



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **30807** | Service: **LPT** | Call **K40MP-D** | Channel: **28 (UHF)**  
ID: | Sign:  
File **0000089764**  
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 displacement only required a mask filter change, as the transmitter was frequency agile, and fed its own single broadband panel antenna

## Transmitters

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

## Primary Transmitter

### Existing Transmitter Information

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	Larcan
	Model	MXi 201
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled

Solid State Power capacity
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.1 kW
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**Primary Transmitter** **Retuning Transmitter Costs**

Section	Question	Response
<b>New Mask Filter</b>	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Stringent
	Power	100-200W
<b>New Exciter</b>	Is a new exciter needed?	No

**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 Transmitter** **Other Transmitter Cost Not Listed**

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?	No

<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?	No

<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?	No

<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	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	
<b>Attorney and Other Outside Consulting Services</b>	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
<b>RF Field Engineering Services</b>	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
<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**

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 MXi 201</b>	<b>\$12,762.50</b>	<b>\$967.00</b>		<b>\$966.12</b>	
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$0.00	N/A	N/A	N/A
100-200W w mask filter Stringent	\$1,762.50	\$967.00	N/A	\$966.12	N/A
<b>Sub-total</b>	<b>\$12,762.50</b>	<b>\$967.00</b>	<b>N/A</b>	<b>\$966.12</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$24,890.00</b>	<b>\$7,996.40</b>	<b>N/A</b>	<b>\$6,422.52</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
Retune - UHF and VHF - minor re-channel issues	Information not provided.
100-200W w mask filter Stringent	<p><b>Component Description:</b> Channel 28 stringent mask filter</p> <p><b>Amount:</b> \$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
<b>Outside Professional Services</b>	<b>\$11,792.50</b>	<b>\$6,859.40</b>		<b>\$5,286.40</b>	
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), License to Cover Application	\$1,577.50	\$1,573.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$312.00	N/A	\$312.00	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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$4,244.40	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.	\$4,244.40	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
<b>Sub-total</b>	\$11,792.50	\$6,859.40	N/A	\$5,286.40	N/A
<b>Total for all systems</b>	\$24,890.00	\$7,996.40	N/A	\$6,422.52	N/A

## Components

Actual Information	
Description	File Name
Attorney Fees - Prepare and File request for Special Temporary Authorization	<p><b>Component Description:</b> Filing fee for STA request per cover letter.</p> <p><b>Amount:</b> \$190.00</p>
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Perform engineering study for displacement application	<p><b>Component Description:</b> Channel Study</p> <p><b>Amount:</b> \$312.00</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> 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><b>Amount:</b> \$1,033.20</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:**

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.

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**Amount:**

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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:** \$1,217.70

**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:**

\$147.60

**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:**

\$295.20

**Component Description:**

Legal counsel for repack related services per cover letter. The \$190 filing fee for STA request moved to proper category

**Amount:**

\$516.60

**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><b>Component Description:</b> 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><b>Amount:</b> \$201.15</p> <p><b>Component Description:</b> 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><b>Amount:</b> N/A</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Displacement Application</p> <p><b>Amount:</b> \$540.00</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
<b>Other Expenses</b>	<b>\$335.00</b>	<b>\$170.00</b>		<b>\$170.00</b>	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$170.00	N/A	\$170.00	N/A
<b>Sub-total</b>	<b>\$335.00</b>	<b>\$170.00</b>	<b>N/A</b>	<b>\$170.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$24,890.00</b>	<b>\$7,996.40</b>	<b>N/A</b>	<b>\$6,422.52</b>	<b>N/A</b>

**Components**

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

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

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$24,890.00	\$7,996.40	\$6,422.52

**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.	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 data-bbox="718 772 1005 1164">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 data-bbox="718 1198 989 1433">2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li data-bbox="718 1467 1005 1747">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.

**Alan Batdorf**  
*Reimbursement  
Contact*

08/05/2022

Certification	Section	Question	Response
	<p><b>Submission of Actual Cost Documentation Statements</b></p>	<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.

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><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> <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