



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **71080** | Service: **DCA** | Call **KOXO-CD** | Channel: **15 (UHF)** |
ID:
File **0000027276**
Number:
FRN: **0020497590** | Date **02/20**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WATCHTV, INC. Doing Business As: WATCHTV, INC.	Greg Herman 855 HARBOR COURT SOUTHLAKE, TX 76092 United States	+1 (503) 819-0500	WATCHTVINC@ME.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
Jess M Ortega <i>Chief Engineer</i> <i>WatchTV, Inc.</i>	Jess M Ortega 60891 Robinette Road Saint Helens, OR 97051 United States	+1 (503) 577- 9274	JessOrtegaBES@icloud. com

**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.		Yes
Briefly describe transition plan		KOXO-CD will share a multi-channel combiner, transmission line and broadband antenna with the four other facilities listed.

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)
	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	TRN-5X U-36D-C
	Year	2016
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.6 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	UAXTE-4R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.4 kW
	Justification for New Transmitter	Existing transmitter not broadband / tunable

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	1 inches
	Length	50.0 feet
	Other Electrical Service	No
	Description	N/A

HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	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

Name	Description
Combiner Section	20% of total cost of shared combiner system. Total cost of combiner is \$ 79,000.00

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

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?	No

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	50
	Explanation	Removal of old transmitter, installation and testing of new transmitter, installation of new combiner port/section.
Outside RF consulting Engineering Services	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
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
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	Yes
	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
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

If none are provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	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
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	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?	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?	No

Other Expenses	Other Expenses Not Listed 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 UAXTE-4R37	\$162,550.00	\$87,350.00		\$94,225.68	
5 Ton system	\$20,250.00	\$19,250.00	N/A	\$23,625.68	N/A
Combiner Section	<i>\$15,800.00</i>	\$15,800.00	This represents 20% of total cost of combiner. Combiner is shared by 4 other co-located stations listed.	\$0.00	N/A
1" Rigid Conduit and Wiring	<i>\$500.00</i>	\$500.00	N/A	\$0.00	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$51,800.00	N/A	\$70,600.00	N/A
Sub-total	\$162,550.00	\$87,350.00	N/A	\$94,225.68	N/A
Total for all systems	\$325,725.00	\$228,925.00	N/A	\$186,687.62	N/A

Components

Actual Information	
Description	File Name

5 Ton system	Component Description:	HVAC Unit and installation
	Amount:	\$18,173.60
	Component Description:	Final balance due for Trane 5 Ton Split System installed for KOXO-CD
	Amount:	\$5,452.08
Combiner Section	Component Description:	20% of total cost of 5 channel combiner
	Amount:	\$15,800.00
1" Rigid Conduit and Wiring	Information not provided.	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description:	Final Balance Due for GatesAir 2.4 kW Transmitter for KOXO-CD
	Amount:	\$21,180.00
	Component Description:	Replacement Transmitter Down Payment
	Amount:	\$49,420.00

Cost Information **Antennas**
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
Outside Professional Services	\$141,290.00	\$120,250.00		\$83,425.00	
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$0.00	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	\$0.00	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$700.00	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	\$3,500.00	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$0.00	N/A	N/A	N/A
Project management of the transition	\$7,900.00	\$6,000.00	N/A	\$5,775.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,450.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$8,225.00	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	\$60,225.00	N/A

Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,550.00	Difficulties encountered if form preparation and submission and lack of responses from reimbursement team.
Sub-total	\$141,290.00	\$120,250.00	N/A	\$83,425.00	N/A
Total for all systems	\$325,725.00	\$228,925.00	N/A	\$186,687.62	N/A

Components

Actual Information	
Description	File Name
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Component Description: Prepare FCC 2100, Engineering Section, Application for License to Cover Amount: \$700.00
RF Exposure Measurements	Component Description: Conduct human RF exposure measurements at KOXO-CD transmitter facility Amount: \$3,500.00

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Project management of the transition	Component Description: Amount:	Management of all technical aspects of KOXO transition to repack channel \$5,775.00
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Prepare Engineering Section of FCC 2100 and supporting documentation \$2,450.00
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description: Amount: Component Description: Amount:	Highlighted items reflect actual cost of CP preparation legal expenses for KOXO-CD \$7,275.00 Highlighted amounts reflect actual legal expenses for preparation of application for CP, KOXO-CD \$950.00

Comprehensive coverage verification via field study, if needed	Component Description: Comprehensive coverage analysis of KOXO signal in Portland, OR market area Amount: \$60,225.00
Prepare and or review reimbursement form	Component Description: Highlighted amounts pertain to Form 399 preparation and submission Amount: \$1,525.00 Component Description: Highlighted amounts are for KOXO Form 399 preparation and submission expenses Amount: \$1,450.00 Component Description: Legal Expenses Re: Form 399 Preparation and submission Amount: \$450.00 Component Description: FCC Form 399 Preparation and Submission as detailed. Amount: \$2,100.00

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	\$21,885.00	\$21,325.00		\$9,036.94	
Develop and air announcement of upcoming channel change	\$5,000.00	\$5,000.00	N/A	\$5,550.00	Early transition granted by FCC required expedited service from producers to meet time constraints.
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	N/A	\$1,178.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,308.94	N/A
Sub-total	\$21,885.00	\$21,325.00	N/A	\$9,036.94	N/A
Total for all systems	\$325,725.00	\$228,925.00	N/A	\$186,687.62	N/A

Components

Actual Information	
Description	File Name

Develop and air announcement of upcoming channel change	Component Description: Develop and produce on-air transition announcements Amount: \$5,550.00
Equipment Delivery and Handling Charges	Component Description: Transmitter shipping and delivery to site. Amount: \$1,178.00
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
DTV Medical Facility Notification	Component Description: Research facilities, draft notice, mail notifications to 31 medical facilities within market. Amount: \$2,308.94

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$325,725.00	\$228,925.00
			\$186,687.62

Reimbursement	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	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.	Jess M Ortega <i>Chief Engineer</i> 02/20/2019

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	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).	
		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.

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.	Gregory J Herman <i>President, WatchTV</i> 02/20/2019

Attachments