



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **13847** | Service: **LPD** | Call **K17MW-D** | Channel: **17 (UHF)** |
ID: | Sign:
File **0000089318**
Number:
FRN: **0007251655** | Eligibility **Eligible** | Date **06/22**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|--|-------------------|-----------------|----------------|
| Cooperative Television Association of Southern Minnesota | David Sunderman PO Box 8 Mankato, MN 56002 United States | +1 (507) 387-7963 | daves@benco.org | Not-for-Profit |

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 |
|--|---|-------------------|------------------------|
| Samuel Hariton <i>Widely</i> | Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States | +1 (339) 222-8107 | sam.hariton@widely.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 | K17MW-D is planning to re-tune its transmitter and reuse its antenna and transmission line on the existing tower. |

| Question | Response |
|--|---|
| Sharee Station Facility ID | 190114 |
| Call Sign | K20LP-D |
| Type | |
| Licensee Name | COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA |
| Status | LICENSED |
| DTS (Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 20 |
| Post-auction RF Channel | |
| Neilsen DMA | |
| Network Affiliation | |

| Question | Response |
|---|---|
| Sharee Station Facility ID | 13841 |
| Call Sign | K22MQ-D |
| Type | |
| Licensee Name | Cooperative Television Association of Southern Minnesota |
| Status | LICENSED |
| DTS (..... Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 22 |
| Post-auction RF Channel | |
| Neilsen DMA | |
| Network Affiliation | |
| Question | Response |
| Sharee Station Facility ID | 13842 |
| Call Sign | K23MF-D |
| Type | |
| Licensee Name | COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA |
| Status | LICENSED |

| DTS (..... Distributed Transmission System) | No |
|---|---|
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 23 |
| Post-auction RF Channel | |
| Neilsen DMA | |
| Network Affiliation | |
| Question | Response |
| Sharee Station Facility ID | 13836 |
| Call Sign | K16CG-D |
| Type | |
| Licensee Name | COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA |
| Status | LICENSED |
| DTS (..... Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 16 |
| Post-auction RF Channel | |
| Neilsen DMA | |

Network
Affiliation

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|----------------------------------|-------|
| Sharee Station Facility ID | 13848 |
|----------------------------------|-------|

| | |
|-----------|---------|
| Call Sign | K24JV-D |
|-----------|---------|

Type

| | |
|------------------|---|
| Licensee Name | COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA |
|------------------|---|

| | |
|--------|----------|
| Status | LICENSED |
|--------|----------|

| | |
|---|----|
| DTS (..... Distributed Transmission System) | No |
|---|----|

| | |
|-------------------------|---------------|
| Community of License | ST. JAMES, MN |
|-------------------------|---------------|

| | |
|---------------------------|----|
| Pre-auction RF Channel | 24 |
|---------------------------|----|

Post-auction
RF Channel

Neilsen DMA

Network
Affiliation

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|-------------------------------|-------|
| Sharee Station Facility ID | 13839 |
|-------------------------------|-------|

| | |
|-----------|---------|
| Call Sign | K19LI-D |
|-----------|---------|

Type

| | |
|---------------|--|
| Licensee Name | Cooperative Television Association of Southern Minnesota |
|---------------|--|

| | |
|---------------------------------------|---------------|
| Status | LICENSED |
| DTS (Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 19 |
| Post-auction RF Channel | |
| Neilsen DMA | |
| Network Affiliation | |

| Question | Response |
|---------------------------------------|--|
| Sharee Station Facility ID | 13846 |
| Call Sign | K18NE-D |
| Type | |
| Licensee Name | Cooperative Television Association of Southern Minnesota |
| Status | LICENSED |
| DTS (Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 18 |
| Post-auction RF Channel | |
| Neilsen DMA | |

