



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID:	<b>187968</b>	Service:	<b>LPT</b>	Call Sign:	<b>K48NK-D</b>	Channel:	<b>20 (UHF)</b>
File Number:	<b>0000088992</b>						
FRN:	<b>0005765391</b>	Eligibility Status:	<b>Eligible</b>	Date Submitted:	<b>02/19 /2021</b>		

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>SOUTHWEST COLORADO TELEVISION TRANSLATOR ASSOCIATION</b>	Wayne Johnson PO Box 1570 CORTEZ, CO 81321 United States	+1 (970) 565-2129	swcotv@swcotv.org	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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<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 modulator were replaced with a similar technologix transmitter.</p>

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	mx-30
	Year	1998
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	30 W

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	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	Larcan transmitter and modulator are unable to be tuned to new channel

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No

<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

**Primary**      **Other Transmitter Cost Not Listed**  
**Transmitter** Information not provided.

<b>Antennas</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
		<b>Antenna Related Expenses</b>	Do you have antenna related expenses?

<b>Transmission Line</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
		<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?

<b>Tower Equipment And Rigging Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
		<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?

<b>Outside Professional Services Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>	
		<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	No
			Prepare engineering section of Form FCC License to Cover Application	No
			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	No
	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**  
Information not 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**

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
<b>Primary Transmitter TAUD-40</b>	<b>\$10,200.00</b>	<b>\$8,996.00</b>		<b>\$8,996.00</b>	
UHF - Air Cooled Solid State Transmitter 5 - 50 Watts	\$10,200.00	\$8,996.00	Actual Cost	\$8,996.00	N/A
<b>Sub-total</b>	<b>\$10,200.00</b>	<b>\$8,996.00</b>	N/A	<b>\$8,996.00</b>	N/A
<b>Total for all systems</b>	<b>\$10,700.00</b>	<b>\$9,496.00</b>	N/A	<b>\$9,496.00</b>	N/A

**Components**

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

**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
<b>Outside Professional Services</b>	<b>\$500.00</b>	<b>\$500.00</b>		<b>\$500.00</b>	
Form 399 assistance or other Program Management costs	<i>\$500.00</i>	\$500.00	399 assistance for correction and resubmission	\$500.00	N/A
<b>Sub-total</b>	<b>\$500.00</b>	<b>\$500.00</b>	N/A	<b>\$500.00</b>	N/A
<b>Total for all systems</b>	<b>\$10,700.00</b>	<b>\$9,496.00</b>	N/A	<b>\$9,496.00</b>	N/A

**Components**

Actual Information	
Description	File Name
Form 399 assistance or other Program Management costs	<b>Component Description:</b> 399 Review <b>Amount:</b> \$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	
<b>Sub-total</b>	\$0.00	\$0.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$10,700.00	\$9,496.00	N/A	\$9,496.00	N/A

**Components**

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$10,700.00	\$9,496.00	\$9,496.00

**Reimbursement Status**

<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.	No

Certification	Section	Question	Response
	<p><b>Submission of Final Allocation or Accounting Information Statements</b></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"> <li data-bbox="758 772 1029 1456">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 data-bbox="758 1478 1029 1758">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.

**Wayne Johnson**  
*Administrator*

02/19/2021

## Attachments