

Incentive Auction Broadcaster Relocation Reimbursement System – FCC

Form 2100, Schedule 399

User's Guide



**BROADCASTER’S FORM 399 USER’S GUIDE**

TV BROADCASTER RELOCATION FUND

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The Federal Communications Commission (FCC) Form 2100, Schedule 399 ("Form 399"), is the form broadcasters and Multichannel Video Programming Distributors (MVPDs) will use to claim reimbursement for their reasonably incurred expenses in connection with the post-auction repack. Form 399 is accessible via the FCC Licensing and Management System (LMS).

## Using Form 399

Broadcasters, or users, can log-in to the LMS to access Form 399 using their respective FCC Registration Number (FRN) via the following link:

<https://enterpriseefiling.fcc.gov/dataentry/login.html>.

Within Form 399, the  button at the bottom of every screen allows users to save information. This information will be stored, but not submitted to, the FCC and can be edited while users work through developing their cost estimate. Cost estimates and expense reimbursement requests are not reviewed by the FCC until broadcasters certify each cost estimate or expense reimbursement request in Form 399. Eligible broadcasters are encouraged to begin the process as soon as possible, using the  button to save their work intermittently. Within Form 399, all fields marked with an asterisk "\*" are required fields.

### *Requesting Upgrades*

Throughout Form 399 users can indicate a request for reimbursement of upgraded equipment by clicking "Yes" in response to the upgrade question within each equipment category section. Stations may upgrade their equipment by paying the difference(s) between the cost of the reasonable, comparable equipment necessary to achieve a station's post-auction reassignment — without the upgrade — and the upgraded equipment. For example, a station has an Inductive Output Tube (IOT) transmitter that can be re-channeled with some Radio Frequency (RF) parts, a new tube, a new tube cart and a new exciter. The price for the entire re-channel, including the labor is \$215,000. Their existing transmitter has had some reliability problems, and the station feels that they would rather have a new IOT transmitter than re-channel the one they have. The cost of a new IOT transmitter for the power they need is \$400,000. The station submits both the costs to re-channel their existing transmitter and the quote for the new transmitter, understanding that they will pay the \$185,000 difference between the new transmitter and the re-channel costs. For



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upgrades, stations need to submit documentation demonstrating the cost differential for each option. See Fig. 1: *Upgrades*.

**Fig. 1: Upgrades**

\* Is this a request for upgraded equipment?  
 Yes  No « Clear

#### *Providing Justification*

The predetermined cost estimate is based on the ranges provided in the latest Cost Catalog. You can rely on the Cost Catalog for cost estimates for which you don't have cost estimates from individual vendors. For your reference and convenience, the latest *Catalog of Potential Expenses and Estimated Costs* is available here:

[http://transition.fcc.gov/Daily\\_Releases/Daily\\_Business/2017/db0209/DA-17-154A2.pdf](http://transition.fcc.gov/Daily_Releases/Daily_Business/2017/db0209/DA-17-154A2.pdf). Stations may rely on the Cost Catalog to submit estimates if they do not have individual estimates from vendors. You are required to provide supporting documentation for any items that are not listed in the Catalog.

#### Form 399 Sections

The Form 399 has nine sections: Application Information, Reimbursement Contact Information, Preparer Contact Information, Broadcaster Information and Transition Plan, Broadcaster Estimated and Actual Transition Expenses, Costs, Final Accounting, Application Summary and Certify. Sections that have not been completed will not have a red "X" or a green check mark in front of the section name. When all requirements of a section are completed, a green check mark appears in front of the section name. If a section shows a red "X" in front of the section name, the section has been partially filled out but not all requirements have been completed. The *Final Accounting* section of this document will be added later. See Fig. 2: *Application Sections*.



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**Fig. 2: Application Sections**

APPLICATION SECTIONS	
✓	Applicant Information
✓	Reimbursement Contact Information
✓	Preparer Contact Information
✓	Broadcaster Information and Transition Plan
✗	Transmitters
✗	Antennas
✗	Transmission Line
✓	Tower Equipment and Rigging Costs
✓	Outside Professional Services
✓	Other Expenses
	Costs
	Final Accounting
➔	<b>Application Summary</b>
	Certify

### Section I. – Application Section

Form 399 will pre-populate the applicant type field either broadcaster or MVPDs based on the information entered at the LMS log-in screen. The contact information of the individual entering information on behalf of the station will also pre-populate with information currently in the FCC's database. You should review this contact information for accuracy. If changes or updates are required, you must correct the information in the corresponding FCC database (either LMS or the Commission Registration System (CORES)) prior to submitting Form 399. See Fig. 3: Application Section: *Applicant Information*.



