



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **126098** | Service: **LPT** | Call **K29NF-D** | Channel: **29 (UHF)**
ID: | Sign:
File **0000088535**
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	+1 (970)	rfsystemsllc@gmail.com	Government Entity
Doing Business As:	Interocean	854-		
REGION 1 TRANSLATOR ASSOCIATION	Ave Holyoke, CO 80734 United States	3778		

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	K50LP-D displaced to Ch 29.

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?	No
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	DTX125U-50
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.1 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	TAUD100 /TP400D
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	.1 kW
	Justification for New Transmitter	Pineapple transmitter cannot be retuned to Ch 29. Company out of business, no support.

**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?	No

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
Antenna Installation	Installation of new Ch 29 receive antenna at Yuma (take down Ch 50)
New Receive Antenna	Change the Ch 50 receive antenna at Yuma to new displaced Ch 29

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 TAUD100 /TP400D	\$13,750.00	\$12,398.00		\$12,398.00	
UHF - Air Cooled Solid State Transmitter 50.001 - 150 Watts	\$13,750.00	\$12,398.00	N/A	\$12,398.00	N/A
Sub-total	\$13,750.00	\$12,398.00	N/A	\$12,398.00	N/A
Total for all systems	\$24,025.99	\$21,023.99	N/A	\$15,258.00	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 50.001 - 150 Watts	<div>Component Description: Technalogix Transmitter Ch 29</div> <div>Amount: \$12,398.00</div>

Cost Information **Antennas**
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	\$4,510.00	\$2,860.00		\$2,860.00	
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 K50LP.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 K50LP. pdf	\$1,710.00	N/A
Perform engineering study for displacement application	\$1,800.00	\$150.00	N/A	\$150.00	N/A
Sub-total	\$4,510.00	\$2,860.00	N/A	\$2,860.00	N/A

Total for all systems	\$24,025.99	\$21,023.99	N/A	\$15,258.00	N/A
------------------------------	-------------	-------------	-----	-------------	-----

Components

Actual Information	
Description	File Name
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
Perform engineering study for displacement application	Component Description: TV study for displacement channel Amount: \$150.00

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	\$5,765.99	\$5,765.99		\$0.00	
Antenna Installation	<i>\$2,150.00</i>	\$2,150.00	United Tower Service Quote to hang new Ch 29 Receive antenna. See United Tower RX Yuma Anton.pdf	N/A	N/A
New Receive Antenna	<i>\$3,615.99</i>	\$3,615.99	K50LP displaced to Ch 29, this translator feeds the system at Yuma so the receive antenna at Yuma had to be replaced to Ch 29.	N/A	N/A
Sub-total	\$5,765.99	\$5,765.99	N/A	\$0.00	N/A
Total for all systems	\$24,025.99	\$21,023.99	N/A	\$15,258.00	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$24,025.99	\$21,023.99
			\$15,258.00

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
	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