



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **22840** | Service: **LPX** | Call **K23OU-D** | Channel: **23 (UHF)**
ID: | Sign:
File **0000089765**
Number:
FRN: **0003714938** | Eligibility **Eligible** | Date **06/09**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MAINSTREET BROADCASTING COMPANY, INC. Doing Business As: MAINSTREET BROADCASTING COMPANY, INC.	516 MAIN STREET WALSENBURG, CO 81089 United States	+1 (719) 738- 3636	PAUL@KSPK. 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	Transitioning from analog on Channel 48 to new transmitter site for digital on Channel 23. Antenna, transmitter and filter are all being replaced due to change in channel and need for higher-powered transmitter.

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	No

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?	No
	Is the existing antenna directional?	Yes
	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	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	8
	Design power capacity in use	25.0 %
	Lower Limit	656.00 MHz
	Upper Limit	862.00 MHz
	ERP: (Effective Radiated Power)	1.09 kW
	Manufacturer	
	Model	4DR-16-2HW
	Year	2000

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	SL-8
	Year	2019
	Justification for New Antenna	Change from Channel 48 to Channel 23.

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	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

**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?	No
Outside RF consulting Engineering Services	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	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	No
	Form 399 assistance or other program management costs	No
	RF Field Engineering Services	No
	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 not 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	Yes
	FCC License to Cover Application	Yes
	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

Information not provided.

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 SL-8	\$750.00	\$750.00		\$750.00	
UHF-Low Power, Top Mount, Slotted Coaxial, 15.0kW input, Horizontal	<i>\$750.00</i>	\$750.00	Actual Cost	\$750.00	N/A
Sub-total	\$750.00	\$750.00	N/A	\$750.00	N/A
Total for all systems	\$6,097.50	\$1,920.00	N/A	\$1,920.00	N/A

Components

Actual Information	
Description	File Name
UHF-Low Power, Top Mount, Slotted Coaxial, 15.0kW input, Horizontal	<div>Component Description: Actual Cost</div> <div>Amount: \$750.00</div>

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	\$3,902.50	\$1,000.00		\$1,000.00	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$800.00	N/A	\$800.00	N/A
Perform engineering study for displacement application	\$1,800.00	\$200.00	N/A	\$200.00	N/A
Sub-total	\$3,902.50	\$1,000.00	N/A	\$1,000.00	N/A
Total for all systems	\$6,097.50	\$1,920.00	N/A	\$1,920.00	N/A

Components

Actual Information Description	File Name
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Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	Actual Cost \$800.00
Perform engineering study for displacement application	Component Description: Amount:	Actual Cost \$200.00

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	\$1,445.00	\$170.00		\$170.00	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$170.00	Filing Fee	\$170.00	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$0.00	N/A	\$0.00	N/A
Sub-total	\$1,445.00	\$170.00	N/A	\$170.00	N/A
Total for all systems	\$6,097.50	\$1,920.00	N/A	\$1,920.00	N/A

Components

Actual Information	
Description	File Name
FCC Filing Fees - Form 2100 license to cover application	Component Description: Filing Fee Amount: \$170.00
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$6,097.50	\$1,920.00

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.

<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>Paul R Bossert <i>President</i></p> <p>06/09/2021</p>

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.

Paul R Bossert
President

06/09/2021

Attachments