



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **168419** | Service: **DCA** | Call **WJTS-CD** | Channel: **24 (UHF)** |
ID:
File **0000028091**
Number:
FRN: **0015209620** | Date **11/19**
Submitted: **/2018**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--------------|--|-------------------|--------------------------|----------------|
| Paul E Knies | P.O. BOX 1009 JASPER, IN 47547 United States | +1 (812) 482-2727 | wjts1@DCBROADCASTING.COM | Individual |

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 |
|----------|----------|
|----------|----------|

| | |
|--|--|
| 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 | Transition by Assigned Phase Completion Date |

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 | Iu2000 atd |
| | Year | 2008 |
| | Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 2 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? | Yes |
| | Manufacturer | |
| | Model | CU4-TD |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 3.75 kW |
| | Justification for New Transmitter | Repacking from Ch. 18 to 24 results in higher power requirement than permitted by existing Tx maximum capability. |

**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 | No |
| | | |

| | | |
|--|---|-----|
| | Size | N/A |
| | Length | N/A |
| | Other Electrical Service | No |
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Type | N/A |
| | Size | N/A |
| | 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 |
|--|-------------|
| 7 percent Indiana state use tax on purchase | \$9,100.00 |
| Axcera service trip in conjunction with supply of new Digital Mask Filter | \$11580 |

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) |
| | Description of Use | N/A |
| | Ownership | Owned |
| | Owner | N/A |
| | Site | N/A |
| | Is the existing antenna shared with another station or stations? | No |
| | Is the existing antenna directional? | No |
| | Is antenna in operating condition? | Yes |
| | Is antenna located on or in close proximity to an antenna farm? | No |
| Existing Antenna Manufacturer and Type | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Type | Slotted Coaxial |
| | Number of Stations Supported | N/A |
| | Number of Panels | N/A |
| | Design power capacity in use | N/A |
| | Lower Limit | N/A |
| | Upper Limit | N/A |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | | |

| | |
|--------------|-----------------|
| Manufacturer | |
| Model | ALP12L4- HSO |
| Year | 2008 |

Primary
Antenna

New Antenna Costs

| Section | Question | Response |
|------------------------------------|--|----------------|
| New Antenna Description | Use | Primary (Main) |
| | Description of Use | N/A |
| | Change Type | Purchase New |
| | Is this a request for upgraded equipment? | Yes |
| | Ownership | Owned |
| | Owner | N/A |
| | Is antenna shared? | No |
| | Is antenna directional? | No |
| | Will antenna be located on or in close proximity to an antenna farm? | No |
| New Antenna Manufacturer and Types | Class | Class A |
| | Mounting | Side Mount |
| | Antenna position in stack | Not in Stack |
| | Polarization | Circular |
| | Type | Broadband Slot |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 12 |
| | Lower Limit | 530.00 MHz |
| | Upper Limit | 536.00 MHz |
| | Design power capacity in use | 100.0 % |
| | Other Antenna Type | N/A |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | | |

| | | |
|--|-------------------------------|----------------------------|
| | Model | ALP12L4-CSO-24 |
| | Year | 2017 |
| | Justification for New Antenna | change from h-pol to c-pol |

Primary Antenna

Other Antenna Costs

| Section | Question | Response |
|------------------------------------|---|----------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | No |
| | Type | |
| | Number of channels supported | N/A |
| | Frequencies of channels supported | N/A |
| | Frequency | N/A |
| | Do you need a combiner output splitter /switcher for dual feed lines? | N/A |
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | No |
| | Broadband or Single Channel? | N/A |
| | Feed Line Size | N/A |
| 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? | Yes |

**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? | No |

Outside Professional Services Costs

| Section | Question | Response |
|--|--|---|
| Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 40 |
| | Explanation | contract engineer project manager to supervise and facilitate equipment installation and coordinate equipment suppliers, tower crew, and ready the tx site for channel conversion. \$125 per hour |
| 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 | 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 |
| | 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 | No |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |
| | Justification | N/A |

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

| Name | Description |
|--|---|
| Station Owner | Paul Knies station owner - for project management, contact with MVRP, assisting counsel to prepare forms 399, 1876 and 2100, identify suppliers/contractors; 80 hours at \$25 per hour. |
| Second Part time staff engineer | Dave Ferguson part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 40 hours at \$25 per hour |
| Part time staff engineer | Evan Elrod part time WJTS staff engineer labor to remove and dispose old transmitter, services as needed for additional wiring, site preparation, repack project equipment oversight. 60 hours at \$25 per hour |
| General Manager | Bill Potter WJTS General Manager - for project management, gather Form 399 costs, contact with MVRP, assess project needs, public outreach, coord. buildout schedule, coord suppliers/contractors; 80 hours at \$25 per hour. |

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? | No |
| Permit and Filing Costs | 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 | No |
| Other Miscellaneous Expenses | 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? | 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? | Yes |

**Other
Expenses**

Other Expenses Not Listed

| Name | Description |
|--|---|
| Nonreducible Dark Station costs | nonreducible costs when station is dark pending coordination with linked-stations and commencing program test operations. |
| Newspaper and Radio advertising | Alert public as to rescan necessity. 3 newspaper \$3000, 4 radio stations \$3000 |

