



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **74379** | Service: **LPD** | Call **W24DL-D** | Channel: **34 (UHF)**
ID: | Sign:
File **0000088670**
Number:
FRN: **0026455469** | Eligibility **Eligible** | Date **10/12**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
EDGE SPECTRUM, INC. Doing Business As: EDGE SPECTRUM, INC.	PO Box 54025 Hurst, TX 76054 United States	+1 (972) 291-3750	randy@crosstalk.org	Corporation

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
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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	W24DL-D Displaced to Ch 34. Applicant will build the CP as part of a coordinated system build out plan.

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?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	Analog converted to digital
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.25 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	EC704MP- BB3
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.35 kW
	Justification for New Transmitter	Old transmitter cannot be retuned to Ch 34. See Comark Transmitter Selection Exhbit

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	Yes
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	Yes

	Description	To be determined based on site survey.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
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?	Yes
	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	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	5.0 kW
	Manufacturer	
	Model	JA/LS-QB-8
	Year	2012

**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?	Yes
	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	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	5.0 kW
	Manufacturer	
	Model	JA/LS-QB-8
	Year	2020
	Justification for New Antenna	Old antenna cut to channel 24 cannot be used on Ch 34.

**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?	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?	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?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	285 feet per run

Primary **New Transmission Line**
Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	285 feet per run
	Justification for New Transmission Line	Line will be swept and determined if it remains usable.
Interior RF Systems	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
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	Move Equipment
	Tower Use	Primary (Main)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1001018
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	43° 37' 44.6" N-
	Longitude (NAD83)	084° 10' 09.8" W-
	Overall Structure Height	350.06 feet
	Support Structure Height	350.06 feet
	Ground Elevation Above Mean Sea Level (AMSL)	648.94 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes

	Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
	Date Constructed	10/19/1994

**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

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	No on site engineering staff. Complete turnkey project management.
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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	Yes
	Quantity	1
	Prepare Form 601	No
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	No
	Prepare and file Form FCC License to Cover Application	No
	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	5
	Justification	Turnkey installation and integration of new and existing equipment, includes, EAS, satellite hookup, etc.

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Site Survey	8 hours @ \$100/hour
Mobilization Charge and travel expenses for installation	\$1500/day, 4 days
Mobilization Charge and travel expenses for site survey	\$1500/day, 1.5 days

**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	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?	Yes
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 EC704MP-BB3	\$60,383.00	\$71,968.00		\$49,935.00	
Transmitter Building Site Survey /Installation	\$10,000.00	\$11,050.00	See attached Comark Quote Transmitter Installation	\$11,050.00	N/A
UHF - Air Cooled Solid State Transmitter 320 - 700 Watts	\$28,100.00	\$38,885.00	See Comark Quote. \$54,899 - \$11,836 (install cost) = \$43,063 transmitter cost.	\$38,885.00	N/A
5 Ton system	\$20,250.00	\$20,000.00	N/A	N/A	N/A
Other Electrical Service: To be determined based on site survey.	<i>\$2,033.00</i>	\$2,033.00	Quote 9/9 /19 Mr Sparky Quote.pdf	N/A	N/A
Sub-total	\$60,383.00	\$71,968.00	N/A	\$49,935.00	N/A
Total for all systems	\$194,913.00	\$202,325.50	N/A	\$60,635.00	N/A

Components

Actual Information
Description

File Name

Transmitter Building Site Survey/Installation	Component Description: Install Amount: \$11,050.00
UHF - Air Cooled Solid State Transmitter 320 - 700 Watts	Component Description: Transmitter Amount: \$38,885.00
5 Ton system	Information not provided.
Other Electrical Service: To be determined based on site survey.	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 JA /LS-QB-8	\$31,530.00	\$31,530.00		\$0.00	
Sweep test of transmission line and antenna	\$5,730.00	\$5,730.00	N/A	N/A	N/A
UHF-Low Power, Side Mount, Slotted Coaxial, 5.0 kW input, Horizontal	<i>\$25,800.00</i>	\$25,800.00	N/A	N/A	N/A
Sub-total	\$31,530.00	\$31,530.00	N/A	\$0.00	N/A
Total for all systems	\$194,913.00	\$202,325.50	N/A	\$60,635.00	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	\$6,840.00	\$6,840.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$6,840.00	\$6,840.00	N/A	N/A	N/A
Sub-total	\$6,840.00	\$6,840.00	N/A	\$0.00	N/A
Total for all systems	\$194,913.00	\$202,325.50	N/A	\$60,635.00	N/A

