



(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 **11/14**  
 Status: | Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>WASHINGTON STATE UNIVERSITY</b>	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
<b>Denise Crossler</b> <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
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	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
<b>New Transmitter</b>	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
<b>Other Transmitter Costs</b>		

	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
<b>Electrical Service</b>	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
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	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**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	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
<b>New Antenna Description</b>	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
<b>New Antenna Manufacturer and Types</b>	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**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
<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?	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
61956	KSPS-TV	DTV
61976	KXMN-LP	LPX
167856	KXMN-LD	LPD
61978	KXLY-TV	DTV

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	N/A
<b>Helicopter Services Required</b>	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**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
<b>Outside RF consulting Engineering Services</b>	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
<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
	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
<b>RF Field Engineering Services</b>	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
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	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)?	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
<b>Point to Point Microwave (STL/ICR)</b>	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
<b>Primary Transmitter 102580.01</b>	<b>\$56,350.00</b>	<b>\$14,000.00</b>		<b>\$0.00</b>	
5 Ton system	\$20,250.00	\$3,000.00	N/A	N/A	N/A
Other Electrical Service: Wiring for disconnect and backup generator	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
1.5" Rigid Conduit and Wiring	<i>\$3,000.00</i>	\$3,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 320 - 700 Watts	\$28,100.00	\$3,000.00	Partial reimbursement	N/A	N/A
<b>Sub-total</b>	<b>\$56,350.00</b>	<b>\$14,000.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$252,412.50</b>	<b>\$54,210.00</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 LP-1900-E-4</b>	<b>\$10,000.00</b>	<b>\$10,000.00</b>		<b>\$0.00</b>	
UHF-Low Power, Side Mount, Slotted Coaxial, 1.5 kW input, Circular	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$10,000.00	\$10,000.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$252,412.50	\$54,210.00	N/A	\$0.00	N/A

**Components**

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>\$177,750.00</b>	<b>\$22,000.00</b>		<b>\$0.00</b>	
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	N/A	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	N/A	N/A
<b>Sub-total</b>	<b>\$177,750.00</b>	<b>\$22,000.00</b>	N/A	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$252,412.50</b>	<b>\$54,210.00</b>	N/A	<b>\$0.00</b>	<b>N/A</b>

**Components**

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>\$8,312.50</b>	<b>\$8,210.00</b>		<b>\$0.00</b>	
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
<b>Sub-total</b>	<b>\$8,312.50</b>	<b>\$8,210.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$252,412.50</b>	<b>\$54,210.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

**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	
<b>Sub-total</b>	\$0.00	\$0.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$252,412.50	\$54,210.00	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>	\$252,412.50	\$54,210.00	\$0.00

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
The facility has ceased operating on its pre-auction channel.	
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>Marvin Marcelo</b> <i>General Manager</i></p> <p>11/14/2019</p>

**Attachments**