



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **28534** | Service: **LPD** | Call **K36NW-D** | Channel: **36 (UHF)** |
ID: | Sign:
File **0000087678**
Number:
FRN: **0018223693** | Eligibility **Eligible** | Date **10/15**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
INDEPENDENT COMMUNICATIONS, INC.	2817 WEST 11TH STREET	+1 (605) 338-0017	staceys@kttw.com	Corporation
Doing Business As: INDEPENDENT COMMUNICATIONS, INC.	FALLS, SD 57104			
	United States			

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
Matthew H McCormick , Esq .	1300 N 17th Street	+1 (703) 812-0415	mccormick@fhhlaw.com
<i>Fletcher, Heald & Hildreth, PLC</i>	Suite 1100 Arlington, VA 22209 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	Please see Transition Plan and Reimbursement Request Narrative

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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Harris
	Model	UAX-250AT
	Year	2014
	Type	Solid State
	Solid State Cooling	Air Cooled

	Solid State Power capacity	0.2 kW
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**Primary
Transmitter**

Retuning Transmitter Costs

Section	Question	Response
New Mask Filter	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Full Service
	Power	500-750W
New Exciter	Is a new exciter needed?	No

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	No
Transmitter Building Addition/Modification or Leasehold Improvement	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

Section	Question	Response
Existing Antenna Description	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?	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	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	2.27 kW
	Manufacturer	
	Model	JA/SS-16 /36 SEO
	Year	2014

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	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	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	3.0 kW
	Manufacturer	
	Model	JA-SS-16 /36SEO
	Year	2017
	Justification for New Antenna	Old antenna programmed for DTV Channel 39 and incompatible with post- transition DTV Channel 36

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
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?	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?	No

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	No
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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	No
	Prepare Form 601	No
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	Yes
	Quantity	1
	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	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Additional Legal Expenses in Connection with Transition	Legal fees for advising station during transition and preparing and filing associated applications and reports

**Other
Expenses**

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	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)?	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
Point to Point Microwave (STL/ICR)	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 UAX-250AT	\$13,650.00	\$20,335.49		\$20,335.49	
500-750W w mask filter Full Service	\$2,650.00	\$2,650.00	N/A	\$2,650.00	N/A
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$17,685.49	Transmitter retuning more technically complex than initially expected	\$17,685.49	N/A
Sub-total	\$13,650.00	\$20,335.49	N/A	\$20,335.49	N/A
Total for all systems	\$60,864.47	\$67,444.96	N/A	\$58,308.46	N/A

Components

Actual Information	
Description	File Name
500-750W w mask filter Full Service	Component Description:
	Equipment and services for mask filter
	Amount:
	\$1,325.00
	Component Description:
	Equipment and services for mask filter
	Amount:
	\$1,325.00

Retune - UHF and VHF -
minor re-channel issues

Component Description:

Equipment and
services for
transmitter
retuning

Amount:

\$13,675.55

Component Description:

Equipment and
services for
transmitter
retuning

Amount:

\$4,009.94

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 JA-SS-16/36SEO	\$31,071.97	\$31,071.97		\$31,071.97	
UHF-Low Power, Side Mount, Slotted Coaxial, 3.0 kW input, Elliptical	\$31,071.97	\$31,071.97	Installation more complex than initially expected.	\$31,071.97	Earlier invoices provided did not
Sub-total	\$31,071.97	\$31,071.97	N/A	\$31,071.97	N/A
Total for all systems	\$60,864.47	\$67,444.96	N/A	\$58,308.46	N/A

Components

Actual Information	
Description	File Name
UHF-Low Power, Side Mount, Slotted Coaxial, 3.0 kW input, Elliptical	Component Description: New Antenna Equipment
	Amount: \$16,313.00
	Component Description: New antenna installation services
	Amount: \$14,758.97

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		\$15,502.50	\$15,492.50		\$6,356.00	
Additional Legal Expenses in Connection with Transition		<i>\$2,000.00</i>	\$2,000.00	Transition more complex than initially expected - thus requiring more extensive legal services	\$1,350.00	N/A
Prepare/ Review 399 reimbursement form		\$1,710.00	\$2,500.00	Form 399 more complex than initially expected	\$1,737.25	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization		\$2,235.00	\$2,235.00	N/A	\$687.50	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	\$806.25	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	\$775.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,000.00	N/A	\$1,000.00	N/A
Sub-total	\$15,502.50	\$15,492.50	N/A	\$6,356.00	N/A
Total for all systems	\$60,864.47	\$67,444.96	N/A	\$58,308.46	N/A