Network
Affiliation

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|----------------------------------|-------|
| Sharee Station Facility ID | 13838 |
|----------------------------------|-------|

| | |
|-----------|---------|
| Call Sign | K21DG-D |
|-----------|---------|

Type

| | |
|------------------|---|
| Licensee Name | COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA |
|------------------|---|

| | |
|--------|----------|
| Status | LICENSED |
|--------|----------|

| | |
|---|----|
| DTS (..... Distributed Transmission System) | No |
|---|----|

| | |
|-------------------------|---------------|
| Community of License | ST. JAMES, MN |
|-------------------------|---------------|

| | |
|---------------------------|----|
| Pre-auction RF Channel | 21 |
|---------------------------|----|

Post-auction
RF Channel

Neilsen DMA

Network
Affiliation

| Question | Response |
|----------|----------|
|----------|----------|

| | |
|----------------------------------|-------|
| Sharee Station Facility ID | 13837 |
|----------------------------------|-------|

| | |
|-----------|---------|
| Call Sign | K35KI-D |
|-----------|---------|

Type

| Licensee Name | COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA |
|---------------------------------------|--|
| Status | LICENSED |
| DTS (Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 35 |
| Post-auction RF Channel | |
| Neilsen DMA | |
| Network Affiliation | |
| Question | Response |
| Sharee Station Facility ID | 167234 |
| Call Sign | K29IE-D |
| Type | |
| Licensee Name | COOPERATIVE TELEVISION ASSOC OF SOUTHERN MINNESOTA |
| Status | LICENSED |
| DTS (Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |

| Pre-auction RF Channel | 29 |
|---|---|
| Post-auction RF Channel | |
| Neilsen DMA | |
| Network Affiliation | |
| Question | Response |
| Sharee Station Facility ID | 182381 |
| Call Sign | K31KV-D |
| Type | |
| Licensee Name | COOPERATIVE TELEVISION ASSOCIATION OF SOUTHERN MINNESOTA |
| Status | LICENSED |
| DTS (..... Distributed Transmission System) | No |
| Community of License | ST. JAMES, MN |
| Pre-auction RF Channel | 31 |
| Post-auction RF Channel | |
| Neilsen DMA | |
| Network Affiliation | |

Transmitters

| Section | Question | Response |
|---------|----------|----------|
|---------|----------|----------|

| | | |
|-------------------------------------|---|-----|
| Transmitter Related Expenses | Do you have transmitter related expenses? | Yes |
|-------------------------------------|---|-----|

Primary Transmitter

Existing Transmitter Information

| Section | Question | Response |
|---|--|-----------------|
| Existing Transmitter Description | Type of change | Retune Existing |
| | 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 and Type | Manufacturer | Axcera |
| | Model | CU-250 BRD |
| | Year | 2009 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | .25 kW |

Primary Transmitter

Retuning Transmitter Costs

| Section | Question | Response |
|------------------------|---|-----------|
| New Mask Filter | Does the transmitter require a new mask filter? | Yes |
| | Mask Filter Type | Stringent |
| | Power | 200-300W |
| New Exciter | Is a new exciter needed? | No |

Primary Transmitter **Other Transmitter Costs**

| 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) | No |
| | 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 leasehold improvement? | No |

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 |
|--|--|-------------------------|
| Existing Antenna Description | Type of change | Retune Existing |
| | Antenna Use | Primary (Main) |
| | Ownership | Owned |
| | Is the existing antenna shared with another station or stations? | Yes |
| | Is the existing antenna directional? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 12 |
| | Number of Panels | 16 |
| | Design power capacity in use | 8.33 % |
| | Lower Limit | 482.00 MHz |
| | Upper Limit | 602.00 MHz |
| | ERP: (Effective Radiated Power) | 1.8 kW |
| | Manufacturer | Micro Communications |
| | Model | 955116 |
| | | |

| | | |
|--|------|------|
| | Year | 2009 |
|--|------|------|

Facility ID's and Call Signs of all stations with whom the antenna is shared.

| Facility ID | Call Sign |
|-------------|-----------|
| 13846 | K18NE-D |
| 167234 | K29IE-D |
| 182381 | K31KV-D |
| 13841 | K22MQ-D |
| 13848 | K24JV-D |
| 190114 | K20LP-D |
| 13836 | K16CG-D |
| 13837 | K35KI-D |
| 13838 | K21DG-D |
| 13839 | K19LI-D |
| 13842 | K23MF-D |

