

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility Service: LPD Channel: 21 (UHF) 125496 K42IQ-D Call Sign:

ID:

File 0000088678

Number:

FRN: 0026455469 Eligibility **Eligible** Date 03/02

> 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.	Randy Weiss PO Box 54025 Hurst, TX 76054 United States	+1 (214) 770-7770	randy@crosstalk. org	Corporation

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	Displacement into the core. Applicant will build the CP as part of a coordinated system build out plan.

Transmitters

s S	ection	Question	Response
_	Fransmitter 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	
Manufacturer and Type	Model	AT7120
	Year	2009
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	100 W

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	EC702MP BB3
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	170 W
	Justification for New Transmitter	Displacement to core Linear transmitter not tuneable to new Ch 21. See Comark Transmitter Selection Exhibit

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
	Туре	Cooling Only
	Size	5 tons
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No

Primary Transmitter Information not provided.

Other Transmitter Cost Not Listed

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	Mounting	Side Mount
Manufacturer and Type	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	ERP: (Effective Radiated Power)	1.0 kW
	Manufacturer	
	Model	SL-8
	Year	2009

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	Mounting	Side Mount
Manufacturer and Types	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	Slotted Coaxial
	ERP: (Effective Radiated Power)	1.0 kW
	Manufacturer	
	Model	DLP-8B/VP
	Year	2021
	Justification for New Antenna	Old antenna cut to channel 42.

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 ^{Seffien}	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary Transmission Le

Existing Transmission Line

on 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	Manufacturer	
Line Manufacturer and Type	Туре	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	100 feet per run

Primary Transmission

New Transmission Line

n Line Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Туре	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	100 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 loine tion 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?	Terrain Constrained
	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?	No
Coordinates (NAD83 (North American Datum of	Latitude (NAD83)	35° 14' 28.0" N-
1983))	Longitude (NAD83)	111° 36' 37.5" W-
	Overall Structure Height	79.00 feet
	Support Structure Height	79.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2780.00 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	Applicant
Date Constructed	01/01/2000

Primary Tower

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained
Helicopter Services Required	Are helicopter services required?	No

Primary Tower

Other Tower Expenses Not Listed

Name	Description
New tower location	Displaced channel is at a different tower location, requiring moving all related equipment

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	2
	Prepare Form 601	No
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	No
Services	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

Other Professional Services Expenses Not Listed

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

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.

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 EC702MP BB3	\$56,583.00	\$55,607.02		\$32,788.02	
Transmitter Building Site Survey /Installation	\$10,000.00	\$11,836.00	See Attached Comark Quote K42IQ Comark EC702MP- BB 170W. pdf Transmitter Installation	\$11,050.00	N/A
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$21,738.02	Actual cost with sales tax and freight	\$21,738.02	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.	\$2,033.00	\$2,033.00	See K42IQ- D Mr Sparky Quote	N/A	N/A
Sub-total	\$56,583.00	\$55,607.02	N/A	\$32,788.02	N/A
Total for all systems	\$173,697.50	\$171,575.37	N/A	\$57,428.87	N/A

Actual Information Description	File Name	
Transmitter Building Site Survey/Installation	Component Description: Amount:	Install \$11,050.00
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	Component Description: Amount:	Transmitter \$21,738.02
5 Ton system	Information not provided.	
Other Electrical Service: To be determined based on site survey.	Information not provided.	

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 DLP- 8B/VP	\$13,964.50	\$13,964.50		\$8,234.50	
UHF-Low Power, Side Mount, Slotted Coaxial, 1.0 kW input, Elliptical	\$8,234.50	\$8,234.50	N/A	\$8,234.50	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$5,730.00	N/A	N/A	N/A
Sub-total	\$13,964.50	\$13,964.50	N/A	\$8,234.50	N/A
Total for all systems	\$173,697.50	\$171,575.37	N/A	\$57,428.87	N/A

Actual Information Description	File Name	
UHF-Low Power, Side Mount, Slotted Coaxial, 1.0 kW input, Elliptical	Component Description: Amount:	ANTENNA \$8,234.50
Sweep test of transmission line and antenna	Information not provided.	

