



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **71024-33** | Service: **DRT** | Call **KWSU-TV** | Channel:
ID: | Sign:
33 (UHF) | File **0000089450**
Number:
FRN: **0001563949** | Eligibility **Eligible** | Date **09/30**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|------------------------------------|---|-------------------|-----------------------|-------------------|
| WASHINGTON STATE UNIVERSITY | Doug Krehbiel Edward R. Murrow College of Communication P.O. Box 642530 Pullman, WA 99164 United States | +1 (509) 335-6585 | doug.krehbiel@wsu.edu | Government Entity |

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 |
|--|---|-------------------|-------------------|
| Denise Crossler <i>Grant Manager</i> <i>Washington State University</i> | Denise Crossler PO Box 642530 Pullman, WA 99164 United States | +1 (509) 335-1557 | dcrossler@wsu.edu |

**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. | No |
| Briefly describe transition plan | Displaced facility required securing an alternate site, repair of the tower to be used for the facility's antenna, purchase of a new transmitter, antenna and associated materials and construct the site. See attachments |

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 | Purchase New |
| | Use | Primary (Main) |
| | Ownership | Owned |
| | Is this transmitter currently shared with another station? | No |
| | Is this transmitter currently in operating condition? | Yes |
| Existing Transmitter Manufacturer and Type | Manufacturer | |
| | Model | LU1000ATD (Modified) |
| | Year | 2002 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 1 kW |

Primary Transmitter

New Transmitter Costs

| Section | Question | Response |
|-----------------|---|--|
| New Transmitter | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | No |
| | Manufacturer | |
| | Model | 102580.01 |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 700 W |
| | Justification for New Transmitter | Existing channel 17 transmitter was a converted analog Axcera model with fixed tuning, could not be used on the new channel. A full-service mask filter was also installed to protect adjacent channels. |

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 | Yes |
| | Size | 1.5 inches |
| | Length | 40.0 feet |
| | Other Electrical Service | Yes |
| | Description | Wiring for disconnect and backup generator |
| HVAC Service | Does the replacement transmitter require HVAC Service? | Yes |
| | Type | Cooling Only |
| | Size | 5 tons |
| 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 | Purchase New |
| | Antenna Use | Primary (Main) |
| | Ownership | Owned |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | Yes |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Log Periodic |
| | ERP: (Effective Radiated Power) | 1.2 kW |
| | Manufacturer | |
| | Model | CL1469 |
| | Year | 1995 |

**Primary
Antenna**

New Antenna Costs

| Section | Question | Response |
|---|--|-----------------|
| New Antenna Description | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Is antenna shared? | No |
| | Is antenna directional? | Yes |
| | Will antenna be located on or in close proximity to an antenna farm? | Yes |
| New Antenna Manufacturer and Types | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Circular |
| | Type | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 1.5 kW |
| | Manufacturer | |
| | Model | LP-1900-E-4 |
| | Year | 2019 |
| Justification for New Antenna | Old antenna insufficient to operate on granted construction permit (directional pattern, polarization) | |

**Primary
Antenna**

Other Antenna Costs

| Section | Question | Response |
|---------------------------------|---|-----------------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |
| Side Mount Brackets | Do you require the separate purchase of side mount brackets for a high power antenna? | No |
| Pattern Scatter Analysis | Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna? | No |
| Sweep Test | Do you require the sweep testing of transmission line and antenna? | No |

**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? | Yes |

| Primary Tower | Existing Tower | | |
|---|---|-------------------|----------|
| | Section | Question | Response |
| Existing Tower Description | Type of change | Move Equipment | |
| | Tower Use | Primary (Main) | |
| | Ownership | Leased | |
| | 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? | Yes | |
| | Is tower compliant with Rev G? | Unknown | |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes | |
| | ASR Number | 1042236 | |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 47° 34' 34.0" N- | |
| | Longitude (NAD83) | 117° 18' 02.0" W- | |
| | Overall Structure Height | 598.09 feet | |

| | |
|--|--|
| Support Structure Height | 499.99 feet |
| Ground Elevation Above Mean Sea Level (AMSL) | 3629.88 feet |
| Structure Type | TOWER - Free Standing or Guyed Structure |
| Tower Owner | SPOKANE SCHOOL DISTRICT NO. 81 DBA = KSPS-TV |
| Date Constructed | 06/01/1967 |

