



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **55746** | Service: **LPT** | Call **K51AL-D** | Channel: **34 (UHF)** |  
ID: | Sign:  
File **0000087668**  
Number:  
FRN: **0006118897** | Eligibility **Eligible** | Date **04/06**  
Status: | Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>RENVILLE CNTY TV CORPORATION</b> Doing Business As: RENVILLE CNTY TV CORPORATION	P. O. BOX 312 OLIVIA, MN 56277 United States	+1 (507) 697-6489	stcl@comcast.net	Not-for-Profit

## 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	Renville had three channels displaced to the core. They have six channels that share an antenna and the combiner was replaced to accommodate the new channels (31, 34 and 21).

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	No

## Antennas

Section	Question	Response
<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	No

## 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
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<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	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	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**

Is this information 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	Yes
	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>Combiner</b>	New combiner for displaced channels 31, 34 and 21

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

**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>\$4,812.50</b>	<b>\$3,760.00</b>		<b>\$3,760.00</b>	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$1,050.00	N/A	\$1,050.00	N/A
Form 399 assistance or other Program Management costs	<i>\$1,000.00</i>	\$1,000.00	See BWS Renville Elig Estimate 399.pdf	\$1,000.00	N/A

Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	See BWS Renville Reimb Estimate 399.pdf	\$1,710.00	N/A
<b>Sub-total</b>	\$4,812.50	\$3,760.00	N/A	\$3,760.00	N/A
<b>Total for all systems</b>	\$11,007.06	\$9,789.56	N/A	\$3,930.00	N/A

## Components

Actual Information	
Description	File Name
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> Eng Fee to search for channels and develop engineering for filing.</p> <p><b>Amount:</b> \$750.00</p> <p><b>Component Description:</b> Cost to prepare and file displacement application</p> <p><b>Amount:</b> \$300.00</p>
Form 399 assistance or other Program Management costs	<p><b>Component Description:</b> 399 Eligibility 1876 preparation and filing</p> <p><b>Amount:</b> \$1,000.00</p>
Prepare/ Review 399 reimbursement form	<p><b>Component Description:</b> BWS 399 Reimbursement Project Management Cost</p> <p><b>Amount:</b> \$1,710.00</p>

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	\$6,194.56	\$6,029.56		\$170.00	
Combiner	<i>\$5,859.56</i>	\$5,859.56	Combiner, cables and installation See Uppman Technical Services Invoice 2215	\$0.00	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$170.00	Filing Fee for K34OZ-D	\$170.00	N/A
Sub-total	\$6,194.56	\$6,029.56	N/A	\$170.00	N/A
Total for all systems	\$11,007.06	\$9,789.56	N/A	\$3,930.00	N/A

Components

Actual Information	
Description	File Name
Combiner	<div><div>Component Description:</div><div>Amount:</div><div>Combiner portion for K34OZ-D</div><div>\$5,125.32</div></div> <div><div>Component Description:</div><div>Amount:</div><div>Rev B</div><div>\$734.22</div></div>

FCC Filing Fees - Form 2100 license to cover application	<table><tr><td data-bbox="715 91 1134 246"><b>Component Description:</b></td><td data-bbox="1134 91 1430 246">Filing Fee for K34OZ-D</td></tr><tr><td data-bbox="715 246 1134 349"><b>Amount:</b></td><td data-bbox="1134 246 1430 349">\$170.00</td></tr></table>	<b>Component Description:</b>	Filing Fee for K34OZ-D	<b>Amount:</b>	\$170.00
<b>Component Description:</b>	Filing Fee for K34OZ-D				
<b>Amount:</b>	\$170.00				



<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>	\$11,007.06	\$9,789.56
			\$3,930.00

<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
	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"> <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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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><b>Susan Hansen</b>  <i>Consultant</i></p> <p>04/06/2021</p>

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.

**Dale Hansen**  
*President*

04/06/2021

**Attachments**