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 CU4-TD | \$146,940.00 | \$146,940.00 | | \$0.00 | |
| Axcera service trip in conjunction with supply of new Digital Mask Filter | <i>\$11,580.00</i> | \$11,580.00 | Axcera service trip in conjunction with new digital mask filter | N/A | N/A |
| UHF - Air Cooled Solid State Transmitter 3.75 kW | <i>\$126,575.00</i> | \$126,575.00 | Revised Axcera CU4TD UHF TX & remove band pass filter (includes TX + \$525 freight + \$550 test equipment) | \$0.00 | N/A |
| 7 percent Indiana state use tax on purchase | <i>\$8,785.00</i> | \$8,785.00 | 7 percent Indiana state use tax | N/A | N/A |
| Sub-total | \$146,940.00 | \$146,940.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$313,444.71 | \$338,437.79 | N/A | \$31,267.81 | N/A |

Components

Actual Information
Description

File Name

| | |
|---|---|
| Axcera service trip in conjunction with supply of new Digital Mask Filter | Information not provided. |
| UHF - Air Cooled Solid State Transmitter 3.75 kW | <div> <div> Component Description: </div> <div> 50% transmitter down payment </div> </div> <div> <div> Amount: </div> <div> \$69,077.50 </div> </div> |
| 7 percent Indiana state use tax on purchase | 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 |
|--|-----------------------------|---------------------|---|--------------------|---------------------------|
| Primary Antenna ALP12L4-CSO-24 | \$33,030.00 | \$64,463.08 | | \$31,267.81 | |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | \$26,300.00 | \$58,213.08 | per attached ERI invoice includes \$8870 Bandpass filter, + \$1500 mask filter installation fee + \$27535 antenna cost + \$22225 antenna installation services + \$285.88 freight charge + 7% Indiana sales tax \$1927.45 | \$31,267.81 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,250.00 | N/A | \$0.00 | N/A |
| Sub-total | \$33,030.00 | \$64,463.08 | N/A | \$31,267.81 | N/A |
| Total for all systems | \$313,444.71 | \$338,437.79 | N/A | \$31,267.81 | N/A |

Components

| Actual Information | |
|--|---|
| Description | File Name |
| UHF - Lower Power Side Mount, Class A One Station antenna -- basic | <div> <div>Component Description:</div> <div>50% antenna deposit</div> <div>Amount:</div> <div>\$31,267.81</div> </div> |
| Sweep test of existing antenna | 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 | \$114,640.00 | \$108,250.00 | | \$0.00 | |
| General Manager | <i>\$2,000.00</i> | \$2,000.00 | wage | N/A | N/A |
| Part time staff engineer | <i>\$1,500.00</i> | \$1,500.00 | wages | N/A | N/A |
| Second Part time staff engineer | <i>\$1,000.00</i> | \$1,000.00 | wages | N/A | N/A |
| Station Owner | <i>\$2,000.00</i> | \$2,000.00 | wage | N/A | N/A |
| Comprehensive coverage verification via field study, if needed | \$84,200.00 | \$80,000.00 | 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 |

| | | | | | |
|---|--------------|--------------|--|-------------|-----|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$5,000.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | Price quote from consulting engineer. | N/A | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | N/A | N/A |
| Project management of the transition | \$6,320.00 | \$5,000.00 | 40 hours at \$125 per hour | N/A | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$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 |
| Sub-total | \$114,640.00 | \$108,250.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$313,444.71 | \$338,437.79 | N/A | \$31,267.81 | 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 |
|--|-----------------------------|--------------------|--|---------------|---------------------------|
| Other Expenses | \$18,834.71 | \$18,784.71 | | \$0.00 | |
| Newspaper and Radio advertising | <i>\$6,000.00</i> | \$6,000.00 | N/A | N/A | N/A |
| Nonreducible Dark Station costs | <i>\$7,000.00</i> | \$7,000.00 | nonreducible costs while station is dark for tower work and linked-station coordination while preparing to commence program test operation. \$1000 per day for 7 days. | N/A | N/A |
| MVPD Notification of Channel Change | <i>\$500.00</i> | \$500.00 | N/A | N/A | N/A |
| FCC Filing Fees - Form 2100 minor change CP application | \$1,110.00 | \$1,070.00 | 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 |

| | | | | | |
|--|-------------------|--------------|-----|-------------|-----|
| Disposal Costs (for equipment and other waste, net of any salvage value) | \$2,000.00 | \$2,000.00 | N/A | N/A | N/A |
| Equipment Delivery and Handling Charges | \$889.71 | \$889.71 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$1,000.00 | \$1,000.00 | N/A | N/A | N/A |
| Sub-total | \$18,834.71 | \$18,784.71 | N/A | \$0.00 | N/A |
| Total for all systems | \$313,444.71 | \$338,437.79 | N/A | \$31,267.81 | N/A |

Components

Information not provided.

| Cost Information | Grand Total | | | |
|------------------|-----------------------|-----------------------------|----------------|-------------|
| | | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| | Total for all systems | \$313,444.71 | \$338,437.79 | \$31,267.81 |

| Reimbursement Status | 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 | <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"> 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.

| | |
|---|--|
| <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>Paul Knies <i>individual</i> 11/19/2018</p> |

Attachments