**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 |
|-------------|-----------|---------|
| 167856 | KXMN-LD | LPD |
| 61978 | KXLY-TV | DTV |
| 61956 | KSPS-TV | DTV |
| 61976 | KXMN-LP | LPX |

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

| Name | Description |
|-----------------------|---|
| Repair existing tower | Repair guyed tower, install antenna and feed line |

Outside Professional Services Costs

| Section | Question | Response |
|---|---|-----------------|
| Outside Project Management Services | Do you require outside project management services? | No |
| Outside RF consulting Engineering Services | Perform engineering study for displacement application | No |
| | Prepare engineering section of Form FCC Construction Permit Application | No |
| | Prepare engineering section of Form FCC License to Cover Application | No |
| | Prepare request for Special Temporary Authority | No |
| | Prepare Form 601 | No |
| 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 | No |
| | Prepare or Review FCC Form 399 for Reimbursement | Yes |
| | Form 399 assistance or other program management costs | Yes |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | No |
| | Additional Field Engineering Service | No |

Other Professional Services Expenses Not Listed

Outside

Professional Information not provided.

Services

Costs

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 | No |
| | FCC License to Cover Application | No |
| | 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 102580.01 | \$56,350.00 | \$14,000.00 | | \$9,564.34 | |
| 1.5" Rigid Conduit and Wiring | <i>\$3,000.00</i> | \$3,000.00 | N/A | \$1,673.12 | N/A |
| Other Electrical Service: Wiring for disconnect and backup generator | <i>\$5,000.00</i> | \$5,000.00 | N/A | \$5,000.00 | N/A |
| 5 Ton system | \$20,250.00 | \$3,000.00 | N/A | \$39.34 | N/A |
| UHF - Air Cooled Solid State Transmitter 320 - 700 Watts | \$28,100.00 | \$3,000.00 | Partial reimbursement | \$2,851.88 | N/A |
| Sub-total | \$56,350.00 | \$14,000.00 | N/A | \$9,564.34 | N/A |
| Total for all systems | \$252,412.50 | \$54,210.00 | N/A | \$29,123.82 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

| | |
|---|--|
| <p>1.5" Rigid Conduit and Wiring</p> | <p>Component Description: rod, misc. bolts, nuts, washers, etc.</p> <p>Amount: \$110.14</p> <p>Component Description: pipe, hangers, connects, elbows</p> <p>Amount: \$192.04</p> <p>Component Description: portion of transmitter cost allowed after PBS. Letter attached</p> <p>Amount: \$1,370.94</p> |
| <p>Other Electrical Service: Wiring for disconnect and backup generator</p> | <p>Component Description: Electrical components and installation- partial invoice</p> <p>Amount: \$5,000.00</p> |
| <p>5 Ton system</p> | <p>Component Description: Facility ID signs</p> <p>Amount: \$39.34</p> |
| <p>UHF - Air Cooled Solid State Transmitter 320 - 700 Watts</p> | <p>Component Description: conduit/parts/labor</p> <p>Amount: \$2,237.27</p> <p>Component Description: Conduit</p> <p>Amount: \$614.61</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 |
|--|-----------------------------|--------------------|------------------------------|-------------------|---------------------------|
| Primary Antenna LP-1900-E-4 | \$10,000.00 | \$10,000.00 | | \$1,713.00 | |
| UHF-Low Power, Side Mount, Slotted Coaxial, 1.5 kW input, Circular | <i>\$10,000.00</i> | \$10,000.00 | N/A | \$1,713.00 | N/A |
| Sub-total | \$10,000.00 | \$10,000.00 | N/A | \$1,713.00 | N/A |
| Total for all systems | \$252,412.50 | \$54,210.00 | N/A | \$29,123.82 | N/A |

