



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **37578** | Service: **LPD** | Call **KDVD-LD** | Channel: **25 (UHF)** |
ID: | Sign:
File **0000089542**
Number:
FRN: **0011544731** | Eligibility **Eligible** | Date **05/03**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GLOBE LPTV L.L.C. Doing Business As: GLOBE LPTV L.L.C.	James L. Primm 41625 Eclectic Suite J-1 Palm Desert, CA 92260 United States	+1 (760) 610- 9276	JAMESLPRIMM@YAHOO. COM	Limited Liability Company

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
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	Station moved to RF channel 25.

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	SBP 10
	Year	2011
	Type	Other Type
	Other Transmitter Type	analog tube
	Power Capacity	10 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	ELEDAT4UBOX
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	0.8 kW
	Justification for New Transmitter	Purchased new amplifier that would work with existing encoder and related equipment in order to ensure continued service to the public at a minimum cost

**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

Name		Description
Amplifier		Elettronika DAT4UBOX

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?	Yes
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Circular
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	24.8 kW
	Manufacturer	
	Model	PSILP8SL- 50-CP
	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?	Yes
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Circular
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	5.0 kW
	Manufacturer	
	Model	PSILP8SL-25-CP
	Year	2019
	Justification for New Antenna	We changed our channel from channel 50 to channel 25 so we could stay on the air.

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
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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

Name		Description
filter		Full Service Mask Filter Model 199646-25

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?	Yes
	Number of Hours	20
	Explanation	Project Manager planned and managed tower crew and worked with our engineering staff to ensure completion of work. He also worked with consulting engineers regarding design of antenna and antenna orientation. He was onsite during the entire installation

Outside RF consulting Engineering Services	Perform engineering study for displacement application	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	Prepare engineering section of Form FCC License to Cover Application	No
	Prepare request for Special Temporary Authority	No
	Prepare Form 601	No
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	No
	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**

If not included, please provide.

**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	No
	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)?	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 ELEDAT4UBOX	\$40,963.00	\$11,113.00		\$11,113.00	
Amplifier	<i>\$11,113.00</i>	\$11,113.00	N/A	\$11,113.00	Estimated cost is exactly the same as the Sub-total.
UHF - Air Cooled Solid State Transmitter 750 - 1000 Watts	\$29,850.00	\$0.00	N/A	N/A	N/A
Sub-total	\$40,963.00	\$11,113.00	N/A	\$11,113.00	N/A
Total for all systems	\$60,890.25	\$31,930.25	N/A	\$29,535.87	N/A

Components

Actual Information	
Description	File Name
Amplifier	<div>Component Description: amplifier</div> <div>Amount: \$11,113.00</div>
UHF - Air Cooled Solid State Transmitter 750 - 1000 Watts	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 PSILP8SL-25-CP	\$17,817.25	\$17,817.25		\$15,422.87	
filter	<i>\$2,609.25</i>	\$2,609.25	Supported by new attachment identified as Additional Filter Invoice Information	\$2,609.25	Now includes freight
UHF-Low Power, Side Mount, Slotted Coaxial, 5.0 kW input, Circular	<i>\$15,208.00</i>	\$15,208.00	N/A	\$12,813.62	The estimated cost cost was rounded down by \$0.42 cents.
Sub-total	\$17,817.25	\$17,817.25	N/A	\$15,422.87	N/A
Total for all systems	\$60,890.25	\$31,930.25	N/A	\$29,535.87	N/A

Components

Actual Information Description	File Name
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filter	<div> <div> Component Description: </div> <div> full service mask filter </div> </div> <div> Amount: </div> <div> \$2,609.25 </div>
UHF-Low Power, Side Mount, Slotted Coaxial, 5.0 kW input, Circular	<div> <div> Component Description: </div> <div> DTV full service mask filter </div> </div> <div> Amount: </div> <div> \$2,609.25 </div>
	<div> <div> Component Description: </div> <div> Propagation Systems, Inc. Invoice 1960 Amount reduced due to maximum allocation -- see letter attached </div> </div> <div> Amount: </div> <div> \$12,813.62 </div>

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	\$2,110.00	\$3,000.00		\$3,000.00
	Project management of the transition	\$2,110.00	\$3,000.00	Required 20 hours of work. Included overseeing installation at antenna farm and all coordination with all other broadcasters at 100 user antenna farm. Installed filter. Check system on completion with spectrum analyzer.	The estimated cost did not include provisions for all of the additional work conducted by vendor, including expert analysis of antenna system and analysis of signal with spectrum analyzer.
	Sub-total	\$2,110.00	\$3,000.00	N/A	\$3,000.00 N/A
	Total for all systems	\$60,890.25	\$31,930.25	N/A	\$29,535.87 N/A

Components

Actual Information		
Description	File Name	
Project management of the transition	Component Description:	Project Management with date
	Amount:	\$3,000.00
	Component Description:	project management
	Amount:	\$3,000.00
	Component Description:	Project management. Including supervision of installation, arrange for materials; checking signal with spectrum analyzer
	Amount:	N/A

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	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$60,890.25	\$31,930.25	N/A	\$29,535.87	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$60,890.25	\$31,930.25
			\$29,535.87

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.	Yes

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>James Primm <i>Managing Member</i></p> <p>05/03/2021</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.

**James
Primm**
*Managing
Member*

05/03/2021

Attachments