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#### Section I.A. – Applicant Information

**Fig. 3: Application Section: Applicant Information**

**Applicant Name and Type**

\* Applicant Type:  ▼

\* Company Name:

Doing Business As:

---

**Applicant Information**

Attention To:

\* Country:  ▼

PO Box:  Either PO Box or Address Line 1 is required.

\* Address Line 1:

Address Line 2:

\* City:

\* State:  ▼

\* Zip Code:

\* Phone:

\* Email:

#### Section I.B. – Reimbursement Contact Information

In the *Reimbursement Contact Information* section, enter the contact information for the individual that the FCC should contact if any questions arise with respect to the information stated in Form 399. See Fig. 4: Application Section: *Reimbursement Contact Information*. This contact information may be different than the contact information in Form 1876.



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**Fig. 4: Application Section: *Reimbursement Contact Information***

**Reimbursement Contact Name**

Please enter the contact information for an employee of the entity who can answer questions regarding this form and the reimburseable expenses being claimed.

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

\* Company Name:

The information in the *Reimbursement Contact Information* section may be different than information listed in Form 1876.

After completing the *Reimbursement Contact Information* section, click on the  button located in the lower-right corner of the page to save information and continue to the *Preparer Contact Information* section. See Fig. 5: Application Section: *Reimbursement Contact Information*.

**Fig. 5: Application Section: *Reimbursement Contact Information***

**Reimbursement Contact Information**

Attention To:

\* Country:

PO Box:  Either PO Box or Address Line 1 is required.

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

\* Email:



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#### Section I.C. – *Preparer Contact Information*

In the *Preparer Contact Information* section, provide the contact information for the individual or party responsible for preparing and submitting Form 399. Please indicate whether the preparer is the same individual as the reimbursement contact. If yes, the contact information will pre-populate in the appropriate fields. See Fig. 6: Application Section: *Preparer Contact Information (Part 1)* and Fig. 7: Application Section: *Preparer Contact Information (Part 2)*.

**Fig. 6: Application Section: *Preparer Contact Information (Part 1)***

### Preparer Contact Information

Please enter the contact information for the party responsible for preparing and submitting this form. If that person has been previously identified, please prefill these fields from the appropriate previous tab.

*\* indicates required field*

**Preparer Contact Name**

Is the Preparer same as the reimbursement contact?

Yes  No [«Clear](#)

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Title:

\* Company Name:



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**Fig. 7: Application Section: *Preparer Contact Information (Part 2)***

**Preparer Contact Information**

Attention To:

\* Country:

PO Box:  *Either PO Box or Address Line 1 is required.*

\* Address Line 1:

Address Line 2:

\* City:

\* State:

\* Zip Code:

\* Phone:

\* Email:

After completing the *Preparer Contact Information* section, click the  button located in the lower-right corner of the page to save the information and continue to the next section (*Broadcaster Information and Transition Plan*).

#### Section I.D. – *Broadcaster Information and Transition Plan*

In the *Broadcaster Information and Transition Plan* section, indicate whether you will 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.) or not.

You must provide a brief description of the transition plan. The following are required for submission: a brief description of the transition plan (not to exceed a 255 character limit) including a short description of the current RF system, and if available, upload an attachment in the form of a drawing, hand sketch, or other descriptive item that will help reviewers to understand your system's current state and future state. Additional information is not required but will significantly decrease the time required for FCC review. See Fig. 8: *Broadcaster Information and Transition Plan (Part 1)*.



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**Fig. 8: Application Section: *Broadcaster Information and Transition Plan (Part 1)***

### Broadcaster Information and Transition Plan

\* indicates required field [Attachments](#) [Draft Copy](#)

\* 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  No [Clear](#)

---

\* Briefly describe transition plan:

If stations will be sharing equipment with another broadcast television station or stations, it is required to provide the Facility ID for each station(s) sharing the equipment. Details about the sharing station(s) will automatically populate after the appropriate Facility ID is entered. For each station, click the  button to enter a Facility ID. See Fig. 9: Application Section: *Broadcaster Information and Transition Plan (Part 2)*.

**Fig. 9: Application Section: *Broadcaster Information and Transition Plan (Part 2)***

### Broadcaster Information and Transition Plan

\* indicates required field [Attachments](#) [Draft Copy](#)

\* 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  No [Clear](#)

---

\* Enter the Facility ID's of the other stations and click 'prefill' to download those stations' licensing information.

Sharee Station Details		Actions	
Facility ID:	41070	Community of License:	AKRON, OH
Call Sign:	WAOH-CD	Pre-auction RF Channel:	29
Type:		Post-auction RF Channel:	
Licensee Name:	MEDIA-COM TELEVISION, INC.	Neilsen DMA:	
Status:	LICENSED	Network Affiliation:	
DTS:	N		

\* Enter Facility ID:  [Add Row](#)

---

\* Briefly describe transition plan:

Purchase of transmitter, antenna and transmission line. Current transmitter cannot be retuned to the new channel. Installation of interim antenna and transmission line on the WRLM tower while replacement of the main antenna is underway. See attached.

