

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

71078 Service: DCA KKEI-CD Channel: 36 (UHF) Facility Call Sign:

0000027291

Number:

ID:

File

FRN: 0020497590 Date 07/10

> Submitted: /2017

#### **Applicant** Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
WATCHTV, INC. Doing Business As: WATCHTV, INC.	GREGORY J. HERMAN 855 HARBOR COURT SOUTHLAKE, TX 76092 United States	+1 (503) 819- 0500	WATCHTVINC@MAC.	Corporation

# Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### **Preparer** Contact Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email
Jess M Ortega Chief Engineer WatchTV, Inc.	Jess Ortega 60891 Robinette Road Saint Helens, OR 97051 United States	+1 (503) 577-9274	jess@oregonbes.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	KKEI-CD will share a multi-channel combiner, transmission line and broadband antenna with the four other facilities listed.

### **Transmitters**

rs	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	
Manufacturer and Type	Model	TRN-5X-U- 36D-C
	Year	2016
	Туре	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
	Туре	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 leashold 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 \$79000.00.

#### **Antennas**

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

Transmission	n <sup>Section</sup>	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

	Section	Question	Response
Il Services Costs Outside Project Management Services		Do you require outside project management services?	Yes
		Number of Hours	40
		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
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	No
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

Attorney and Other Outside Consulting

Services

	Address transition timing and coordination issues w/ other stations and wireless providers	No
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 Expenses Not Listed
Professional Services © pstsided.

# 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 Not Listed

**Expenses** 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 Justification
Primary Transmitter UAXTE-4R37	\$162,550.00	\$106,150.00		\$0.00	
Combiner Section	\$15,800.00	\$15,800.00	This represents 20% of total cost of combiner. Combiner is shared by 4 other stations listed.	N/A	N/A
1" Rigid Conduit and Wiring	\$500.00	\$500.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$19,250.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$70,600.00	N/A	N/A	N/A
Sub-total	\$162,550.00	\$106,150.00	N/A	\$0.00	N/A
Total for all systems	\$310,995.00	\$247,725.00	N/A	\$0.00	N/A

#### Components

**Cost** Antennas

**Information** Information not provided.

Cost Transmission Line

**Information** Information not provided.

Cost Tower Equipment and Rigging Costs

**Information** Information not provided.

Information

## Cost 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	\$126,560.00	\$120,250.00		\$0.00	
Project management of the transition	\$6,320.00	\$6,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	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	N/A	N/A

Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	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
Sub-total	\$126,560.00	\$120,250.00	N/A	\$0.00	N/A
Total for all systems	\$310,995.00	\$247,725.00	N/A	\$0.00	N/A

### Components

# **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		\$0.00	
Develop and air announcement of upcoming channel change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Sub-total	\$21,885.00	\$21,325.00	N/A	\$0.00	N/A
Total for all systems	\$310,995.00	\$247,725.00	N/A	\$0.00	N/A

### Components

# Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$310,995.00	\$247,725.00	\$0.00

Reimbursem	entestiatus	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

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 abovenamed applicant for the Authorization(s) specified above. Gregory J Herman President

07/10/2017

**Attachments**