



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **43389** | Service: **LPT** | Call **K15LR-D** | Channel: **15 (UHF)** |
ID: | Sign:
File **0000089942**
Number:
FRN: **0001591460** | Eligibility **Eligible** | Date **12/21**
Status: | Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|---|----------------|-------------|----------------------------|----------------|
| MOHAVE COUNTY BOARD OF SUPERVISORS | PO BOX 7000 | +1 (928) | kkeane@duanemorris. com | Other |
| Applicant | KINGMAN, | 753- | | |
| Doing Business As: | AZ 86402 | 0729 | | |
| MOHAVE COUNTY | United | | | |
| BOARD OF SUPERVISORS | 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 |
|--|---------|-------|-------|
| 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. | Yes |
| Briefly describe transition plan | Transition complete required based on T-Mobile/FCC Repackaging |

Transmitters

| Section | Question | Response |
|-------------------------------------|---|----------|
| Transmitter Related Expenses | Do you have transmitter related expenses? | No |

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 | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 4 |
| | Design power capacity in use | 25.0 % |
| | Lower Limit | 476.00 MHz |
| | Upper Limit | 482.00 MHz |
| | ERP: (Effective Radiated Power) | 100.0 W |
| | Manufacturer | |
| | Model | 4DR-4S |
| | Year | 2019 |

**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 | Top Mount |
| | Antenna position in stack | Top |
| | Polarization | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels/Bays | 4 |
| | Lower Limit | 476.00 MHz |
| | Upper Limit | 482.00 MHz |
| | Design power capacity in use | 25.0 % |
| | ERP: (Effective Radiated Power) | 100.0 W |
| | Manufacturer | |
| | Model | 4DR-4S |
| | Year | 2019 |
| | | |

| | | |
|--|-------------------------------|---|
| | Justification for New Antenna | Existing antenna cannot be re-tuned or modified. Assigned frequency requires new antenna build. |
|--|-------------------------------|---|

**Primary
Antenna**

Other Antenna Costs

| Section | Question | Response |
|--------------------------|---|----------|
| Elbow Complex | Do you require the separate purchase of the Elbow Complex? | 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 |
| Power Dividers | Does the panel antenna require power dividers? | Yes |
| | Number of Power Dividers | 1 |
| Cable Harness | Does the panel antenna require cable harness? | 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 | 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 none are provided.

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)? | 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

| Name | Description |
|--------------------------------|------------------|
| Construction | Actual |
| Staff expenses | 6 hours at 63.90 |
| Technical staff expense | 2 hours at 40.00 |

Cost Information **Transmitters**
Information not provided.

| Cost Information | Antennas | | | | | |
|--|--|-----------------------------|----------------|------------------------------|-------------|---------------------------|
| | Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in <i>italics</i>). | | | | | |
| Description | | Predetermined Cost Estimate | Estimated Cost | Estimated Cost Justification | Actual Cost | Actual Cost Justification |
| Primary Antenna 4DR-4S | | \$8,300.00 | \$5,406.63 | | \$0.00 | |
| Power Dividers (each, for panel antenna system, if not included in antenna cost) | | \$1,300.00 | \$1,502.19 | Actual | N/A | N/A |
| UHF Broadband panel antenna (per panel), horizontally-polarized | | \$7,000.00 | \$3,904.44 | Actual | N/A | N/A |
| Sub-total | | \$8,300.00 | \$5,406.63 | N/A | \$0.00 | N/A |
| Total for all systems | | \$21,375.90 | \$11,755.79 | N/A | \$0.00 | N/A |

Components
Information not provided.

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 | \$9,557.50 | \$3,165.76 | | \$0.00 | |
| | Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$1,577.50 | \$881.04 | Actual | N/A | N/A |
| | Perform engineering study for displacement application | \$1,800.00 | \$0.00 | N/A | N/A | N/A |
| | Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$2,102.50 | \$0.00 | N/A | N/A | N/A |
| | Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,052.50 | \$2,284.72 | Actual | N/A | N/A |

| | | | | | |
|---|-------------|-------------|-----|--------|-----|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$3,025.00 | \$0.00 | N/A | N/A | N/A |
| Sub-total | \$9,557.50 | \$3,165.76 | N/A | \$0.00 | N/A |
| Total for all systems | \$21,375.90 | \$11,755.79 | N/A | \$0.00 | N/A |

Components

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 | \$3,518.40 | \$3,183.40 | | \$0.00 | |
| Construction | <i>\$2,720.00</i> | \$2,720.00 | Actual | N/A | N/A |
| FCC Filing Fees - Form 2100 license to cover application | \$335.00 | \$0.00 | N/A | N/A | N/A |
| Technical staff expense | <i>\$80.00</i> | \$80.00 | Actual | N/A | N/A |
| Staff expenses | <i>\$383.40</i> | \$383.40 | Actual | N/A | N/A |
| Sub-total | \$3,518.40 | \$3,183.40 | N/A | \$0.00 | N/A |
| Total for all systems | \$21,375.90 | \$11,755.79 | N/A | \$0.00 | N/A |

Components

Information not provided.

| | | | |
|------------------|-----------------------|-----------------------------|----------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$21,375.90 | \$11,755.79 |
| | | | \$0.00 |

| | | |
|----------------------|--|----------|
| Reimbursement Status | Question | Response |
| | The facility has ceased operating on its pre-auction channel. | |
| | 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>Yvonne Orr <i>Assistant to the County Manager</i></p> <p>12/21/2019</p> |

Attachments

Information not provided.