Components

Actual Information Description	File Name
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Additional Legal Expenses in Connection with Transition	<div data-bbox="715 174 1364 443"> <p>Component Description: Legal fees for advising station regarding displacement and transition to new channel</p> <p>Amount: \$975.00</p> </div> <div data-bbox="715 555 1364 824"> <p>Component Description: Legal fees for advising station regarding displacement and transition to new channel</p> <p>Amount: \$375.00</p> </div>
Prepare/ Review 399 reimbursement form	<div data-bbox="715 965 1364 1120"> <p>Component Description: Legal Fees for preparation and filing of Form 399.</p> <p>Amount: \$1,650.00</p> </div> <div data-bbox="715 1227 1364 1382"> <p>Component Description: Legal fees for preparation and filing of Form 399</p> <p>Amount: \$87.25</p> </div>
Attorney Fees - Prepare and File request for Special Temporary Authorization	<div data-bbox="715 1514 1375 1747"> <p>Component Description: Legal fees for drafting and filing requests for Special Temporary Authority</p> <p>Amount: \$687.50</p> </div>
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	<div data-bbox="715 1888 1382 2078"> <p>Component Description: Legal fees for drafting and filing Form 2100- License Application</p> <p>Amount: \$806.25</p> </div>

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="708 100 1023 315">Component Description:</td><td data-bbox="1023 100 1428 315">Legal fees for drafting and filing Displacement Application.</td></tr> <tr> <td data-bbox="708 315 1023 405">Amount:</td><td data-bbox="1023 315 1428 405">\$775.00</td></tr> <tr> <td data-bbox="708 405 1023 651">Component Description:</td><td data-bbox="1023 405 1428 651">Legal fees for drafting and filing Form 2100-CP Displacement Application</td></tr> <tr> <td data-bbox="708 651 1023 763">Amount:</td><td data-bbox="1023 651 1428 763">\$775.00</td></tr> </table>	Component Description:	Legal fees for drafting and filing Displacement Application.	Amount:	\$775.00	Component Description:	Legal fees for drafting and filing Form 2100-CP Displacement Application	Amount:	\$775.00
Component Description:	Legal fees for drafting and filing Displacement Application.								
Amount:	\$775.00								
Component Description:	Legal fees for drafting and filing Form 2100-CP Displacement Application								
Amount:	\$775.00								
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Information not provided.</p>								
<p>Perform engineering study for displacement application</p>	<table> <tr> <td data-bbox="708 1111 1023 1256">Component Description:</td><td data-bbox="1023 1111 1428 1256">Engineering study for CP Application</td></tr> <tr> <td data-bbox="708 1256 1023 1361">Amount:</td><td data-bbox="1023 1256 1428 1361">\$1,000.00</td></tr> </table>	Component Description:	Engineering study for CP Application	Amount:	\$1,000.00				
Component Description:	Engineering study for CP Application								
Amount:	\$1,000.00								

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	\$640.00	\$545.00		\$545.00	
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$380.00	Silent STA Request (\$190) and Silent STA Extension Request (\$190)	\$380.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$165.00	N/A	\$165.00	N/A
Sub-total	\$640.00	\$545.00	N/A	\$545.00	N/A
Total for all systems	\$60,864.47	\$67,444.96	N/A	\$58,308.46	N/A

Components

Actual Information	
Description	File Name
FCC Filing Fees - Special Temporary Authorization request	Component Description: STA Extension Filing Fee
	Amount: \$190.00
	Component Description: STA Filing Fee
	Amount: \$190.00

FCC Filing Fees - Form 2100
license to cover application

Component Description:

License
Application Filing
Fee

Amount:

\$165.00

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$60,864.47	\$67,444.96
			\$58,308.46

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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>Thomas J Wahlen <i>Secretary</i></p> <p>10/15/2020</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>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).</p>	
		<ol style="list-style-type: none"> 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

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>Thomas J Whalen <i>Secretary</i></p> <p>10/15/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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 above-named applicant for the Authorization(s) specified above.

Thomas J Whalen
Secretary

10/15/2020

Attachments