



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility	<b>57689</b>	Service:	<b>LPT</b>	Call	<b>K24MS-D</b>	Channel:	<b>24 (UHF)</b>
ID:		Sign:					
File	<b>0000086992</b>						
Number:							
FRN:	<b>0002608552</b>	Eligibility	<b>Eligible</b>	Date	<b>10/16</b>		
		Status:		Submitted:	<b>/2020</b>		

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>ROSEAU COUNTY</b> Doing Business As: ROSEAU COUNTY	Martha Monsrud 606 5TH AVE S. W. ROOM 16 ROSEAU, MN 56751 United States	+1 (218) 463-1282	martie.monsrud@co.roseau.mn.us	Government Entity

## 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
<b>LeRoy Hervey</b> <i>Operating Engineer</i> <i>Voyageurs Comtronics Corporation</i>	LeRoy Hervey 6063 Highway 11 International Falls, MN 56649 United States	+1 (218) 283-9477	voycomm@gmail.com

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
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	The needed equipment was ordered, installed, and placed into operation prior to the T-Mobile deadline as per their letter of intent to commence 600 MHz operations on 9/30/18. See T-Mobile attachment.

**Transmitters**

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

**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	MXi101U
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	50 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	UAXTE-100
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	100 W
	Justification for New Transmitter	Larcan, the manufacturer of the existing transmitter, ceased operations on July 10, 2014. This transmitter would not operate on the new channel. See attachments.

**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.

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

**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?	Yes
	Number of Hours	14
	Explanation	Engineering: \$425 FCC Filing: \$550 Grant Filing: \$130
Outside RF consulting Engineering Services	Perform engineering study for displacement application	Yes
	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	Yes
	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

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
 If none are 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**

Name	Description
<b>Feed Horn Replacement</b>	receive feed horn replacement necessary to accommodate frequency change, see attached Cover Letter
<b>Mask Filter</b>	simple
<b>Transmit Combiner</b>	shared antenna combiner (1/5 actual cost)



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 UAXTE-100	\$13,750.00	\$11,070.00		\$11,070.00	
UHF - Air Cooled Solid State Transmitter 50.001 - 150 Watts	\$13,750.00	\$11,070.00	N/A	\$11,070.00	N/A
Sub-total	\$13,750.00	\$11,070.00	N/A	\$11,070.00	N/A
Total for all systems	\$23,633.00	\$17,071.00	N/A	\$17,071.00	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 50.001 - 150 Watts	<div>Component Description:Translator turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment)</div> <div>Amount:\$11,070.00</div>

**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>\$4,987.00</b>	<b>\$1,105.00</b>		<b>\$1,105.00</b>	
Perform engineering study for displacement application	\$1,800.00	\$425.00	N/A	\$425.00	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$130.00	N/A	\$130.00	N/A
Project management of the transition	\$1,477.00	\$550.00	N/A	\$550.00	N/A
<b>Sub-total</b>	<b>\$4,987.00</b>	<b>\$1,105.00</b>	<b>N/A</b>	<b>\$1,105.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$23,633.00</b>	<b>\$17,071.00</b>	<b>N/A</b>	<b>\$17,071.00</b>	<b>N/A</b>

## Components

Actual Information		
Description	File Name	
Perform engineering study for displacement application	<b>Component Description:</b>  <b>Amount:</b>	Perform engineering study for displacement application  \$425.00
Prepare/ Review 399 reimbursement form	<b>Component Description:</b>  <b>Amount:</b>	Prepare and review reimbursement form  \$130.00
Project management of the transition	<b>Component Description:</b>  <b>Amount:</b>	Project management of the transition  \$550.00

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	\$4,896.00	\$4,896.00		\$4,896.00	
Transmit Combiner	<i>\$2,808.00</i>	\$2,808.00	N/A	\$2,808.00	N/A
Mask Filter	<i>\$1,245.00</i>	\$1,245.00	N/A	\$1,245.00	N/A
Feed Horn Replacement	<i>\$843.00</i>	\$843.00	N/A	\$843.00	N/A
Sub-total	\$4,896.00	\$4,896.00	N/A	\$4,896.00	N/A
Total for all systems	\$23,633.00	\$17,071.00	N/A	\$17,071.00	N/A

Components

Actual Information	
Description	File Name
Transmit Combiner	<div><div>Component Description:</div><div>Turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment)</div><div>Amount:</div><div>\$2,808.00</div></div>

Mask Filter	<div> <div>Component Description:</div> <div>Turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment)</div> <div>Amount:</div> <div>\$1,245.00</div> </div>
Feed Horn Replacement	<div> <div>Component Description:</div> <div>Turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment) See attachments</div> <div>Amount:</div> <div>\$843.00</div> </div>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$23,633.00	\$17,071.00

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 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.

**Martha  
Monsrud**  
*Auditor*

10/16/2020



**Attachments**