



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **130175** | Service: **LPD** | Call **K18HQ-D** | Channel: **19 (UHF)**
ID: | Sign:
File **0000088673**
Number:
FRN: **0026455469** | Eligibility **Eligible** | Date **05/01**
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
----------	----------

<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>K18HQ-D Displaced to Ch 19 Applicant will build the CP as part of a coordinated system build out plan.</p>

Transmitters	Section	Question	Response
	<p>Transmitter Related Expenses</p>	<p>Do you have transmitter related expenses?</p>	<p>Yes</p>

**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	AT760
	Year	2011
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.06 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	EC702MP-BB
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.17 kW
	Justification for New Transmitter	Old transmitter cannot be returned to Ch 19

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	Other
	Other Antenna Type	directional custom
	ERP: (Effective Radiated Power)	0.5 kW
	Manufacturer	
	Model	SCALA_ODD
	Year	2011

**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	Elliptical
	Type	Other
	Other Antenna Type	Panel array
	ERP: (Effective Radiated Power)	1.0 kW
	Manufacturer	
	Model	1x2 UTVC-01/X/R E-pol
	Year	2021
Justification for New Antenna	Old antenna cut to ch 18	

**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?	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	1/2 inches
	Number of parallel runs	1
	Length	100 feet per run

**Primary
Transmission
Line** **New 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	100 feet per run
	Justification for New Transmission Line	Applicant uses 1 5/8" line for all installations.
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
Transmission
Line** **Other Transmission Line Expenses Not Listed**

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?	No
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	48° 19' 52.7" N-
	Longitude (NAD83)	116° 41' 35.7" W-
	Overall Structure Height	68.00 feet
	Support Structure Height	68.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	6158.00 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	Active Electronics
Date Constructed	01/01/2000

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 Services Costs

Section	Question	Response
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.

Other Professional Services Expenses Not Listed

Outside Professional Services Costs

Name	Description
Mobilization Charge and travel expenses for site	\$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

Name	Description
Antenna Evaluation	Antenna is unknown and will be assessed based upon site survey, may need to be replaced.

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 EC702MP-BB	\$56,583.00	\$62,530.00		\$0.00	
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
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$21,634.00	See Comark Quote. \$33,470 - \$11,836 (install cost) = \$21,634 transmitter cost	N/A	N/A
5 Ton system	\$20,250.00	\$20,000.00	N/A	N/A	N/A
Transmitter Building Site Survey /Installation	\$10,000.00	\$18,863.00	See attached Comark Quote.pdf Transmitter Installation	N/A	N/A
Sub-total	\$56,583.00	\$62,530.00	N/A	\$0.00	N/A
Total for all systems	\$171,776.00	\$173,011.50	N/A	\$24,194.00	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 1x2 UTVC-01/X/R E-pol	\$11,633.00	\$11,633.00		\$11,633.00	
UHF-Low Power, Side Mount, Other, 1.0kW input, Elliptical	<i>\$11,633.00</i>	\$11,633.00	actual cost	\$11,633.00	N/A
Sub-total	\$11,633.00	\$11,633.00	N/A	\$11,633.00	N/A
Total for all systems	\$171,776.00	\$173,011.50	N/A	\$24,194.00	N/A

Components

Actual Information	
Description	File Name
UHF-Low Power, Side Mount, Other, 1.0kW input, Elliptical	Component Description: Antenna Amount: \$11,633.00

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	\$2,400.00	\$1,861.00		\$1,861.00	
Flexible Foam Transmission Line - dielectric, 1 5/8"	\$2,400.00	\$1,861.00	N/A	\$1,861.00	N/A
Sub-total	\$2,400.00	\$1,861.00	N/A	\$1,861.00	N/A
Total for all systems	\$171,776.00	\$173,011.50	N/A	\$24,194.00	N/A

Components

Actual Information	
Description	File Name
Flexible Foam Transmission Line - dielectric, 1 5/8"	<p>Component Description: Cable</p> <p>Amount: \$1,861.00</p>

**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 TOWER	\$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	\$171,776.00	\$173,011.50	N/A	\$24,194.00	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	
Mobilization Charge and travel expenses for installation	<i>\$6,000.00</i>	\$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
Mobilization Charge and travel expenses for site	<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

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 request for Special Temporary Authorization	\$1,280.00	\$150.00	N/A	\$150.00	N/A
Form 399 assistance or other Program Management costs	\$1,000.00	\$1,000.00	See BWS Estimate Eligibility 1876 Filing	\$1,000.00	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	\$1,500.00	N/A	N/A	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	ARCJ Project Management Quote & SOW. pdf	\$5,500.00	N/A
Site Survey	<i>\$800.00</i>	\$800.00	Site Survey Charge See ARCJ Site Survey Quote & SOW.pdf	\$800.00	N/A
Sub-total	\$29,635.00	\$25,462.50	N/A	\$10,700.00	N/A
Total for all systems	\$171,776.00	\$173,011.50	N/A	\$24,194.00	N/A

Components

Actual Information	
Description	File Name
Mobilization Charge and travel expenses for installation	Information not provided.
Mobilization Charge and travel expenses for site	<p>Component Description: Mobilization Amount: \$1,125.00</p> <p>Component Description: 50% Site Mobilization Amount: \$1,125.00</p>
Additional Field Engineering Service, 5 Days	Information not provided.
Prepare request for Special Temporary Authorization	<p>Component Description: CP EXT Amount: \$150.00</p>

Form 399 assistance or other Program Management costs	<p>Component Description: 399 Eligibility Fee Amount: \$1,000.00</p>
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.
Prepare/ Review 399 reimbursement form	<p>Component Description: 399 Amount: \$1,000.00</p>
Project management of the transition	<p>Component Description: 50% Site Mobilization Amount: \$3,000.00</p> <p>Component Description: 399PM Amount: \$1,000.00</p> <p>Component Description: PM #2 Amount: \$1,500.00</p>
Site Survey	<p>Component Description: Site Survey Amount: \$400.00</p> <p>Component Description: 50% Site Survey Amount: \$400.00</p>

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	\$15,335.00	\$15,335.00		\$0.00	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$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
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

Equipment Storage	<i>\$0.00</i>	\$0.00	ARCJ Equipment Storage Removal Disposal Quote & SOW.pdf	N/A	N/A
Antenna Evaluation	<i>\$5,000.00</i>	\$5,000.00	Antenna is an odd configuration and needs to be evaluated during the site survey.	N/A	N/A
Sub-total	\$15,335.00	\$15,335.00	N/A	\$0.00	N/A
Total for all systems	\$171,776.00	\$173,011.50	N/A	\$24,194.00	N/A

Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$171,776.00	\$173,011.50	\$24,194.00

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
	<p>Submission of Estimated Expenses Statements</p>	<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 data-bbox="758 772 1061 1176">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 data-bbox="758 1198 1061 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. <li data-bbox="758 1467 1061 1758">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 above-named applicant for the Authorization(s) specified above.

Susan Hansen
Consultant

05/01/2021

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.

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 above-named applicant for the Authorization(s) specified above.

Randy Weiss
CEO

05/01/2021

Attachments