> <p>\$784.00</p> </td> </tr> <tr> <td data-bbox="707 1823 1141 2018"> <p><b>Component Description:</b></p> </td> <td data-bbox="1141 1823 1428 2018"> <p>Prepare/ Review 399 reimbursement form</p> </td> </tr> <tr> <td data-bbox="707 2018 1141 2134"> <p><b>Amount:</b></p> </td> <td data-bbox="1141 2018 1428 2134"> <p>\$566.00</p> </td> </tr> </table>	<p><b>Component Description:</b></p>	<p>Prepare/ Review 399 reimbursement form</p>	<p><b>Amount:</b></p>	<p>\$1,791.00</p>	<p><b>Component Description:</b></p>	<p>Prepare/ Review 399 reimbursement form</p>	<p><b>Amount:</b></p>	<p>\$784.00</p>	<p><b>Component Description:</b></p>	<p>Prepare/ Review 399 reimbursement form</p>	<p><b>Amount:</b></p>	<p>\$566.00</p>
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<p><b>Component Description:</b></p>	<p>Prepare/ Review 399 reimbursement form</p>												
<p><b>Amount:</b></p>	<p>\$566.00</p>												

**Component Description:** Prepare/ Review  
399 reimbursement  
form  
**Amount:** \$196.00

**Component Description:** Prepare/ Review  
399 reimbursement  
form  
**Amount:** \$272.40

**Component Description:** Prepare/ Review  
399 reimbursement  
form  
**Amount:** \$637.00

**Component Description:** Prepare/ Review  
399 reimbursement  
form  
**Amount:** \$104.00

**Component Description:** Prepare/ Review  
399 reimbursement  
form  
**Amount:** \$434.00

**Component Description:** Prepare/ Review  
399 reimbursement  
form  
**Amount:** \$1,133.00

**Component Description:** Prepare/ Review  
399 reimbursement  
form  
**Amount:** \$1,676.50

	<p><b>Component Description:</b> Prepare/ Review 399 reimbursement form</p> <p><b>Amount:</b> \$759.50</p> <p><b>Component Description:</b> Prepare/ Review 399 reimbursement form</p> <p><b>Amount:</b> \$775.50</p>
<p>Perform engineering study for displacement application</p>	<p><b>Component Description:</b> Prepare study of competitors</p> <p><b>Amount:</b> \$125.00</p> <p><b>Component Description:</b> Prepare study of competitors</p> <p><b>Amount:</b> \$475.00</p> <p><b>Component Description:</b> Prepare study of competitors</p> <p><b>Amount:</b> \$175.00</p> <p><b>Component Description:</b> Displacement studies and analysis</p> <p><b>Amount:</b> \$1,625.00</p> <p><b>Component Description:</b> Prepare study of competitors</p> <p><b>Amount:</b> \$100.00</p> <p><b>Component Description:</b> Restudy allocation /TPO for KCJO-KNPN-KNPG</p> <p><b>Amount:</b> \$83.33</p>

**Component Description:** Application study  
**Amount:** \$125.00

**Component Description:** TPO Calculations  
**Amount:** \$125.00

**Component Description:** Research and results of FCC displacement of LPTVs  
**Amount:** \$83.33

**Component Description:** Displacement options  
**Amount:** \$250.00

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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>\$640.00</b>	<b>\$640.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$305.00	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
<b>Sub-total</b>	<b>\$640.00</b>	<b>\$640.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$231,457.64</b>	<b>\$128,931.42</b>	<b>N/A</b>	<b>\$112,018.32</b>	<b>N/A</b>

**Components**

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>	\$231,457.64	\$128,931.42	\$112,018.32

**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.	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
	<p><b>Submission of Estimated Expenses 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 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.

**James W. DeChant**  
*VP of Technology*

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.

**James W. DeChant**  
*VP of Technology*

06/10/2021

## Attachments