Primary Antenna

Adjustment to Existing Antenna

| Section | Question | Response |
|---------------------------------------|---|----------|
| Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|--|-------------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | Yes |
| | Type | Additional Module |
| | Number of channels supported | 1 |

| | |
|-----------------------------------|---------------------------|
| Frequencies of channels supported | Upper and lower frequency |
| Frequency | 482.0 MHz - 602.0 MHz |

**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? | No |

Tower Equipment And Rigging Costs

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

Outside Professional Services Costs

| Section | Question | Response |
|--|---|--|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 254 |
| | Explanation | K17MW-D does not have sufficient resource capacity and expertise in house to handle all of the reimbursement filing, tracking, coordination, reporting, budget creation, review and tracking, monitoring, etc necessary to facilitate on-time completion |
| 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 |

Outside Other Professional Services Expenses Not Listed
Professional Services Costs Services not provided.

**Other
Expenses**

| Section | Question | Response |
|---|--|----------|
| AM Pattern Disturbance | Is an Impact Study needed? | No |
| | Is Remediation needed? | No |
| Permit and Filing Costs | FCC Construction Permit Major Change | No |
| | FCC Construction Permit Minor Change | Yes |
| | FCC License to Cover Application | Yes |
| | FCC Special Temporary Authority Application | No |
| Other Miscellaneous Expenses | Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)? | No |
| | Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs? | 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**

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 |
|--|--------------------------------|-------------------|------------------------------------|----------------|------------------------------|
| Primary Transmitter CU-250 BRD | \$12,925.00 | \$12,925.00 | | \$0.00 | |
| 200-300W w mask filter Stringent | \$1,925.00 | \$1,925.00 | N/A | \$0.00 | N/A |
| Retune - UHF and VHF - minor re- channel issues | \$11,000.00 | \$11,000.00 | N/A | N/A | N/A |
| Sub-total | \$12,925.00 | \$12,925.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$60,199.15 | \$40,986.84 | N/A | \$20,269.09 | N/A |

Components

Information not provided.

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 |
|------------------------|-----------------------------|----------------|---|-------------|---------------------------|
| Primary Antenna 955116 | \$3,747.15 | \$3,747.15 | | \$3,368.57 | |
| 1.8 kW UHF Combiner | <i>\$3,747.15</i> | \$3,747.15 | Please see "Justification K17MW-D Combiner" | \$3,368.57 | N/A |
| Sub-total | \$3,747.15 | \$3,747.15 | N/A | \$3,368.57 | N/A |
| Total for all systems | \$60,199.15 | \$40,986.84 | N/A | \$20,269.09 | N/A |

Components

| Actual Information | |
|---------------------|--|
| Description | File Name |
| 1.8 kW UHF Combiner | <div>Component Description: Custom Equipment</div> <div>Amount: \$3,368.57</div> |

Cost Information **Transmission Line**
Information not provided.

Cost Information **Tower Equipment and Rigging Costs**
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 |
|--|-----------------------------|--------------------|--|--------------------|---------------------------|
| Outside Professional Services | \$42,082.00 | \$22,869.69 | | \$16,730.52 | |
| Attorney Fees - Negotiation of lease and other matters for shared locations | \$3,262.50 | \$679.87 | The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time. | \$679.87 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$1,577.50 | \$1,577.50 | N/A | \$38.50 | 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 | \$716.00 | Please see Justification Cooperative Television Legal Fees | \$25.83 | 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 |
| Perform engineering study for displacement application | \$1,800.00 | \$990.00 | Please see Estimated Cost Justification K17MW-D-530-RF Eng - Engineering Study for Displacement Application v0 | \$990.00 | N/A |
| Prepare/ Review 399 reimbursement form | \$1,710.00 | \$444.25 | The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time. | \$444.25 | N/A |
| Project management of the transition | \$26,797.00 | \$14,552.07 | The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time. | \$14,552.07 | N/A |
| Sub-total | \$42,082.00 | \$22,869.69 | N/A | \$16,730.52 | N/A |
| Total for all systems | \$60,199.15 | \$40,986.84 | N/A | \$20,269.09 | N/A |

