



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **50361** | Service: **LPT** | Call **K14RY-D** | Channel: **14 (UHF)** |
ID: | Sign:
File **0000088803**
Number:
FRN: **0015211394** | Eligibility **Not Determined** | Date
Status: | Submitted:
09/15
/2020

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------|------------------------|----------------------|
| ONEIDA COUNTY TRANSLATOR DISTRICT Doing Business As: ONEIDA COUNTY TRANSLATOR DISTRICT | Oneida County Translator District 10 COURT STREET MALAD, ID 83252 United States | +1 (208) 315- 0513 | wsjaussi@gmail. com | Government Entity |

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 K51KS-D to K14RY-D. Install new Broadband antenna array and 3 channel combiner for channels 14, 16 and 18. |

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? | No |
| | 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 | single frequency panel |
| | ERP: (Effective Radiated Power) | 1.0 kW |
| | Manufacturer | |
| | Model | 4dr |
| | Year | 1999 |

Primary Antenna

New Antenna Costs

| Section | Question | Response |
|------------------------------------|----------------------------------------------------------------------|-----------------|
| New Antenna Description | Use | Primary (Main) |
| | Change Type | Purchase New |
| | Ownership | Owned |
| | Is antenna shared? | Yes |
| | 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 | Horizontal |
| | Type | Broadband Panel |
| | Number of Stations Supported | 3 |
| | Number of Panels/Bays | 4 |
| | Lower Limit | 470.00 MHz |
| | Upper Limit | 860.00 MHz |
| | Design power capacity in use | 40.0 % |
| | ERP: (Effective Radiated Power) | 1.0 kW |
| | Manufacturer | |
| | Model | K72314 |
| | Year | 2018 |

| | | |
|--|-------------------------------|---------------------------------------------------------------------------|
| | Justification for New Antenna | Old Antennas were single channel out of core frequencies. not re-tunable. |
|--|-------------------------------|---------------------------------------------------------------------------|

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 | 3 |
| | Frequencies of channels supported | RF channel |
| 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 |
| Power Dividers | Does the panel antenna require power dividers? | No |
| Cable Harness | Does the panel antenna require cable harness? | No |

Enter a list of RF channel numbers.

RF Channel Number

14

16

**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? | No |
| Existing Transmission Line Manufacturer and Type | Manufacturer | |
| | Type | Flexible Foam |
| | Diameter | 1/2 inches |
| | Number of parallel runs | 1 |
| | Length | 75 feet per run |

Primary **New Transmission Line**
Transmission Line **Section**

| 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 | 1/2 inches |
| | Number of parallel runs | 1 |
| | Length | 45 feet per run |
| | Justification for New Transmission Line | The new antenna Array is located on different pole apparatus than the old antenna array requiring a different length of the transmission line. |
| 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 Line **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? | 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 | 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

| Name | Description |
|--------------------|--------------------------------------------------------------|
| Jaussi Electronics | Project engineering services invoice #200, costs per channel |

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**
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 K72314 | \$21,100.00 | \$6,324.27 | | \$2,108.08 | |
| UHF Broadband panel antenna (per panel), horizontally-polarized | \$7,000.00 | \$4,124.27 | N/A | \$1,374.75 | N/A |
| 1 kW UHF Combiner (per channel) | \$14,100.00 | \$2,200.00 | N/A | \$733.33 | N/A |
| Sub-total | \$21,100.00 | \$6,324.27 | N/A | \$2,108.08 | N/A |
| Total for all systems | \$23,784.77 | \$7,220.39 | N/A | \$2,276.93 | N/A |

Components

| Actual Information | |
|-----------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description | File Name |
| UHF Broadband panel antenna (per panel), horizontally-polarized | <div><div>Component Description:</div><div>dollar amount for K14RY-D. antenna shared with K16MY-D and K18MW-D</div><div>Amount:</div><div>\$1,374.75</div></div> |

1 kW UHF Combiner (per
channel)

Component Description:

Invoice is for Qty
3 combiners.
facility id #s
50361, 50367,
181295 use one
combiner equals 1
/3 of invoice cost.

Amount:

\$733.33

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 | \$157.50 | \$68.85 | | \$68.85 | |
| Flexible Foam Transmission Line - dielectric, 1 /2" | \$157.50 | \$68.85 | used 45 feet of a 300-foot roll at \$1.53 a foot for facility numbers 50361. See SCMS invoice #124042 | \$68.85 | N/A |
| Sub-total | \$157.50 | \$68.85 | N/A | \$68.85 | N/A |
| Total for all systems | \$23,784.77 | \$7,220.39 | N/A | \$2,276.93 | N/A |

Components

| Actual Information | |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Description | File Name |
| Flexible Foam Transmission Line - dielectric, 1/2" | <div>Component Description:45 feet of transmission line @ \$1.53 a foot for use on facility id # 50361. invoice # 124042 SCMS.</div> <div>Amount:\$68.85</div> |

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 | \$2,527.27 | \$827.27 | | \$100.00 | |
| Jaussi Electronics | \$727.27 | \$727.27 | N/A | \$0.00 | N/A |
| Perform engineering study for displacement application | \$1,800.00 | \$100.00 | N/A | \$100.00 | N/A |
| Sub-total | \$2,527.27 | \$827.27 | N/A | \$100.00 | N/A |
| Total for all systems | \$23,784.77 | \$7,220.39 | N/A | \$2,276.93 | N/A |

Components

| Actual Information | |
|--------------------|------------------------------------------------------------------------------------------------------------------|
| Description | File Name |
| Jaussi Electronics | <div>Component Description:Engineering services for transition to new channels.</div> <div>Amount:\$666.66</div> |

| | | |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Perform engineering study for displacement application | Component Description: Amount: | interference analysis \$50 per channel, Engineering exhibit preparation k51 to channel 14 \$50 total \$100. See cover letter \$100.00 |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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 | \$0.00 | \$0.00 | | \$0.00 | |
| Sub-total | \$0.00 | \$0.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$23,784.77 | \$7,220.39 | N/A | \$2,276.93 | N/A |

Components

Information not provided.

| | | | |
|-----------------------------|------------------------------|----------------------------------------|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$23,784.77 | \$7,220.39 |
| | | | \$2,276.93 |

| | | |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 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.

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.

William Jaussi
*Reimbursement
contact*

09/15/2020

| 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>William Jaussi <i>Reimbursement contact</i></p> <p>09/15/2020</p> |

Attachments