



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **55608** | Service: **LPT** | Call **K31PC-D** | Channel: **31 (UHF)** |
ID: | Sign: |
File **0000088537**
Number:
FRN: **0004311916** | Eligibility **Eligible** | Date **09/15**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
REGION 1 TRANSLATOR ASSOCIATION	Ed Lake 221 S Interocean Ave Holyoke, CO 80734 United States	+1 (970) 854- 3778	rfsystemsllc@gmail. com	Government Entity
Doing Business As:				

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.	Yes
Briefly describe transition plan	This site had 8 channels in operation 3 of them above 36. All operated into a Microwave Filter Company combiner and then into Kathrein 771-304. A new combining filter from Sira/Kathrien was purchased. Transmitter could be reused.

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	Retune Existing
	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	Larcan
	Model	MXD30
	Year	2011
	Type	Solid State

	Solid State Cooling	Air Cooled
	Solid State Power capacity	.03 kW

**Primary
Transmitter**

Retuning Transmitter Costs

Section	Question	Response
New Mask Filter	Does the transmitter require a new mask filter?	No
New Exciter	Is a new exciter needed?	No

**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

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	Retune Existing
	Antenna Use	Primary (Main)
	Ownership	Owned
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	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	Super Turnstile
	ERP: (Effective Radiated Power)	0.421 kW
	Manufacturer	Kathrein
	Model	771-304
	Year	2012

Facility ID's and Call Signs of all stations with whom the antenna is shared.

Facility ID	Call Sign
129423	K28JH-D
126049	K30HA-D
55605	K34AC-D
55629	K32AB-D
55632	K36AC-D

Primary Antenna

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	6
	Frequencies of channels supported	RF channel
	Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number
28
30
32
34
36

**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	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	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	No

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Services not 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	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

Name	Description
MISC	Misc freight/delivery

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 MXD30	\$11,000.00	\$200.00		\$0.00	
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$200.00	See 38 40 42 Retune Gapinski Yuma.pdf	N/A	N/A
Sub-total	\$11,000.00	\$200.00	N/A	\$0.00	N/A
Total for all systems	\$45,866.63	\$23,256.88	N/A	\$22,906.88	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 771-304	\$28,200.00	\$19,992.75		\$19,992.75	
1 kW UHF Combiner (per channel)	\$28,200.00	\$19,992.75	N/A	\$19,992.75	N/A
Sub-total	\$28,200.00	\$19,992.75	N/A	\$19,992.75	N/A
Total for all systems	\$45,866.63	\$23,256.88	N/A	\$22,906.88	N/A

Components

Actual Information Description	File Name
1 kW UHF Combiner (per channel)	<div>Component Description: Combiner</div> <div>Amount: \$19,992.75</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	\$6,612.50	\$3,010.00		\$2,860.00	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$150.00	***System Notice: Estimate adjusted and locked because line has been superseded.***	\$0.00	N/A
Perform engineering study for displacement application	\$1,800.00	\$150.00	N/A	\$150.00	N/A
Form 399 assistance or other Program Management costs	<i>\$1,000.00</i>	\$1,000.00	399 Eligibility Filing and 1876 Preparation & Submission See Reg1 399E K38AD-D. pdf	\$1,000.00	N/A

Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	399 Reimbursement Complete Project Management See Reg1 399R K38AD-D. pdf	\$1,710.00	N/A
Sub-total	\$6,612.50	\$3,010.00	N/A	\$2,860.00	N/A
Total for all systems	\$45,866.63	\$23,256.88	N/A	\$22,906.88	N/A

Components

Actual Information	
Description	File Name
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: TVStudy Engineering Analysis Amount: N/A
Perform engineering study for displacement application	Component Description: TVStudy cost Amount: \$150.00
Form 399 assistance or other Program Management costs	Component Description: 399 Eligibility Amount: \$1,000.00
Prepare/ Review 399 reimbursement form	Component Description: 399R Reimbursement Amount: \$1,710.00

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	\$54.13	\$54.13		\$54.13	
MISC	<i>\$54.13</i>	\$54.13	Misc travel /freight	\$54.13	N/A
Sub-total	\$54.13	\$54.13	N/A	\$54.13	N/A
Total for all systems	\$45,866.63	\$23,256.88	N/A	\$22,906.88	N/A

Components

Actual Information Description	File Name
MISC	<div><div>Component Description:</div><div>Misc travel /freight \$990.12 - 123.99 totals 866.13 divided by 16.</div><div>Amount:</div><div>\$54.13</div></div>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$45,866.63	\$23,256.88
			\$22,906.88

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.	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>09/15/2020</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>Richard Starkebaum <i>Chairman</i></p> <p>09/15/2020</p>

Attachments