Components

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	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower GTOWER	\$56,190.00	\$56,190.00		\$0.00	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$56,190.00	N/A	N/A	N/A
Sub-total	\$56,190.00	\$56,190.00	N/A	\$0.00	N/A
Total for all systems	\$194,913.00	\$202,325.50	N/A	\$60,635.00	N/A

Components

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	\$29,635.00	\$25,462.50		\$10,700.00	
Form 399 assistance or other Program Management costs	<i>\$1,000.00</i>	\$1,000.00	See BWS Estimate Eligibility 1876 Filing	\$1,000.00	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	See BWS 399 Reimbursement Estimate	\$1,000.00	N/A
Project management of the transition	\$8,440.00	\$6,000.00	See ARCJ Project Management Quote & SOW. pdf	\$5,500.00	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$150.00	N/A	\$150.00	N/A
Mobilization Charge and travel expenses for site survey	<i>\$2,250.00</i>	\$2,250.00	1 1/2 day @ \$1500/day See ARCJ Site Survey Quote & SOW.pdf	\$2,250.00	N/A

Mobilization Charge and travel expenses for installation	\$6,000.00	\$6,000.00	Mobilization Charge and Travel Expenses for Installation of EAS, CAP. Satellite Interconnect, Final Transmitter /Antenna connection, station turn on . Trip \$1500/day 4 days. See ARCJ Turnkey Quote & SOW. pdf	N/A	N/A
Site Survey	\$800.00	\$800.00	Site Survey Charge See ARCJ Site Survey Quote & SOW.pdf	\$800.00	N/A
Additional Field Engineering Service, 5 Days	\$5,000.00	\$5,000.00	Turnkey Installation and integration of new and existing equipment. Installation of EAS,CAP, Satellite Interconnect, Final Transmitter /Antenna connection, station turn on. See ARCJ Turnkey Integration Quote & SOW. pdf	N/A	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	\$1,500.00	N/A	N/A	N/A
Sub-total	\$29,635.00	\$25,462.50	N/A	\$10,700.00	N/A
Total for all systems	\$194,913.00	\$202,325.50	N/A	\$60,635.00	N/A

Components

Actual Information	
Description	File Name
Form 399 assistance or other Program Management costs	Component Description: 399 Eligibility Fee Amount: \$1,000.00
Prepare/ Review 399 reimbursement form	Component Description: 399PM Amount: \$1,000.00

Project management of the transition	Component Description: 399PM Amount: \$1,000.00
	Component Description: 50% Project Management Amount: \$3,000.00
	Component Description: PM #2 Amount: \$1,500.00
Prepare request for Special Temporary Authorization	Component Description: CP EXT Amount: \$150.00
Mobilization Charge and travel expenses for site survey	Component Description: 50% Site Mobilization Amount: \$1,125.00
	Component Description: Site Mobilization Amount: \$1,125.00
Mobilization Charge and travel expenses for installation	Information not provided.
Site Survey	Component Description: 50% Site Survey Amount: \$400.00
	Component Description: Site Survey Amount: \$400.00
Additional Field Engineering Service, 5 Days	Information not provided.

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	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	\$10,335.00	\$10,335.00		\$0.00	
Equipment Storage	<i>\$0.00</i>	\$0.00	Included ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	Equipment Deliver and Handling Charges. ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf	N/A	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	Removal and disposal of equipment from job site, transmitter, coax, antenna and all debris. SEE ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Sub-total	\$10,335.00	\$10,335.00	N/A	\$0.00	N/A
Total for all systems	\$194,913.00	\$202,325.50	N/A	\$60,635.00	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$194,913.00	\$202,325.50
			\$60,635.00

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>Susan Hansen <i>Consultant</i></p> <p>10/12/2021</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>Randy Weiss CEO</p> <p>10/12/2021</p>

Attachments