Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **71024-33** | Service: **DRT** | Call Sign: **KWSU-TV** | Channel: **33 (UHF)** | File Number: **0000089450**

FRN: **0001563949** | Eligibility Status: **Eligible** | Date Submitted: **01/26/2021**

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 *Grant Manager* *Washington State University*	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	TRN-5X-6-U-C
	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 leashold 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
61978	KXLY-TV	DTV
61956	KSPS-TV	DTV
61976	KXMN-LP	LPX
167856	KXMN-LD	LPD

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

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Service 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	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 TRN-5X-6-U-C	**$57,650.00**	**$15,300.00**		**$8,414.86**	
5 Ton system	$20,250.00	$3,000.00	N/A	$0.00	N/A
Other Electrical Service: Wiring for disconnect and backup generator	***$6,300.00***	$6,300.00	Removed itemization category of "Rigid Conduit and Wiring" per request from Repack Administrator	$6,237.27	N/A
1.5" Rigid Conduit and Wiring	***$3,000.00***	$3,000.00	N/A	$806.65	N/A
UHF - Air Cooled Solid State Transmitter 320 - 700 Watts	$28,100.00	$3,000.00	Partial reimbursement	$1,370.94	N/A
Sub-total	$57,650.00	$15,300.00	N/A	$8,414.86	N/A
Total for all systems	$253,712.50	$55,510.00	N/A	$27,535.52	N/A

Components

Actual Information Description	File Name

5 Ton system	**Component Description:** **Amount:** **Component Description:** **Amount:**	radiation warning signs for transmitter $39.34 Facility ID signs $39.34
Other Electrical Service: Wiring for disconnect and backup generator	**Component Description:** **Amount:** **Component Description:** **Amount:**	Electrical service, partial invoice request, letter of explanation attached. $6,237.27 Electrical components and installation- partial invoice $5,000.00

1.5" Rigid Conduit and Wiring	**Component Description:** **Amount:**	conduit $614.61
	Component Description: **Amount:**	rod, misc. bolts, nuts, washers, etc. $110.14
	Component Description: **Amount:**	pipe, hangers, connects, elbows $192.04
	Component Description: **Amount:**	portion of transmitter cost allowed after PBS. Letter attached $1,370.94
UHF - Air Cooled Solid State Transmitter 320 - 700 Watts	**Component Description:** **Amount:**	transmitter partial request, letter of explanation attached $1,370.94
	Component Description: **Amount:**	various nuts, bolts & supplies to connect transmitter A/C unit. $110.14
	Component Description: **Amount:**	conduit/parts/labor $2,237.27
	Component Description: **Amount:**	Conduit $614.61

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	***$10,000.00***	$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	$253,712.50	$55,510.00	N/A	$27,535.52	N/A

Components

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

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**		**$16,585.03**	
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	$0.00	N/A
Repair existing tower	***$20,000.00***	$20,000.00	Structural modifications to comply with tower design guidelines and installation of antenna and feedline	$16,585.03	N/A
Sub-total	$177,750.00	$22,000.00	N/A	$16,585.03	N/A
Total for all systems	$253,712.50	$55,510.00	N/A	$27,535.52	N/A

Components

Actual Information Description	File Name

Tower Rigging Tall Tower (greater than 500')	**Component Description:** **Amount:**	travel costs to site $1,104.24
Repair existing tower	**Component Description:** **Amount:**	Marking paint $11.45
	Component Description: **Amount:**	grade stakes $10.85
	Component Description: **Amount:**	main tower sections $430.16
	Component Description: **Amount:**	concrete for tower base upgrade $976.96
	Component Description: **Amount:**	tower modification, rate sheet added $7,134.60
	Component Description: **Amount:**	visqueen $43.11
	Component Description: **Amount:**	striping paint $15.18
	Component Description: **Amount:**	skidsteer loader $480.42
	Component Description: **Amount:**	removal of antenna and feedline $1,621.50

Component Description:	invoice and letter of explanation attached.
Amount:	$1,034.13
Component Description:	rebar to reinforce base for taller tower.
Amount:	$397.66
Component Description:	lumber for base concrete forms, error on receipt, correcting credit to card. Letter of explanation attached.
Amount:	$171.37
Component Description:	tower reinforcement costs - base plate, guy wires, ground kit
Amount:	$3,630.80
Component Description:	lumber/plywood
Amount:	$171.37
Component Description:	lumber for forms
Amount:	$36.19
Component Description:	concrete for tower base upgrade
Amount:	$976.96
Component Description:	concrete vibrator
Amount:	$41.50

Component Description:	base plate pier pin
Amount:	$44.18
Component Description:	excavator
Amount:	$912.58
Component Description:	fiberglass rod guy insulators
Amount:	$405.00
Component Description:	tower bolts
Amount:	$74.85
Component Description:	Plywood
Amount:	$242.20
Component Description:	torque bars, bolt & pin kits
Amount:	$316.95
Component Description:	compressor
Amount:	$174.89
Component Description:	removal of old antenna and feedline
Amount:	$1,621.50
Component Description:	rebar
Amount:	$397.66

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**		**$822.63**	
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	***$2,000.00***	$2,000.00	N/A	$513.88	N/A
Prepare/ Review 399 reimbursement form	$1,710.00	$1,710.00	N/A	$308.75	N/A
Sub-total	$8,312.50	$8,210.00	N/A	$822.63	N/A
Total for all systems	$253,712.50	$55,510.00	N/A	$27,535.52	N/A

Components

Actual Information Description	File Name

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Form 399 assistance or other Program Management costs	**Component Description:** **Amount:** **Component Description:** **Amount:**	WSU engineer travel to site $172.26 WSU engineer mileage compensation to site $341.62
Prepare/ Review 399 reimbursement form	**Component Description:** **Amount:**	partial invoice request, letter of explanation attached $308.75

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	$253,712.50	$55,510.00	N/A	$27,535.52	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$253,712.50	$55,510.00	$27,535.52

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.	No

Certification

Section	Question	Response
Submission of Estimated Expenses Statements	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.	
	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* 01/26/2021

Certification

Section	Question	Response
Submission of Final Allocation or Accounting Information Statements	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.	
	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.	**Denise Crossler** *Grant & Contract Specialist* 01/26/2021

Attachments