



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility	61437	Service:	LPT	Call	K51DB-D	Channel:	15 (UHF)
ID:		Sign:					
File	000088967						
Number:							
FRN:	0005765391	Eligibility	Eligible	Date	02/19		
		Status:		Submitted:	/2021		

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
SOUTHWEST COLORADO TV TRANSLATOR ASSOCIATION	Wayne Johnson	+1 (970)	swcotv@swcotv.org	Government Entity
Doing Business As:	PO Box	565-		
SOUTHWEST COLORADO TV TRANSLATOR ASSOCIATION	1570 CORTEZ, CO 81321	2129		
	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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<p>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.</p>	<p>No</p>
<p>Briefly describe transition plan</p>	<p>Prior transmitter and modulator was a Larcan. The transmitter and exciter was replaced with a similar technologix transmitter and modulator and the antenna was replaced with a kathrein/scala cl1489.</p>

Transmitters

Section	Question	Response
<p>Transmitter Related Expenses</p>	<p>Do you have transmitter related expenses?</p>	<p>Yes</p>

**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?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	MX-30
	Year	2000
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	30 W

**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	TAUD-40
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	40 W
	Justification for New Transmitter	prior transmitter was inarc unable to rechannel to channel 15

**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
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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	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?	Yes
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	paraflector
	ERP: (Effective Radiated Power)	5.246 kW
	Manufacturer	
	Model	paraflector
	Year	1988

**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?	Yes
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	1
	Lower Limit	470.00 MHz
	Upper Limit	862.00 MHz
	Design power capacity in use	30.0 %
	ERP: (Effective Radiated Power)	6.31 W
	Manufacturer	
	Model	CL-1469B
	Year	2019
Justification for New Antenna	the other antenna was cut channel for 51	

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
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

**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	No
		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		Yes	

RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

Other Professional Services Expenses Not Listed

Outside

Professional Services Information not provided.

Costs

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

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 TAUD-40	\$10,200.00	\$8,996.00		\$8,996.00	
UHF - Air Cooled Solid State Transmitter 5 - 50 Watts	\$10,200.00	\$8,996.00	Actual Cost	\$8,996.00	N/A
Sub-total	\$10,200.00	\$8,996.00	N/A	\$8,996.00	N/A
Total for all systems	\$12,450.00	\$10,187.29	N/A	\$10,187.29	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 5 - 50 Watts	<p>Component Description: pas and mod 7.5% holdback</p> <p>Amount: \$796.00</p> <p>Component Description: PAS 7060 and MOD 0400 allocation</p> <p>Amount: \$8,200.00</p>

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 CL-1469B	\$1,750.00	\$691.29		\$691.29	
UHF Broadband panel antenna (per panel), horizontally-polarized	\$1,750.00	\$691.29	Actual Cost	\$691.29	N/A
Sub-total	\$1,750.00	\$691.29	N/A	\$691.29	N/A
Total for all systems	\$12,450.00	\$10,187.29	N/A	\$10,187.29	N/A

Components

Actual Information	
Description	File Name
UHF Broadband panel antenna (per panel), horizontally-polarized	<p>Component Description: half of antenna order/mounts /shipping</p> <p>Amount: \$691.29</p>

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	\$500.00	\$500.00		\$500.00	
Form 399 assistance or other Program Management costs	<i>\$500.00</i>	\$500.00	Assistance for 399 corrections and submission.	\$500.00	N/A
Sub-total	\$500.00	\$500.00	N/A	\$500.00	N/A
Total for all systems	\$12,450.00	\$10,187.29	N/A	\$10,187.29	N/A

Components

Actual Information	
Description	File Name
Form 399 assistance or other Program Management costs	Component Description: 399 Review Amount: \$500.00

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	\$12,450.00	\$10,187.29	N/A	\$10,187.29	N/A

Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$12,450.00	\$10,187.29	\$10,187.29

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.	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.	No

Certification	Section	Question	Response
	<p>Submission of Estimated Expenses Statements</p>	<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.

Susan Hansen
Consultant

02/19/2021

Certification	Section	Question	Response
	<p>Submission of Final Allocation or Accounting Information Statements</p>	<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 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. 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. 	

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.

Wayne Johnson
Administrator

02/19/2021

Attachments