



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **168419** | Service: **DCA** | Call **WJTS-CD** | Channel: **24 (UHF)**  
 ID: | Sign:  
 File **0000028091**  
 Number:  
 FRN: **0015209620** | Date **03/08**  
 Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Paul E Knies</b>	P.O. BOX 1009 JASPER, IN 47547 United States	+1 (812) 482- 2727	wjts1@DCBROADCASTING. COM	Individual

## 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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<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>Transition by Assigned Phase Completion Date</p>

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	lu2000 atd
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2 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?	Yes
	Manufacturer	
	Model	CU4-TD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	3.75 kW
	Justification for New Transmitter	Repacking from Ch. 18 to 24 results in higher power requirement than permitted by existing Tx maximum capability.

**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**

<b>Name</b>	<b>Description</b>
<b>Axcera service trip in conjunction with supply of new Digital Mask Filter</b>	\$11580
<b>7 percent Indiana state use tax on purchase</b>	\$9,100.00

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	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>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW

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Manufacturer	
Model	ALP12L4- HSO
Year	2008

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**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	12
	Lower Limit	530.00 MHz
	Upper Limit	536.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	

Model	ALP12L4- CSO-24
Year	2017
Justification for New Antenna	change from h-pol to c-pol

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

<b>Transmission Line</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Transmission Line Related Expenses</b>		Do you have transmission line related expenses?

<b>Tower Equipment And Rigging Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Tower Equipment or Rigging Costs Changes</b>		Do you have tower equipment or rigging costs changes?

<b>Outside Professional Services Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>	
	<b>Outside Project Management Services</b>		Do you require outside project management services?	Yes
			Number of Hours	40
		Explanation	contract engineer project manager to supervise and facilitate equipment installation and coordinate equipment suppliers, tower crew, and ready the tx site for channel conversion. \$125 per hour	
	<b>Outside RF consulting Engineering Services</b>		Perform engineering study for new channel assignment and antenna development	No
		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	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Other Professional Services Expenses Not Listed**

**Outside Professional Services Costs**

<b>Name</b>	<b>Description</b>
<b>Station Owner</b>	Paul Knies station owner - for project management, contact with MVRP, assisting counsel to prepare forms 399, 1876 and 2100, identify suppliers/contractors; 80 hours at \$25 per hour.
<b>Second Part time staff engineer</b>	Dave Ferguson part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 40 hours at \$25 per hour
<b>Part time staff engineer</b>	Evan Elrod part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 60 hours at \$25 per hour
<b>General Manager</b>	Bill Potter WJTS General Manager - for project management, gather Form 399 costs, contact with MVRP, assess project needs, public outreach, coord. buildout schedule, coord suppliers/contractors; 80 hours at \$25 per hour.

**Other Expenses**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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?	No
<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?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other  
Expenses**

**Other Expenses Not Listed**

<b>Name</b>	<b>Description</b>
<b>Nonreducible Dark Station costs</b>	nonreducible costs when station is dark pending coordination with linked-stations and commencing program test operations.
<b>Newspaper and Radio advertising</b>	Alert public as to rescan necessity. 3 newspaper \$3000, 4 radio stations \$3000



**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 CU4-TD</b>	<b>\$146,940.00</b>	<b>\$146,940.00</b>		<b>\$0.00</b>	
7 percent Indiana state use tax on purchase	<i>\$8,785.00</i>	\$8,785.00	7 percent Indiana state use tax	N/A	N/A
UHF - Air Cooled Solid State Transmitter 3.75 kW	<i>\$126,575.00</i>	\$126,575.00	Revised Axcera CU4TD UHF TX & remove band pass filter (includes TX + \$525 freight + \$550 test equipment)	N/A	N/A
Axcera service trip in conjunction with supply of new Digital Mask Filter	<i>\$11,580.00</i>	\$11,580.00	Axcera service trip in conjunction with new digital mask filter	N/A	N/A
<b>Sub-total</b>	<b>\$146,940.00</b>	<b>\$146,940.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$313,444.71</b>	<b>\$338,437.79</b>	N/A	<b>\$0.00</b>	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
<b>Primary Antenna ALP12L4-CSO-24</b>	<b>\$33,030.00</b>	<b>\$64,463.08</b>		<b>\$0.00</b>	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$58,213.08	per attached ERI invoice includes \$8870 Bandpass filter, + \$1500 mask filter installation fee + \$27535 antenna cost + \$22225 antenna installation services + \$285.88 freight charge + 7% Indiana sales tax \$1927.45	\$0.00	N/A
Sweep test of existing antenna	\$6,730.00	\$6,250.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$33,030.00</b>	<b>\$64,463.08</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$313,444.71</b>	<b>\$338,437.79</b>	N/A	<b>\$0.00</b>	N/A

**Components**

Information not provided.

**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
<b>Outside Professional Services</b>	<b>\$114,640.00</b>	<b>\$108,250.00</b>		<b>\$0.00</b>	
Second Part time staff engineer	<i>\$1,000.00</i>	\$1,000.00	wages	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	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	\$1,500.00	Price quote from consulting engineer.	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A

Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Station Owner	<i>\$2,000.00</i>	\$2,000.00	wage	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Project management of the transition	\$6,320.00	\$5,000.00	40 hours at \$125 per hour	N/A	N/A
Part time staff engineer	<i>\$1,500.00</i>	\$1,500.00	wages	N/A	N/A
General Manager	<i>\$2,000.00</i>	\$2,000.00	wage	N/A	N/A
<b>Sub-total</b>	\$114,640.00	\$108,250.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$313,444.71	\$338,437.79	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>\$18,834.71</b>	<b>\$18,784.71</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	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
Nonreducible Dark Station costs	<i>\$7,000.00</i>	\$7,000.00	nonreducible costs while station is dark for tower work and linked-station coordination while preparing to commence program test operation. \$1000 per day for 7 days.	N/A	N/A
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A

Equipment Delivery and Handling Charges	<b><i>\$889.71</i></b>	\$889.71	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Newspaper and Radio advertising	<b><i>\$6,000.00</i></b>	\$6,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$18,834.71	\$18,784.71	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$313,444.71	\$338,437.79	N/A	\$0.00	N/A

### 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>	\$313,444.71	\$338,437.79	\$0.00

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
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
	<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.

**Paul Knies**  
*individual*  
*licensee*

03/08/2018

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.

**John Neely**  
*counsel for applicant*

03/08/2018

## Attachments