



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **69924** | Service: **LPT** | Call **K32ME-D** | Channel: **32 (UHF)**
ID: | Sign:
File **0000089840**
Number:
FRN: **0005009618** | Eligibility **Eligible** | Date **05/26**
Status: | Submitted: **/2022**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
THE CAMP VERDE TV CLUB, INC. Doing Business As: THE CAMP VERDE TV CLUB	Roger Doering 420 W Angus Drive CAMP VERDE, AZ 86322 United States	+1 (928) 399-9402	RPDELECTRONICS@HOTMAIL.COM	Not-for-Profit

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
Tony Zummallen <i>Anywave Communications Technologies</i>	Tony zumMallen 300 Knightsbridge Parkway, Suite 150 Lincolnshire, IL 60069 United States	+1 (816) 882-5600	tony.zummallen@anywavecom.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 Camp Verde TV club proposes to install digital transmitter and combiner feeding common antenna for K30OI-D and K32ME-D.

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?	Yes
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	MX-20U
	Year	2004
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	.02 kW

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

Facility ID	Call Sign
69922	K47IK

**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	TRN-U-200-D-FB
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	200 W
	Justification for New Transmitter	This is the lowest power transmitter that Anywave manufactures

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	Yes
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
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**Primary
Transmitter**

Other Transmitter Cost Not Listed

Name		Description
Combiner		channel FID 69922 and FID 69924 Replacement combiner

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?	No
Outside RF consulting Engineering Services	Perform engineering study for displacement application	No
	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	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Services Costs	
Name	Description
Engineering-General	Engineering Consultation

**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

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 TRN-U-200-D-FB	\$35,700.00	\$32,760.00		\$31,360.00	
Transmitter Building Site Survey /Installation	\$10,000.00	\$8,000.00	Per actual costs	\$8,000.00	N/A
UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	\$24,300.00	\$23,360.00	Per attached quote PR1910-0527. Includes estimated shipping costs.	\$23,360.00	N/A
Combiner	\$1,400.00	\$1,400.00	N/A	N/A	N/A
Sub-total	\$35,700.00	\$32,760.00	N/A	\$31,360.00	N/A
Total for all systems	\$101,294.80	\$89,276.80	N/A	\$42,644.80	N/A

Components

Actual Information	
Description	File Name
Transmitter Building Site Survey/Installation	<div>Component Description: Anywave - transmitter invoice - INV FA2104-0823</div> <div>Amount: \$8,000.00</div>

UHF - Air Cooled Solid State Transmitter 160 - 300 Watts	Component Description: Transmitter - Anywave - INV FA2009-0549 Amount: \$23,360.00
Combiner	Information not provided.

Cost Information **Antennas**
Information not provided.

Cost Information **Transmission Line**
Information not provided.

Cost Information **Tower Equipment and Rigging Costs**
Information not provided.

Description	Outside Professional Services				
	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$65,594.80	\$56,516.80		\$11,284.80	
Engineering-General	<i>\$1,860.00</i>	\$1,860.00	Cost determined by invoices	\$1,860.00	N/A
Prepare/Review 399 reimbursement form	\$1,710.00	\$1,500.00	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	<i>\$9,424.80</i>	\$9,424.80	Cost determined by invoices	\$9,424.80	Actual equals estimated
Comprehensive coverage verification via field study, if needed	\$52,600.00	\$43,732.00	Per-attached quote number 745-R for Coverage Verification	N/A	N/A

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Sub-total	\$65,594.80	\$56,516.80	N/A	\$11,284.80	N/A
Total for all systems	\$101,294.80	\$89,276.80	N/A	\$42,644.80	N/A

Components

Actual Information Description	File Name
Engineering-General	<p>Component Description: Engineering - Lohnes - INV 202201-1609-01-5</p> <p>Amount: \$360.00</p> <p>Component Description: Consultation Services.</p> <p>Amount: \$300.00</p> <p>Component Description: Eng Services - Lohnes - INV 202107-1609-01-5</p> <p>Amount: \$1,200.00</p>
Prepare/ Review 399 reimbursement form	Information not provided.
Form 399 assistance or other Program Management costs	<p>Component Description: March 2022 PM - Anywave - INV FA2204-1340</p> <p>Amount: \$231.00</p> <p>Component Description: Feb 2022 PM - Anywave - INV FA2203-1328</p> <p>Amount: \$308.00</p>

Component Description:	April 2021 PM - Anywave INV FA2106-0961
Amount:	\$1,740.20

Component Description:	Paperwork PM
Amount:	\$385.00

Component Description:	June 2021 PM - Anywave INV FA2107-1032
Amount:	\$246.40

Component Description:	PM Paperwork
Amount:	\$431.20

Component Description:	Jan 2022 PM - Anywave - INV FA2202-1299
Amount:	\$154.00

Component Description:	Aug 2021 PM - Anywave INV FA2109-1090
Amount:	\$431.20

Component Description:	PM Paperwork
Amount:	\$1,185.80

Component Description:	PM Paperwork
Amount:	\$431.20

Component Description:	PM Paperwork
Amount:	\$415.80

	Component Description:	Paperwork PM
	Amount:	\$924.00
	Component Description:	Dec 2021 PM - Anywave -
		FA2202-1262
	Amount:	\$369.60
	Component Description:	July 2021 PM - Anywave INV
		FA2109-1113
	Amount:	\$323.40
	Component Description:	Paperwork PM
	Amount:	\$200.20
	Component Description:	Paperwork PM
	Amount:	\$415.80
	Component Description:	May 2021 PM - Anywave INV
		FA2106-0999
	Amount:	\$924.00
	Component Description:	Nov 2021 PM - Anywave - INV
		FA2202-1270
	Amount:	\$308.00
Comprehensive coverage verification via field study, if needed	Information not provided.	

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	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$101,294.80	\$89,276.80	N/A	\$42,644.80	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$101,294.80	\$89,276.80
			\$42,644.80

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	No
	Construction of final facilities or all necessary modifications are complete.	No
	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.	No

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.

	<p>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.</p>	
	<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p>Roger Doering <i>Applicant</i></p> <p>05/26/2022</p>

Attachments