Components

| Actual Information | |
|--|--|
| Description | File Name |
| UHF-Low Power, Side Mount, Slotted Coaxial, 1.5 kW input, Circular | <p>Component Description: portion of antenna costs not covered by PBS grant. Letter of explanation attached.</p> <p>Amount: \$1,713.00</p> |

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

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 |
|--|-----------------------------|--------------------|--|--------------------|---------------------------|
| Primary Tower TOWER | \$177,750.00 | \$22,000.00 | | \$17,846.48 | |
| Repair existing tower | <i>\$20,000.00</i> | \$20,000.00 | Structural modifications to comply with tower design guidelines and installation of antenna and feedline | \$16,742.24 | N/A |
| Tower Rigging Tall Tower (greater than 500') | \$157,750.00 | \$2,000.00 | Removal of existing antenna from existing tower is the only work necessary for this tower | \$1,104.24 | N/A |
| Sub-total | \$177,750.00 | \$22,000.00 | N/A | \$17,846.48 | N/A |
| Total for all systems | \$252,412.50 | \$54,210.00 | N/A | \$29,123.82 | N/A |

Components

| Actual Information | |
|-----------------------|-----------|
| Description | File Name |
| Repair existing tower | |

Component Description: tower
reinforcement
costs - base plate,
guy wires, ground
kit

Amount: \$3,630.80

Component Description: Marking paint

Amount: \$11.45

Component Description: striping paint

Amount: \$15.18

Component Description: fiberglass rod guy
insulators

Amount: \$405.00

Component Description: base plate pier pin

Amount: \$44.18

Component Description: Plywood

Amount: \$242.20

Component Description: tower bolts

Amount: \$74.85

Component Description: concrete vibrator

Amount: \$41.50

Component Description: excavator

Amount: \$912.58

Component Description: lumber for forms

Amount: \$36.19

Component Description: lumber/plywood
Amount: \$171.37

Component Description: torque bars, bolt &
pin kits
Amount: \$316.95

Component Description: tower modification,
rate sheet added
Amount: \$7,134.60

Component Description: removal of old
antenna and
feedline
Amount: \$1,621.50

Component Description: compressor
Amount: \$174.89

Component Description: skidsteer loader
Amount: \$480.42

Component Description: grade stakes
Amount: \$10.85

Component Description: concrete for tower
base upgrade
Amount: \$976.96

Component Description: rebar
Amount: \$397.66

Component Description: visqueen
Amount: \$43.11

Tower Rigging Tall Tower
(greater than 500')

Component Description:
Amount:

travel costs to site
\$1,104.24

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 | \$8,312.50 | \$8,210.00 | | \$0.00 | |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$1,577.50 | \$1,500.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$3,025.00 | \$3,000.00 | N/A | N/A | N/A |
| Form 399 assistance or other Program Management costs | <i>\$2,000.00</i> | \$2,000.00 | N/A | N/A | N/A |
| Prepare/ Review 399 reimbursement form | \$1,710.00 | \$1,710.00 | N/A | N/A | N/A |
| Sub-total | \$8,312.50 | \$8,210.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$252,412.50 | \$54,210.00 | N/A | \$29,123.82 | 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 |
|------------------------------|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| Other Expenses | \$0.00 | \$0.00 | | \$0.00 | |
| Sub-total | \$0.00 | \$0.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$252,412.50 | \$54,210.00 | N/A | \$29,123.82 | N/A |

Components

Information not provided.

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$252,412.50 | \$54,210.00 | \$29,123.82 |

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"> 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. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
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.

**Denise
Crossler**
*Grant &
Contract
Specialist*

09/30/2020

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | <p>Submission of Actual Cost Documentation Statements</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"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. | |

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

| | |
|--|--|
| <p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</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>Denise Crossler <i>Grant & Contract Specialist</i></p> <p>09/30/2020</p> |

Attachments