



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **30805** | Service: **LPT** | Call **K26NX-D** | Channel: **26 (UHF)**
ID: | Sign:
File **0000089768**
Number:
FRN: **0009080557** | Eligibility **Eligible** | Date **08/05**
Status: | Submitted: **/2022**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
Rural Oregon Wireless Television, Inc.	P.O. Box 19058 Portland, OR 97280 United States	+1 (503) 226-5004	dboyd@kgw.com	Corporation

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.	No
Briefly describe transition plan	This facility only required a mask filter, as the transmitter was frequency agile and the panel antenna it fed is a wide band panel

Transmitters	Section	Question	Response
	Transmitter Related Expenses		Do you have transmitter related expenses?

Primary Transmitter Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Retune Existing
	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	Larcan
	Model	MXi 201
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled

Solid State Power capacity

.1 kW

Primary Transmitter **Retuning Transmitter Costs**

Section	Question	Response
New Mask Filter	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Stringent
	Power	200-300W
New Exciter	Is a new exciter needed?	No

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?

Transmission Line	Section	Question	Response
		Transmission Line Related Expenses	Do you have transmission line related expenses?

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

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	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
	Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes	

	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	No
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
Costs**

Information 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	Yes
	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 MXi 201	\$12,925.00	\$967.00		\$966.12	
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$0.00	N/A	N/A	N/A
200-300W w mask filter Stringent	\$1,925.00	\$967.00	N/A	\$966.12	N/A
Sub-total	\$12,925.00	\$967.00	N/A	\$966.12	N/A
Total for all systems	\$25,052.50	\$8,228.80	N/A	\$6,643.92	N/A

Components

Actual Information	
Description	File Name
Retune - UHF and VHF - minor re-channel issues	Information not provided.
200-300W w mask filter Stringent	<p>Component Description: Channel 26 Mask Filter to support frequency change</p> <p>Amount: \$966.12</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
Outside Professional Services	\$11,792.50	\$7,091.80		\$5,507.80	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$190.00	N/A	\$190.00	N/A

Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$4,465.80	The legal costs presented to me by Wiley Rein were not itemized in a way to discretely fit into the Service Description categories. I therefore lumped costs not defined specifically into one category, Attorney Fees - Form 2100 main CP application	\$4,465.80	The legal costs presented to me by Wiley Rein were not itemized in a way to discretely fit into the Service Description categories. I therefore lumped costs not defined specifically into one category, Attorney Fees - Form 2100 main CP application
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$540.00	N/A	\$540.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,584.00	The estimated costs received from legal were rough estimates given to me prior to them compiling the completed costs on a later date.	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$0.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$312.00	N/A	\$312.00	N/A
Sub-total	\$11,792.50	\$7,091.80	N/A	\$5,507.80	N/A
Total for all systems	\$25,052.50	\$8,228.80	N/A	\$6,643.92	N/A

Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	<p>Component Description: Filing fee for STA request per cover letter</p> <p>Amount: \$190.00</p>
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p>Component Description: Legal counsel for repack related services per cover letter. \$190 STA filing request moved to proper category</p> <p>Amount: \$516.60</p>

Component Description:

The cover letter with invoice was updated. A new component was added to take the place of this one, so this component cost has been zeroed out.

Amount:

N/A

Component Description:

Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.

Amount:

\$1,033.20

Component Description:

The cover letter with invoice was updated. A new component was added to take the place of this one, so this component cost has been zeroed out.

Amount:

N/A

Component Description:

The cover letter with invoice was updated. A new component was added to take the place of this one, so this component cost has been zeroed out.

Amount:

N/A

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Amount:

N/A

Component Description:

The cover letter with invoice was updated. A new component was added to take the place of this one, so this component cost has been zeroed out.

Amount:

N/A

Component Description:

Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.

Amount:

\$1,328.40

Component Description:

Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.

Amount:

\$36.90

Component Description:

Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.

Amount:

\$184.50

Component Description:

Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.

Amount:

\$369.00

Component Description:

Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.

Amount:

\$553.50

Component Description:

Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.

Amount:

\$242.55

	<p>Component Description:</p> <p>Amount:</p>	<p>Legal counsel for repack related services per cover letter. This cover letter with associated invoice is updated with highlights for clarity. The facility ID, call sign, and amount to apply from this invoice has been made clearer.</p> <p>\$201.15</p>
	<p>Component Description:</p> <p>Amount:</p>	<p>The cover letter with invoice was updated. A new component was added to take the place of this one, so this component cost has been zeroed out.</p> <p>N/A</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description:</p> <p>Amount:</p>	<p>Displacement Application</p> <p>\$540.00</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>	
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>	
<p>Perform engineering study for displacement application</p>	<p>Component Description:</p> <p>Amount:</p>	<p>Channel Study</p> <p>\$312.00</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	\$335.00	\$170.00		\$170.00	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$170.00	N/A	\$170.00	N/A
Sub-total	\$335.00	\$170.00	N/A	\$170.00	N/A
Total for all systems	\$25,052.50	\$8,228.80	N/A	\$6,643.92	N/A

Components

Actual Information	
Description	File Name
FCC Filing Fees - Form 2100 license to cover application	<p>Component Description: Filing fee for license application per cover letter.</p> <p>Amount: \$170.00</p>

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$25,052.50	\$8,228.80	\$6,643.92

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.	Yes

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"> <li data-bbox="718 772 1013 1176">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 data-bbox="718 1198 997 1444">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. <li data-bbox="718 1467 1005 1758">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.

Alan Batdorf
*Reimbursement
Contact*

08/05/2022

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.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

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.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

Alan Batdorf
*Reimbursement
Contact*

08/05/2022

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> <p>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.</p> <p>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.</p>	

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.

Alan Batdorf
*Reimbursement
Contact*

08/05/2022

Attachments