

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

| | | | | | | | |
|----------|-------------------|-------------|-----------------|------------|----------------|----------|-----------------|
| Facility | 55344 | Service: | LPT | Call | K32MF-D | Channel: | 32 (UHF) |
| ID: | | Sign: | | | | | |
| File | 0000086993 | | | | | | |
| Number: | | | | | | | |
| FRN: | 0008776858 | Eligibility | Eligible | Date | 10/16 | | |
| | | Status: | | Submitted: | /2020 | | |

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|--------------------|----------------|----------------------|----------------|
| RED LAKE BAND OF CHIPPEWA INDIANS | Jerry Loud | +1 | jloud@redlakenation. | Government |
| Doing Business As: RED LAKE BAND OF CHIPPEWA INDIANS | PO Box 550 | (218) 679-3350 | org | Entity |
| | RED LAKE, MN 56671 | | | |
| | 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 | 6063 Highway 11 | +1 (218) 283- | voycomm@gmail. |
| <i>Operating Engineer</i> | International Falls, MN | 9477 | com |
| <i>Voyageurs Comtronics Corporation</i> | 56649 | | |
| | United States | | |

**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 8/14/18. 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) | 0.476 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 |
|-------------|-----------|
| 55349 | K36OA-D |
| 55345 | K34NP-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) | 0.476 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

36

34

**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 |
|--------------------|-------------|
| 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 | \$11,070.00 | | \$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 | \$39,820.00 | \$21,024.00 | N/A | \$21,024.00 | 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

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 | \$7,600.00 | | \$7,600.00 | |
| UHF-Low Power, Side Mount, Other, 0.476kW input, Horizontal | <i>\$5,734.00</i> | \$5,734.00 | N/A | \$5,734.00 | N/A |
| 1 kW UHF Combiner (per channel) | \$14,100.00 | \$1,866.00 | N/A | \$1,866.00 | N/A |
| Sub-total | \$19,834.00 | \$7,600.00 | N/A | \$7,600.00 | N/A |
| Total for all systems | \$39,820.00 | \$21,024.00 | N/A | \$21,024.00 | N/A |

Components

| Actual Information | |
|---|--|
| Description | File Name |
| UHF-Low Power, Side Mount, Other, 0.476kW input, Horizontal | <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>\$5,734.00</div></div> |

| | | | | | |
|---------------------------------|--|-------------------------------|--|----------------|------------|
| 1 kW UHF Combiner (per channel) | <table><tr><td data-bbox="707 94 1141 593">Component Description:</td><td data-bbox="1141 94 1430 593">Turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment)</td></tr><tr><td data-bbox="707 593 1141 705">Amount:</td><td data-bbox="1141 593 1430 705">\$1,866.00</td></tr></table> | Component Description: | Turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment) | Amount: | \$1,866.00 |
| Component Description: | Turnkey costs (equipment, shipping, flashcut from old frequency to new frequency, installation, setup for proper operation, and disposal of old equipment) | | | | |
| Amount: | \$1,866.00 | | | | |

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 |
| Project management of the transition | \$1,477.00 | \$550.00 | N/A | \$550.00 | N/A |
| Prepare/ Review 399 reimbursement form | \$1,710.00 | \$130.00 | N/A | \$130.00 | N/A |
| Sub-total | \$4,987.00 | \$1,105.00 | N/A | \$1,105.00 | N/A |
| Total for all systems | \$39,820.00 | \$21,024.00 | N/A | \$21,024.00 | N/A |

Components

| Actual Information Description | File Name |
|--------------------------------|-----------|
|--------------------------------|-----------|

| | |
|--|---|
| Perform engineering study for displacement application | Component Description: Perform engineering study for displacement application Amount: \$425.00 |
| Project management of the transition | Component Description: Project management of the transition Amount: \$550.00 |
| Prepare/ Review 399 reimbursement form | Component Description: Prepare and review reimbursement form Amount: \$130.00 |

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 | \$1,249.00 | \$1,249.00 | | \$1,249.00 | |
| Mask Filter | <i>\$1,249.00</i> | \$1,249.00 | N/A | \$1,249.00 | N/A |
| Sub-total | \$1,249.00 | \$1,249.00 | N/A | \$1,249.00 | N/A |
| Total for all systems | \$39,820.00 | \$21,024.00 | N/A | \$21,024.00 | 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>\$1,249.00</div></div> |

| | | | |
|-----------------------------|------------------------------|--|-----------------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$39,820.00 | \$21,024.00 |
| | | | |

| | | |
|-----------------------------|--|-----------------|
| 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.

Jerry Loud
Repack
Representative

10/16/2020

| Certification | Section | Question | Response |
|---------------|---|--|----------|
| | Submission of Final Allocation or Accounting Information Statements | 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. | |
| | | <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.

Jerry Loud
*Repack
Representative*

10/16/2020

Attachments