



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **69920** | Service: **LPA** | Call **DK31LZ** | Channel:

ID: | Sign:

**9 (High VHF)** | File **0000093292**

Number:

FRN: **0005009618** | Eligibility **Not Determined** | Date

Status: | Submitted:

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>THE CAMP VERDE TV CLUB</b>	Roger Doering	+1 (928) 567-3433	rpdelectronics@hotmail.com	Not-for-Profit
Doing Business As:	420 W			
THE CAMP VERDE TV CLUB	Angus Dr			
	CAMP			
	VERDE, AZ			
	86322			
	United States			

## Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
<b>Nick Solano</b>	Nick Solano	+1 (816)	nick.
Anywave	300 Knightsbridge	882-5600	solano@anywavecom.
Communications	Parkway, Suite 150		com
Technologies	Lincolnshire, IL 60069		
	United States		

**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	Facility ID 69920 K31LZ with CP of K09ZX-D. The transmitter location is in the same building as the above stations, The plan is to install a new ch 9 transmit antenna, coax and new digital vhf transmitter with ch5 receive 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)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	No
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	VEL20UTX
	Year	1986
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.02 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	TRN-VIII- 160
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	0.02 kW
	Justification for New Transmitter	CHANGING BAND, CANNOT RETUNE

**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	No
	Other Electrical Service	No
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No

<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
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**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**

Section	Question	Response
<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?	No
	Is antenna located on or in close proximity to an antenna farm?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Yagi
	ERP: (Effective Radiated Power) .....	0.16 kW
	Manufacturer	
	Model	CLA-7-13
	Year	2019

**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	Horizontal
	Type	Yagi
	ERP: (Effective Radiated Power) .....	0.165 kW
	Manufacturer	
	Model	CLA7-13
	Year	2019
	Justification for New Antenna	BAND CHANGE REQUIRES IT.

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<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?	Yes



<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**

Name		Description
ANTENNA MOUNTING		ANTENNA MOUNTING INSTALL

**Transmission Line**

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary  
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	No
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	1/2 inches
	Number of parallel runs	1
	Length	75 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	1/2 inches
	Number of parallel runs	1
	Length	65 feet per run
	Justification for New Transmission Line	REPLACE AGING T-LINE, NOT IN COMBINED SYSTEM.
<b>Interior RF Systems</b>	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**Tower  
Equipment  
And  
Rigging  
Costs**

Section	Question	Response
<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

**Outside  
Professional Services Costs**

Section	Question	Response
<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	No
	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	Yes

RF exposure measurements

No

Additional Field Engineering Service

No

Outside  
Professional

**Other Professional Services Expenses Not Listed**

Services Costs	
Name	Description
399 ELGIBLE FORM	Preparation and Filing
399 FORM	Preparation and Filing
Engineering-General	Engineering Consultation

**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	Yes
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	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
Primary Transmitter TRN-VIII-160	\$11,300.00	\$20,663.00		\$0.00	
High VHF - Air Cooled Solid State Transmitter 10 - 100 Watts	\$11,300.00	\$20,663.00	lowest powered transmitter on band viii available from Anywave	\$0.00	N/A
Sub-total	\$11,300.00	\$20,663.00	N/A	\$0.00	N/A
Total for all systems	\$87,896.00	\$84,431.00	N/A	\$4,441.00	N/A

Components

Actual Information	
Description	File Name
High VHF - Air Cooled Solid State Transmitter 10 - 100 Watts	<div><div>Component Description:</div><div>Please remove this component from the Transmitter section.</div><div>Amount:</div><div>N/A</div></div>



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 CLA7- 13	\$7,745.00	\$7,745.00		\$0.00	
ANTENNA MOUNTING	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Side Mount antenna brackets	\$4,625.00	\$4,625.00	N/A	N/A	N/A
High-VHF, Low Power, Yagi /Cross-Dipole /Log Periodic Transmit Antenna	\$1,120.00	\$1,120.00	N/A	N/A	N/A
Sub-total	\$7,745.00	\$7,745.00	N/A	\$0.00	N/A
Total for all systems	\$87,896.00	\$84,431.00	N/A	\$4,441.00	N/A

Components

Information not provided.

Cost  
Information

Transmission Line

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 Transmission Line	\$227.50	\$227.50		\$0.00	
Flexible Foam Transmission Line - dielectric, 1/2"	\$227.50	\$227.50	N/A	N/A	N/A
Sub-total	\$227.50	\$227.50	N/A	\$0.00	N/A
Total for all systems	\$87,896.00	\$84,431.00	N/A	\$4,441.00	N/A

Components

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
<b>Outside Professional Services</b>	<b>\$63,328.50</b>	<b>\$54,460.50</b>		<b>\$4,441.00</b>	
399 ELGIBLE FORM	<i>\$500.00</i>	\$500.00	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	<i>\$4,081.00</i>	\$4,081.00	Cost determined by invoices.	\$4,081.00	N/A
399 FORM	<i>\$2,500.00</i>	\$2,500.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$52,600.00	\$43,732.00	Per-attached quote number 743-R for Coverage Verification	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Engineering-General	<i>\$360.00</i>	\$360.00	Cost determined by Invoices	\$360.00	N/A

Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
<b>Sub-total</b>	\$63,328.50	\$54,460.50	N/A	\$4,441.00	N/A
<b>Total for all systems</b>	\$87,896.00	\$84,431.00	N/A	\$4,441.00	N/A

## Components

Actual Information Description	File Name
399 ELIGIBLE FORM	Information not provided.

Form 399 assistance or other Program Management costs	<b>Component Description:</b> <b>Amount:</b>	Paperwork PM \$200.20
	<b>Component Description:</b> <b>Amount:</b>	PM Paperwork \$415.80
	<b>Component Description:</b> <b>Amount:</b>	Paperwork PM \$831.60
	<b>Component Description:</b> <b>Amount:</b>	PM Paperwork \$462.00
	<b>Component Description:</b> <b>Amount:</b>	PM Paperwork \$431.20
	<b>Component Description:</b> <b>Amount:</b>	PM Paperwork \$1,108.80
	<b>Component Description:</b> <b>Amount:</b>	Paperwork PM \$415.80
	<b>Component Description:</b> <b>Amount:</b>	Paperwork PM \$215.60
399 FORM	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	

Engineering-General	<div><div><b>Component Description:</b></div><div>Consultation Services</div><div><b>Amount:</b></div><div>\$360.00</div></div>
Prepare/ Review 399 reimbursement form	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
<b>Other Expenses</b>	<b>\$5,295.00</b>	<b>\$1,335.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	\$0.00	N/A
FCC Filing Fees - Form 2100 Major change CP application	\$4,960.00	\$1,000.00	The Camp Verde TV Club met with the Full Power Stations in Phoenix and worked with a consultant to determine open channels. Travel \$500 Filing Fees \$500	N/A	N/A
<b>Sub-total</b>	<b>\$5,295.00</b>	<b>\$1,335.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$87,896.00</b>	<b>\$84,431.00</b>	<b>N/A</b>	<b>\$4,441.00</b>	<b>N/A</b>

### Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$87,896.00	\$84,431.00
			\$4,441.00

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	Yes
	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"> <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>Roger Doering</b>  <i>Vice President and Engineer</i></p> <p>06/10/2021</p>

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).	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</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>Roger Doering</b>  <i>Vice President and Engineer</i></p> <p>06/10/2021</p>

## Attachments