Components

| Actual Information | | |
|--|-------------------------------|--|
| Description | File Name | |
| Attorney Fees - Negotiation of lease and other matters for shared locations | Component Description: | TV Translator System (Labor) |
| | Amount: | \$142.50 |
| | Component Description: | Professional Services Rendered |
| | Amount: | \$116.66 |
| | Component Description: | Professional Services Rendered |
| | Amount: | \$64.02 |
| | Component Description: | Email to D. Sunderman regarding biennial Ownership |
| | Amount: | \$215.66 |
| | Component Description: | Professional Services Rendered |
| | Amount: | \$141.03 |
| Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application | Component Description: | K17MW-D-550-Attorney - License to Cover Application (Main) |
| | Amount: | \$38.50 |
| Prepare Form 601 | Information not provided. | |

| | |
|--|---|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | <div> <div>Component Description:</div> <div>K17MW-D-550-Attorney - Construction Permit Application (Main)</div> </div> <div> <div>Amount:</div> <div>\$25.83</div> </div> |
| 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. |
| Perform engineering study for displacement application | <div> <div>Component Description:</div> <div>In-core channel check</div> </div> <div> <div>Amount:</div> <div>\$990.00</div> </div> |
| Prepare/ Review 399 reimbursement form | <div> <div>Component Description:</div> <div>K17MW-D-510-Prepare/Review 399 Reimbursement Form</div> </div> <div> <div>Amount:</div> <div>\$61.66</div> </div> <div> <div>Component Description:</div> <div>K17MW-D-510-Prepare/Review 399 Reimbursement Form</div> </div> <div> <div>Amount:</div> <div>\$43.75</div> </div> <div> <div>Component Description:</div> <div>K17MW-D-510-Prepare/Review 399 Reimbursement Form</div> </div> <div> <div>Amount:</div> <div>\$338.84</div> </div> |

Project management of the transition

| | |
|-------------------------------|---|
| Component Description: | Project Management |
| Amount: | \$1,420.60 |
| Component Description: | Project Management |
| Amount: | \$585.20 |
| Component Description: | Project Management |
| Amount: | \$1,360.55 |
| Component Description: | Project Management |
| Amount: | \$252.25 |
| Component Description: | 4-17-20 Conference call with Widelity |
| Amount: | \$23.57 |
| Component Description: | Project Management |
| Amount: | \$1,135.35 |
| Component Description: | Project Management |
| Amount: | \$1,120.80 |
| Component Description: | Project Management |
| Amount: | \$66.65 |
| Component Description: | Project Management |
| Amount: | \$2,152.65 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$14.95 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$1,231.05 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$1,310.45 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$987.60 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$737.30 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$400.15 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project management |
| Amount: | \$328.40 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project management |
| Amount: | \$832.55 |

| | |
|-------------------------------|--------------------|
| Component Description: | Project Management |
| Amount: | \$592.00 |

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 |
|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Other Expenses | \$1,445.00 | \$1,445.00 | | \$170.00 | |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,110.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$335.00 | N/A | \$170.00 | N/A |
| Sub-total | \$1,445.00 | \$1,445.00 | N/A | \$170.00 | N/A |
| Total for all systems | \$60,199.15 | \$40,986.84 | N/A | \$20,269.09 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| FCC Filing Fees - Form 2100 minor change CP application | Information not provided. |
| FCC Filing Fees - Form 2100 license to cover application | <div>Component Description:K17MW-D-610-FCC Filing Fee - License to Cover Application</div> <div>Amount:\$170.00</div> |

| | | | |
|------------------|-----------------------|-----------------------------|----------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$60,199.15 | \$40,986.84 |
| | | | \$20,269.09 |

| | | |
|----------------------|--|----------|
| Reimbursement Status | Question | Response |
| | 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. | Yes |

| Certification | Section | Question | Response |
|---------------|---|--|----------|
| | Submission of Final Allocation or Accounting Information Statements | <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"> 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. 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. | |

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.

**David
Sunderman**
Manager

06/22/2021

Attachments