



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **35464** | Service: **DCA** | Call **KFXO-LD** | Channel: **15 (UHF)** |  
ID: | Sign:  
File **0000025373**  
Number:  
FRN: **0006885586** | Date **06/29**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NPG OF OREGON, INC.</b> Doing Business As: NPG OF OREGON, INC.	825 EDMOND STREET ST. JOSEPH, MO 64501 United States	+1 (816) 271-8505	tim. hannan@npgco. com	Corporation

## 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	RE-CHANNEL EXISTING TRANSMITTER AND REPLACE MASK FILTER /COMBINER UNIT ON NIGHT OF TRANSITION. SEE ATTACHED EXHIBIT FOR MORE DETAILS

## 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
	Owner	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Linear Industries
	Model	AT71K2
	Year	2010

	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1 kW

**Primary  
Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	1.5 kW
	Other Power	N/A
<b>New Exciter</b>	Is a new exciter needed?	No

**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	No
	Description	N/A
<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
Existing Antenna Description	Type of change	Retune Existing
	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?	Yes
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	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	PARPANEL
ERP: (Effective Radiated Power) .....	15.0 kW
Manufacturer	KATHREIN
Model	K723147
Year	2010

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

Facility ID	Call Sign
34879	K45KM-D
35464	KFXO-CD

**Primary  
Antenna**

**Adjustment to Existing Antenna**

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

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A

**Enter a list of RF channel  
numbers.**

RF Channel Number
45
15

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

Section	Question	Response
<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?	No

**Tower Equipment And Rigging Costs**

Section	Question	Response
<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	60
	Explanation	LOCAL ENGINEERING STAFF IS EXTREMELY LIMITED AND UNABLE TO SUPPORT THIS PROJECT WITHOUT COMPROMISING DAY TO DAY OPERATIONS.
<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	No
	Quantity	N/A
	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	No
	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	2
Justification	LOCAL ENGINEERING STAFF DOES NOT HAVE NECESSARY TEST EQUIPMENT TO RE-TUNE THE TRANSMITTER AND TIME TO SUPPORT THE PROJECT.

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**

Name	Description
<b>BROOKS PIERCE</b>	NON-CATALOG LEGAL SERVICES SUCH AS REVIEW OF QUARTERLY TRANSITION STATUS REPORTS AND OTHER MISCELLANEOUS NON-CATALOG LEGAL FEES
<b>WIRELESS INFRASTRUCTURE SERVICES</b>	REMOVE OLD COMBINER SYSTEM AND INSTALL NEW COMBINER SYSTEM. MANAGE CUT-OVER. COST INCLUDES TRAVEL AND EXPENSES

## 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	No
	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?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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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 AT71K2	\$108,230.00	\$0.00		\$0.00	
1.5 kW mask filter	\$3,030.00	\$0.00	NOTE THAT MASK FILTER FUNCTION IS INTEGRATED IN A PROPOSED NEW COMBINER SYSTEM	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$0.00	N/A	N/A	N/A
Sub-total	\$108,230.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$312,285.00	\$80,541.03	N/A	\$0.00	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 K723147	\$117,230.00	\$14,526.03		\$0.00	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$9,526.03	N/A	N/A	N/A
Sub-total	\$117,230.00	\$14,526.03	N/A	\$0.00	N/A
Total for all systems	\$312,285.00	\$80,541.03	N/A	\$0.00	N/A

Components

Information not provided.

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

**Cost Information**      **Tower Equipment and Rigging Costs**  
Information not provided.

<b>Cost Information</b>	<b>Outside Professional Services</b>					
	Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).					
	<b>Description</b>	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Estimated Cost Justification</b>	<b>Actual Cost</b>	<b>Actual Cost Justification</b>
	<b>Outside Professional Services</b>	<b>\$68,380.00</b>	<b>\$57,170.00</b>		<b>\$0.00</b>	
	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	\$2,500.00	N/A	N/A	N/A
	BROOKS PIERCE	<i>\$5,000.00</i>	\$5,000.00	BROOKS PIERCE NON-CATALOG LEGAL SERVICES SUCH AS REVIEW OF QUARTERLY TRANSITION STATUS REPORTS AND OTHER MISCELLANEOUS NON-CATALOG LEGAL EXPENSES	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Additional Field Engineering Service, 2 Days	<b>\$2,220.00</b>	\$2,220.00	SIGNAL-WIZ WILL RE-TUNE TRANSMITTER AND PROOF. LOCAL ENGINEERING DOES NOT HAVE PROPER TEST EQUIPMENT OR TIME TO PERFORM WORK. SEE ATTACHED QUOTE	N/A	N/A
Project management of the transition	\$9,480.00	\$7,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,000.00	N/A	N/A	N/A



WIRELESS INFRASTRUCTURE SERVICES	<b>\$26,700.00</b>	\$26,700.00	COMBINER INTEGRATION SERVICES NECESSARY, STATION STAFF RESOURCES ARE EXTREMELY LIMITED AND CANNOT SUPPORT INSTALLATION WITHOUT COMPROMISING DAY TO DAY OPERATIONS.	N/A	N/A
<b>Sub-total</b>	\$68,380.00	\$57,170.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$312,285.00	\$80,541.03	N/A	\$0.00	N/A

### Components

Information not provided.

## 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>\$18,445.00</b>	<b>\$8,845.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$1,200.00</i>	\$1,200.00	SEE SIGNAL-WIZ QUOTE ATTACHED	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$1,500.00</i>	\$1,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
Equipment Storage	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$750.00</i>	\$750.00	VIDEO PRODUCTION SERVICES	N/A	N/A
<b>Sub-total</b>	<b>\$18,445.00</b>	<b>\$8,845.00</b>	N/A	<b>\$0.00</b>	N/A

<b>Total for all systems</b>	\$312,285.00	\$80,541.03	N/A	\$0.00	N/A
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### Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$312,285.00	\$80,541.03	\$0.00

Reimbursement Status	Question	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	<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.

<p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Jim DeChant</b>  <i>V.P. of Technology</i></p> <p>06/29/2017</p>

## Attachments