



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **18301** | Service: **DTV** | Call **WEIU-TV** | Channel: **30 (UHF)** |  
 ID: | Sign:  
 File **0000028773**  
 Number:  
 FRN: **0008114431** | Date **02/08**  
 Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>EASTERN ILLINOIS UNIVERSITY Applicant</b>	Jeffrey Owens, Interim General Manager	+1 (217) 581- 5956	jdowns@eiu. edu	Other
Doing Business As: <b>EASTERN ILLINOIS UNIVERSITY</b>	600 LINCOLN AVENUE CHARLESTON, IL 61920 United States			

## 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.	No
Briefly describe transition plan	Replace transmitter and antenna and utilize existing transmission line. Install temporary antenna and transmission line for use during transition. Transmitter feeds approx. 500' of transmission line after mask filter to dual channel slotted antenna.

<b>Transmitters</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	No

<b>Antennas</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	No

<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?	No

<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?	Yes

**Primary Tower**

**Existing Tower**

Section	Question	Response
<b>Existing Tower Description</b>	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	Yes
	ASR Number	1245858
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	39° 34' 15.1" N-
	Longitude (NAD83)	088° 18' 25.6" W-
	Overall Structure Height	492.12 feet
	Support Structure Height	492.12 feet
	Ground Elevation Above Mean Sea Level (AMSL)	680.11 feet
	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Eastern Illinois University

Date Constructed
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04/25/2005
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**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

**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
Replace Tower Lighting	Cabling does not reach the required height.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
<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	Yes
	Quantity	1
	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
For Auxiliary Facility		N/A
For Main Facility		N/A
Prepare and file Form FCC License to Cover Application		No
For Auxiliary Facility		N/A
For Main Facility		N/A

	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	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	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

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

**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	Yes
<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?	No
	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**

Information not provided.



**Cost Information** **Transmitters**  
Information not provided.

**Cost Information** **Antennas**  
Information not provided.

**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
<b>Primary Tower TOWER</b>	<b>\$1,171,640.00</b>	<b>\$451,990.00</b>		<b>\$9,500.00</b>	
Structural engineering tower load study for well documented tower	\$12,600.00	\$9,500.00	Due to State of Illinois regulations an alternate Tower Engineering firm had to be selected due to a conflict of interest with the firm that provided the initial estimate.	\$9,500.00	Due to State of Illinois regulations an alternate Tower Engineering firm had to be selected due to a conflict of interest with the firm that provided the initial estimate.
Replace Tower Lighting	<i>\$22,840.00</i>	\$22,840.00	N/A	N/A	N/A
Short Tower (less than 500')	\$84,200.00	\$80,000.00	N/A	N/A	N/A

Serious tower reinforcement /modifications	\$1,052,000.00	\$339,650.00	N/A	N/A	N/A
<b>Sub-total</b>	\$1,171,640.00	\$451,990.00	N/A	\$9,500.00	N/A
<b>Total for all systems</b>	\$1,210,390.00	\$483,490.00	N/A	\$9,500.00	N/A

## Components

Actual Information	
Description	File Name
Structural engineering tower load study for well documented tower	<b>Component Description:</b> Hodge Invoice 1 <b>Amount:</b> \$4,750.00
	<b>Component Description:</b> Hodge Invoice 1 <b>Amount:</b> \$4,750.00
	<b>Component Description:</b> Hodge invoice 2 <b>Amount:</b> \$4,750.00
	<b>Component Description:</b> Hodge Invoice 2 <b>Amount:</b> \$4,750.00
Replace Tower Lighting	Information not provided.
Short Tower (less than 500')	Information not provided.
Serious tower reinforcement /modifications	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>\$22,560.00</b>	<b>\$18,500.00</b>		<b>\$0.00</b>	
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$1,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$6,000.00	N/A	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
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$22,560.00	\$18,500.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,210,390.00	\$483,490.00	N/A	\$9,500.00	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>\$16,190.00</b>	<b>\$13,000.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Develop and air announcement of upcoming 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
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$0.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$0.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$10,000.00	N/A	N/A	N/A

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<b>Sub-total</b>	\$16,190.00	\$13,000.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,210,390.00	\$483,490.00	N/A	\$9,500.00	N/A

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### **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>	\$1,210,390.00	\$483,490.00	\$9,500.00

**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.

<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>Kevin Armstrong</b> <i>Chief Engineer</i></p> <p>02/08/2019</p>

**Attachments**