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[Save & Continue](#)



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After completing the *Broadcaster Information and Transition Plan* section, click on the



button located in the lower-right corner of the page to save information and continue to the *Transmitter Information* section.

### Section II. – *Transmitter Information*

Depending on your new channel assignment, it may be possible to retune your existing transmitter to transmit on the new channel rather than replace it. If you have transmitter related expenses, whether retuning or purchasing a new transmitter, you can submit requests for reimbursement in the *Transmitter Related Expenses* section.

#### Section II.A. – *Transmitter Related Expenses*

If you will have transmitter related expenses, indicate so by choosing “**Yes**” from the dropdown menu. If you do not have or will not have transmitter related expenses, choose “**No**” and proceed to the *Antenna Related Expenses* section. See Fig. 10: *Transmitter Related Expenses*.

**Fig. 10: Transmitters Section: *Transmitter Related Expenses***

The screenshot shows a web form titled "Transmitters". Below the title is a horizontal dashed line. Underneath the line is the text "\* indicates required field". Below that is the section header "Transmitter Related Expenses". Under this header is the question "\* Do you have transmitter related expenses?". Below the question are two radio buttons: "Yes" and "No", followed by a blue link labeled "Clear".

#### Section II.B. – *Transmitter Changes*

When requesting reimbursement for transmitters, each licensed transmit site for this Facility ID will be listed. Click the “Edit” button to update information about existing transmitter(s). The station may currently have one or more auxiliary transmitter(s). One or more of these transmitters may be able to be retuned to operate on the new channel, or may require replacement. During transition to the new channel, stations may also need to use a transmitter for interim operations while work is being performed on the primary transmitter (i.e., retuning or replacement). Stations may have an existing auxiliary transmitter that can be used for interim operations, or may have to purchase or lease another transmitter. See Fig. 11: *Transmitters Section: Transmitter Changes Summary Screen*.



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**Fig. 11: Transmitters Section: *Transmitter Changes Summary***

### Transmitter Changes

[Attachments](#)
[Draft Copy](#)

Listed below are the transmitters in our system. Please click on the Edit button to update information about your existing transmitters. Please click on the Select button and choose Retune, Purchase, or Lease to identify the Type of Changes you needed to make and to update information about your new transmitters. For expenses related to additional transmitters, or to utilize an Interim transmitter, please click on the Add Another Transmitter button.

Type	Manufacturer	Model	Power	Action	Type of Changes
Interim Transmitter	Samsung	NTX4329	250 kW	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	N/A
Primary Transmitter	GatesAir	XS2132	500 kW	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	<input type="button" value="Purchase New"/>

### Section II.C. – Add Transmitter

If the station's existing transmitters are not listed, add additional transmitters by clicking the



button. Stations must list the Facility ID and Call Sign of any station on the transmitter. Also indicate the Manufacturer, Model, Year, and Type (**IOT**, **Solid State**, or **Other**

**Type**). List the information outlined above for all transmitters the station currently has. See Fig. 12: *Add Transmitter*.



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**Fig. 12: Transmitters Section: *Add Transmitter***

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Add Transmitter

\* indicates required field

Existing Transmitter Description

\* Transmitter Use: Primary (Main)

\* Ownership:  Leased  
 Owned

\* Is this transmitter currently shared with another station?  
 Yes  No «Clear

\* Is this transmitter currently in operating condition?  
 Yes  No «Clear

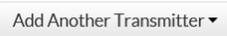
Existing Transmitter Manufacturer and Type

\* Manufacturer:

\* Model:

\* Year:

\* Type:

After clicking the  button, confirm that you have accurately described each transmitter's function (**primary** or **auxiliary**), indicated if the transmitter is owned by the station or a company affiliated with the station (e.g., a group station owner), and indicated whether the transmitter is rented or leased. If the transmitter is leased, provide the name and contact information for the owner. Indicate whether the transmitter is shared with another station and, if so, provide the Facility ID number of the station(s) with which the transmitter is shared, and whether or not the transmitter is in operating condition. For each transmitter, indicate the manufacturer, model, year manufactured, transmitter type (for IOTs, indicate power type) and power capacity.

To indicate that a new transmitter(s) will be added to the station, use the dropdown menu on the right side of the *Transmitter Changes* screen. (See Fig. 13: Transmitter Section: *Transmitter Summary Page*). For each of the transmitters, three options will appear in the dropdown menu: **Retune**, **Purchase New**, or **Lease New**.