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	\$2,400.00	\$5,856.35		\$5,856.35	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$2,400.00	\$5,856.35	Actual Cost	\$5,856.35	N/A
Sub-total	\$2,400.00	\$5,856.35	N/A	\$5,856.35	N/A
Total for all systems	\$173,697.50	\$171,575.37	N/A	\$57,428.87	N/A

Actual Information Description	File Name	
Flexible Foam Transmission Line - dielectric, 1 5/8"	Component Description: Amount:	Cable \$5,856.35

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 TOWER	\$59,500.00	\$59,500.00		\$0.00	
Complex Tower (includes, e. g., towers with candelabras and/or stacked antennas)	\$50,000.00	\$50,000.00	FCC Published Appendix A Cost Catalog Terrain restricted Forest Service Site	N/A	N/A
New tower location	\$9,500.00	\$9,500.00	Displaced channel located at a new site. See ARCJ Additional Tower Site relocation Quote & SOW	N/A	N/A
Sub-total	\$59,500.00	\$59,500.00	N/A	\$0.00	N/A
Total for all systems	\$173,697.50	\$171,575.37	N/A	\$57,428.87	N/A

Components

Information not provided.

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	\$30,915.00	\$26,312.50		\$10,550.00	
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	See BWS K42IQ Reimbursement Estimate	\$1,000.00	N/A
Site Survey	\$800.00	\$800.00	Site Survey Charge See K42IQ ARCJ Site Survey Quote & SOW. pdf	\$800.00	N/A
Mobilization Charge and travel expenses for installation	\$6,000.00	\$6,000.00	See K42IQ ARCJ Turnkey Integration Quote & SOW. pdf	N/A	N/A
Mobilization Charge and travel expenses for site survey	\$2,250.00	\$2,250.00	1 1/2 day @ \$1500/day See K42IJ ARCJ Site Survey Quote & SOW. pdf	\$2,250.00	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 WAS, CAP, Satellite Interconnect, Final Transmitter /Antenna connection, station turn on. See ARCJ Turnkey Integration Quote and SOW.pdf	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,560.00	\$1,000.00	N/A	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
Form 399 assistance or other Program Management costs	\$1,000.00	\$1,000.00	See K42IQ BWS 399 Reimbursement Estimate	\$1,000.00	N/A

Project management of the transition	\$8,440.00	\$6,000.00	See K41IQ ARCJ Project Management Quote & SOW. pdf	\$5,500.00	N/A
Sub-total	\$30,915.00	\$26,312.50	N/A	\$10,550.00	N/A
Total for all systems	\$173,697.50	\$171,575.37	N/A	\$57,428.87	N/A

Actual Information Description	File Name	
Prepare/ Review 399 reimbursement form	Component Description: Amount:	399 \$1,000.00
Site Survey	Component Description: Amount: Component Description:	Site Survey \$400.00 50% Site Survey
	Amount:	\$400.00
Mobilization Charge and travel expenses for installation	Information not provided.	
Mobilization Charge and travel expenses for site survey	Component Description: Amount:	Mobilization \$1,125.00
	Component Description: Amount:	50% Site Mobilization \$1,125.00
Additional Field Engineering Service, 5 Days	Information not provided.	

Prepare request for Special	Information not provided.	
Temporary Authorization	·	
Prepare engineering section	Information not provided.	
of FCC Form 2100 (main), License to Cover Application		
Prepare engineering section	Information not provided.	
of FCC Form 2100 (main), Construction Permit		
Application Permit		
Form 399 assistance or		
other Program Management	Component Description:	399 Eligibility Fee
costs	Amount:	\$1,000.00
Project management of the		
transition	Component Description:	399PM
	Amount:	\$1,000.00
	Component Description:	PM #2
	Amount:	\$1,500.00
		, ,
	Component Description:	50% Project
		Management
	Amount:	\$3,000.00

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	\$0.00	\$0.00	Included SEE ARCJ Equipment Storage Removal Disposal Quote & SOW	N/A	N/A
Equipment Delivery and Handling Charges	\$5,000.00	\$5,000.00	See K42IQ ARCJ Equipment Storage Removal Disposal Quote & SOW	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	See K42IQ ARCJ Equipment Storage Removal Disposal Quote & SOW	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	\$173,697.50	\$171,575.37	N/A	\$57,428.87	N/A

Components

Information not provided.

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$173,697.50	\$171,575.37	\$57,428.87

Reimbursem	entestatus	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. Susan Hansen Consultant

03/02/2021

Section Question Response

Submission of Actual Cost Documentation Statements

WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).

- 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 certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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.

- 8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
- 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.

I declare, under penalty of perjury, that I am an authorized representative of the abovenamed applicant for the Authorization(s) specified above. Randy Weiss CEO

03/02/2021

Attachments