

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

18301 Service: DTV Channel: 30 (UHF) Facility Call **WEIU-TV** Sign:

ID:

File 0000028773

Number:

FRN: 0008114431 Date 04/22

> Submitted: /2019

#### **Applicant** Information

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

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

## 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** 

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	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.

# 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	DiamondCD DHD60P2
	Year	2005
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	14 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	ULXTE-10
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	6 kW
	Justification for New Transmitter	Current transmitter can not be made to operate on new channel.

## Primary Transmitter

## **Other Transmitter Costs**

Service Entrance (3 phases 800A 208V)  Switchgear (industrial 800 amp)	No No
	No
T ( (400) 0	
Transformer (480V)	No
Power	N/A
Rigid Conduit and Wiring	No
Size	N/A
Length	N/A
Other Electrical Service	Yes
	Rigid Conduit and Wiring Size Length

	Description	Replace breakers and run conduit and wiring from existing service panel to new transmitter and related equipment.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Туре	Heating and Cooling
	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
Heat Exchanger	Equipment to dissipate heat from the transmitter and transfer heat to the outside.

#### **Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

## **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?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Full Power
Manufacturer and Type	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)	255.0 kW

Manufacturer	
Model	ALP24M3- HSOC-50 /51
Year	2009

## **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?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	174.0 kW
	Manufacturer	

Model	ALP24M3- HSOC-30
Year	2017
Justification for New Antenna	Old antenna will not work with the new channel.

## **Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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

## **Other Antenna Cost Not Listed**

Name	Description
Temporary Antenna	Reposition a section of current antenna for use as a temporary antenna.

Transmission	effien	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	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
Existing Tower Structure	Do you have a tower registration number?	Yes
Registration	ASR Number	1245858
Coordinates ( <u>NAD83</u> ( North American Datum of 1983))	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	04/25/2005

## 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
replace	IOWCI	Ligiting

Cabling does not reach the required height.

## Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	No
	Number of Hours	N/A
	Explanation	N/A
Outside RF consulting Engineering Services	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
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	No
Services	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
RF Field Engineering Services	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 Other Professional Services Expenses Not Listed Professional Services (Costsided.

# 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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
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?	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 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	Actual Cost Justification
Primary Transmitter ULXTE-10	\$297,720.00	\$274,075.57		\$0.00	
Heat Exchanger	\$6,500.00	\$6,500.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$249,855.57	N/A	N/A	N/A
Other Electrical Service: Replace breakers and run conduit and wiring from existing service panel to new transmitter and related equipment.	\$7,720.00	\$7,720.00	N/A	N/A	N/A
Other HVAC Service Type: H Size:5 (Other)	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Sub-total	\$297,720.00	\$274,075.57	N/A	\$0.00	N/A
Total for all systems	\$1,615,775.00	\$826,895.57	N/A	\$36,427.49	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
Primary Antenna ALP24M3- HSOC-30	\$107,665.00	\$69,330.00		\$11,532.49	
UHF - Lower Power Side Mount, One station antenna - medium power (50- 200 kW), horizontally polarized	\$89,400.00	\$51,545.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,250.00	N/A	N/A	N/A
Temporary Antenna	\$11,535.00	\$11,535.00	The increased cost was greater than the original estimate obtained approximately 2 years ago. This can be attributed to current pricing of the necessary parts from the lowest bidder.	\$11,532.49	The increased cost was greater than the original estimate obtained approximately 2 years ago. This can be attributed to current pricing of the necessary parts from the lowest bidder.
Sub-total	\$107,665.00	\$69,330.00	N/A	\$11,532.49	N/A

Total for	\$1,615,775.00	\$826,895.57	N/A	\$36,427.49	N/A
systems					

## Components

Actual Information Description	File Name	
UHF - Lower Power Side Mount, One station antenna - medium power (50-200 kW), horizontally polarized	Information not provided.	
Sweep test of existing antenna	Information not provided.	
Temporary Antenna		
	Amount:	WEIU is repurposing a portion of its current antenna to be used as the temporary antenna instead of purchasing a temporary antenna. This invoice list the additional parts needed for installation of the temporary antenna system. \$11,532.49

## Cost Transmission Line

**Information** 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 Primary	Predetermined Cost Estimate \$1,171,640.00	Estimated Cost \$451,990.00	Estimated Cost Justification	Actual Cost \$24,895.00	Actual Cost Justification
Tower TOWER	ψ1,111,040.00	Ψ+01,000.00		Ψ2-4,030.00	
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	\$22,840.00	\$22,840.00	N/A	\$15,395.00	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
Sub-total	\$1,171,640.00	\$451,990.00	N/A	\$24,895.00	N/A

Total for all	\$1,615,775.00	\$826,895.57	N/A	\$36,427.49	N/A
systems					

## Components

Actual Information Description	File Name	
Structural engineering tower load study for well documented tower	Component Description:	Hodge Tower Engineering Invoice 1b is a correction of Hodge Tower Engineering Invoice 1. First installment of 2 payments, 50% of total amount.
	Component Description: Amount:	\$4,750.00 Hodge Invoice 2 \$4,750.00
	Component Description: Amount:	Hodge invoice 2 \$4,750.00
	Component Description: Amount:	Hodge Invoice 1 \$4,750.00
Replace Tower Lighting	Component Description: Amount:	Tower lighting system \$15,395.00
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
Outside Professional Services	\$22,560.00	\$18,500.00		\$0.00	
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	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
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

Total for all systems	\$1,615,775.00	\$826,895.57	N/A	\$36,427.49	N/A
Sub-total	\$22,560.00	\$18,500.00	N/A	\$0.00	N/A
request for Special Temporary Authorization		•			
engineering section of FCC Form 2100 (main), License to Cover Application Prepare	\$2,050.00	\$1,500.00	N/A	N/A	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	\$16,190.00	\$13,000.00		\$0.00	
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
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$0.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$500.00	\$500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$500.00	\$500.00	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

FCC Filing Fees - Special Temporary Authorization	\$195.00	\$0.00	N/A	N/A	N/A
request  Sub-total	\$16,190.00	\$13,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,615,775.00	\$826,895.57	N/A	\$36,427.49	N/A

## Components

Information not provided.

# Cost Information

## **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,615,775.00	\$826,895.57	\$36,427.49

Reimbursem	envestiatus	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. Kevin
Armstrong
Chief
Engineer

04/22/2019

#### **Attachments**