



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **14104** | Service: **LPT** | Call **K31PK-D** | Channel: **31 (UHF)** |
ID: | Sign: |
File **0000086982**
Number:
FRN: **0004773180** | Eligibility **Eligible** | Date **10/16**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
COUNTY OF KOOCHICHING	Jenny Herman 715 4TH STREET	+1 (218)	jenny.herman@co.koochiching.mn.us	Government Entity
Doing Business As:	INTERNATIONAL FALLS, MN 56649	283-1152		
COUNTY OF KOOCHICHING	United States			

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
LeRoy Hervey <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 8/3/18. 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
New Transmitter	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
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?	Yes

**Primary
Antenna****Existing Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Ownership	Owned
	Is the existing antenna shared with another station or stations?	Yes
	Is the existing antenna directional?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	0.406 kW
	Manufacturer	
	Model	SL8
	Year	2009

**Facility ID's and Call Signs of
all stations with whom the
antenna is shared.**

Facility ID	Call Sign
14119	K33PL-D
12117	K35MY-D

**Primary
Antenna****New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	Yes
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Superturnstile
	ERP: (Effective Radiated Power)	0.406 kW
	Manufacturer	
	Model	UTV-11/4/LP
	Year	2018
	Justification for New Antenna	The existing antenna would not work at the new frequency.

**Primary
Antenna****Other Antenna Costs**

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes

	Type	New
	Number of channels supported	3
	Frequencies of channels supported	RF channel
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

Enter a list of RF channel numbers.

RF Channel Number

33

35

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

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
RF Field Engineering Services	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**
 Services 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	No
	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

Name	Description
Feed Horn Replacement	receive feed horn replacement necessary to accommodate frequency change
Mask Filter	simple

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	\$11,678.00		\$11,678.00	
UHF - Air Cooled Solid State Transmitter 50.001 - 150 Watts	\$13,750.00	\$11,678.00	N/A	\$11,678.00	N/A
Sub-total	\$13,750.00	\$11,678.00	N/A	\$11,678.00	N/A
Total for all systems	\$40,932.00	\$22,834.00	N/A	\$22,834.00	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:\$11,678.00</div>

Cost
Information

Antennas

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 Antenna UTV-11/4/LP	\$19,834.00	\$7,690.00		\$7,690.00	
1 kW UHF Combiner (per channel)	\$14,100.00	\$1,956.00	N/A	\$1,956.00	N/A
UHF-Low Power, Side Mount, Other, 0.406kW input, Horizontal	\$5,734.00	\$5,734.00	N/A	\$5,734.00	N/A
Sub-total	\$19,834.00	\$7,690.00	N/A	\$7,690.00	N/A
Total for all systems	\$40,932.00	\$22,834.00	N/A	\$22,834.00	N/A

Components

Actual Information	
Description	File Name
1 kW UHF Combiner (per channel)	<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>\$1,956.00</div></div>

UHF-Low Power, Side Mount, Other, 0.406kW input, Horizontal	Component Description: Amount:	Turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment) \$5,734.00
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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	\$4,987.00	\$1,105.00		\$1,105.00	
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
Sub-total	\$4,987.00	\$1,105.00	N/A	\$1,105.00	N/A
Total for all systems	\$40,932.00	\$22,834.00	N/A	\$22,834.00	N/A

Components

Actual Information Description	File Name
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Perform engineering study for displacement application	<p>Component Description:</p> <p>Perform engineering study for displacement application</p> <p>Amount:</p> <p>\$425.00</p>
Prepare/ Review 399 reimbursement form	<p>Component Description:</p> <p>Prepare and review reimbursement form</p> <p>Amount:</p> <p>\$130.00</p>
Project management of the transition	<p>Component Description:</p> <p>Project management of the transition</p> <p>Amount:</p> <p>\$550.00</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	\$2,361.00	\$2,361.00		\$2,361.00	
Mask Filter	<i>\$1,461.00</i>	\$1,461.00	N/A	\$1,461.00	N/A
Feed Horn Replacement	<i>\$900.00</i>	\$900.00	N/A	\$900.00	N/A
Sub-total	\$2,361.00	\$2,361.00	N/A	\$2,361.00	N/A
Total for all systems	\$40,932.00	\$22,834.00	N/A	\$22,834.00	N/A

Components

Actual Information	
Description	File Name
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>\$1,461.00</div></div>

Feed Horn Replacement

Component Description:

Turnkey costs
(equipment,
shipping, flashcut
from old
frequency to new
frequency,
installation, setup
for proper
operation, and
disposal of old
equipment)

Amount:

\$900.00

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$40,932.00	\$22,834.00	\$22,834.00

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 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"> 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. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 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.

**Jenny
Herman**
*Administration
Director*

10/16/2020

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"> 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. 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. 	

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.

**Jenny
Herman**
*Administration
Director*

10/16/2020

Attachments