



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **187565** | Service: **LPT** | Call **K34OB-D** | Channel: **34 (UHF)**  
ID:  
File **0000089252**  
Number:  
FRN: **0013997994** | Eligibility **Eligible** | Date **02/19**  
Status: | Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>FORSYTH COMMUNITY TV RELAY SYSTEM</b>	ROSEBUD COUNTY COURTHOUSE Doing Business As: FORSYTH COMMUNITY TV RELAY SYSTEM	+1 (406) 346- 2251	rcc@rosebudcountymt. com	Government Entity
	PO BOX 47 FORSYTH, MT 59327 United 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
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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	Applicant had 9 channels, located at 3 different sites, displaced during the 2018 "Special Displacement Window". All these channels required antenna and filter replacements. 1 of these channels will require a digital transmitter capable of the change.

## 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?	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	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	1.0 kW
	Manufacturer	
	Model	SL-8
	Year	2012

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

Facility ID	Call Sign
187566	K48MI-D
187568	K50MA-D

**Primary  
Antenna****New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	Yes
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power) .....	1.0 kW
	Manufacturer	
	Model	SL-8-3
	Year	2018
	Justification for New Antenna	Old Antenna was manufactured for Channels 46,48,50

**Primary  
Antenna****Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New

	Number of channels supported	3
	Frequencies of channels supported	RF channel
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No

**Enter a list of RF channel numbers.**

RF Channel Number
32
34
36

**Primary Antenna**

**Other Antenna Cost Not Listed**  
Information not provided.

**Transmission Line**

Section	Question	Response
<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?	No

**Tower Equipment And Rigging Costs**

Section	Question	Response
<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for displacement application	No
	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
<b>Attorney and Other Outside Consulting Services</b>	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
<b>RF Field Engineering Services</b>	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 provided.

**Other  
Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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
<b>Point to Point Microwave (STL/ICR)</b>	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
<b>East-Mont Communications</b>	Labor to Install Antenna, Combiner, and Align Transmitters



**Cost Information** **Transmitters**  
Information not provided.

<b>Antennas</b>					
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 SL-8-3	\$16,661.79	\$4,719.58		\$4,719.58	
1 kW UHF Combiner (per channel)	\$14,100.00	\$2,157.79	N/A	\$2,157.79	N/A
UHF-Low Power, Top Mount, Slotted Coaxial, 1.0kW input, Horizontal	\$2,561.79	\$2,561.79	Antenna Cost is \$7685.39 \$2561.79 per Channel (3)	\$2,561.79	N/A
Sub-total	\$16,661.79	\$4,719.58	N/A	\$4,719.58	N/A
Total for all systems	\$23,028.45	\$8,431.24	N/A	\$6,821.24	N/A

**Components**

<b>Actual Information</b>	
Description	File Name
1 kW UHF Combiner (per channel)	<div>Component Description: East-Mont Invoice #28240 Line #3 (6473.37 divided by 3)</div> <div>Amount: \$2,157.79</div>

UHF-Low Power, Top Mount, Slotted Coaxial, 1.0kW input, Horizontal	<b>Component Description:</b>  <b>Amount:</b>	East-Mont Invoice #28240 Line #2 (7685.39 divided by 3) \$2,561.79
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**Cost Information** **Transmission Line**  
Information not provided.

**Cost Information** **Tower Equipment and Rigging Costs**  
Information not provided.

<b>Cost Information</b> <b>Outside Professional Services</b>					
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
<b>Outside Professional Services</b>	<b>\$5,865.00</b>	<b>\$3,210.00</b>		<b>\$1,600.00</b>	
Form 399 assistance or other Program Management costs	<i>\$1,000.00</i>	\$1,000.00	Turnkey 399 Eligibility preparation and filing FCC Form 1876 preparation and filing.	\$500.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$300.00	N/A	\$200.00	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	\$700.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$200.00	N/A	\$200.00	N/A
<b>Sub-total</b>	\$5,865.00	\$3,210.00	N/A	\$1,600.00	N/A
<b>Total for all systems</b>	\$23,028.45	\$8,431.24	N/A	\$6,821.24	N/A

## Components

Actual Information	
Description	File Name
Form 399 assistance or other Program Management costs	<p><b>Component Description:</b> Line 2 - FCC Form 399 Reimbursement Eligibility Preparation and Filing</p> <p><b>Amount:</b> \$500.00</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> Line 1 - Prepare and File FCC Form 2100 - License to Cover Application</p> <p><b>Amount:</b> \$200.00</p>
Prepare/ Review 399 reimbursement form	<p><b>Component Description:</b> Line 3 - Prepare /Review FCC Form 399 Reimbursement Form</p> <p><b>Amount:</b> \$700.00</p>

Prepare engineering  
section of FCC Form 2100  
(main), Construction  
Permit Application

**Component Description:**

Filing Application  
for new  
Construction Permit  
for 2018  
Displacement.

**Amount:**

\$200 each Station  
\$200.00

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	\$501.66	\$501.66		\$501.66	
East-Mont Communications	<i>\$501.66</i>	\$501.66	N/A	\$501.66	N/A
Sub-total	\$501.66	\$501.66	N/A	\$501.66	N/A
Total for all systems	\$23,028.45	\$8,431.24	N/A	\$6,821.24	N/A

Components

Actual Information Description	File Name
East-Mont Communications	<div>Component Description: Labor to change this station to new channel. Total Invoice divided by 3</div> <div>Amount: \$501.66</div>

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$23,028.45	\$8,431.24
			\$6,821.24

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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
	<b>Submission of Estimated Expenses Statements</b>	<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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	



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.

**DOUGLAS  
MARTENS**  
*COMMISSIONER*

02/19/2021

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"> <li>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.</li> <li>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.</li> </ol>	

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.

**DOUGLAS  
MARTENS**  
COMMISSIONER

02/19/2021

**Attachments**