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**Fig. 13: Transmitter Section: *Transmitter Summary Page***

The screenshot shows a web interface titled "Transmitter Changes". At the top right, there are links for "Attachments" and "Draft Copy". Below the title, there is a paragraph of instructions: "Listed below are the transmitters in our system. Please click on the Edit button to update information about your existing transmitters. Please click on the Select button and choose Retune, Purchase, or Lease to identify the Type of Changes you needed to make and to update information about your new transmitters. For expenses related to additional transmitters, or to utilize an Interim transmitter, please click on the Add Another Transmitter button." Below this text is a button labeled "Add Another Transmitter". The main content is a table with the following data:

Type	Manufacturer	Model	Power	Action	Type of Changes
Interim Transmitter	Samsung	NTX4329	250 kW	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	N/A
Primary Transmitter	GatesAir	XS2132	500 kW	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	<input type="button" value="Purchase New"/>

#### Section II.D. – *New Transmitter Costs*

To add new transmitter costs, you will need to indicate the following: the change type (**lease new** or **purchase new**), the manufacturer, the model, the transmitter type, and justification for a new transmitter. The transmitter type will detail whether a transmitter is identified as solid state, an IOT, or "Other" transmitter type. For a solid state transmitter, the operator will need to indicate if a solid state cooling system is air or liquid and disclose the solid state power capacity (in kW). If the transmitter is identified as an IOT transmitter, then you will need to provide the IOT power type (**single, two, three, or other**) and the power capacity (in kW) (see Fig. 14: Transmitters Section: *New Inductive Output Tube Transmitter Costs*). If the transmitter is identified as an "Other" transmitter type, you will need to provide the transmitter type (see Fig. 15: Transmitters Section: *New Other Transmitter Type Costs*).

In the "Justification for a New Transmitter" section, you must provide details about why the current transmitter cannot be used for the reassigned channel. An example of a justification for a new transmitter might be, "The existing transmitter output mask filter is channel-specific and must be replaced to accommodate the channel change." "The current transmitter cannot be re-channelled to meet new channel assignment. Engineering a spare tube cabinet into the current design is more expensive than purchasing a new transmitter." Use attachments to further explain and provide supporting documentation and details for justification.



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**Fig. 14: Transmitters Section: *New Inductive Output Tube Transmitter Costs***

**New Transmitter Costs**

\* Indicates required field

**New Transmitter**

\* Change Type:     Lease New  
                           Purchase New

\* Manufacturer:   

\* Model:           

\* Transmitter Type:  ▼

\* IOT Power Type:     Single  
                           Two  
                           Three  
                           Other

\* Power capacity:     kW

\* Justification for  
New Transmitter:



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**Fig. 15: Transmitters Section: *New Other Transmitter Types Costs***

**New Transmitter Costs**

*\* indicates required field*

**New Transmitter**

\* Change Type:  Lease New  
 Purchase New

\* Manufacturer:

\* Model:

\* Transmitter Type: Other Type ▼

\* Other Transmitter Type:

\* Justification for New Transmitter:

If you indicate that your station operates with a Distributed Transmission System (DTS), you will find each DTS site prefilled in the system. You will then be prompted to provide answers (Transmitters and In-Building Expenses) for each site in the system.

#### Section II.E. – *Retuning Transmitter Costs*

Stations may be able to retune existing IOT transmitters to transmit on new channels, rather than replacing it. See Fig. 16: Transmitters Section: *Retuning Transmitter Costs*.

**Fig. 16: Transmitters Section: *Retuning Transmitter Costs***

**Retuning Transmitter Costs**

*\* indicates required field*

**New Mask Filter**

\* Power: Select... ▼

**New Exciter**

\* Is a new exciter needed?  
 Yes  No [« Clear](#)



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If you indicate that you need a new mask filter, you will be prompted to indicate the power level from a dropdown menu (**1.5kW, 3 kW, 7 kW, 10 kW, 30 kW, 60 kW, 90 kW**, or **other**). If you indicate that a new exciter is needed, you will need to indicate the “Exciter Type” (**single frequency agile** or **dual exciter with changeover**).

#### Section II.F. – *Other Transmitter Costs*

The next section, *Other Transmitter Costs*, contains a list of possible changes the station might have to make to its transmitter(s) in order to transition to its new channel.

In the *Other Transmitter Costs* section, you will be able to indicate costs associated with Electrical Service, HVAC and Transmitter Building Addition/Modification or Leasehold Improvement. The Electrical Service options include: **Service Entrance** (3 phases 800A 208V), **Switchgear** (industrial 800 amp), **Transformer** (480V), **Rigid Conduit and Wiring**, and **Other Electrical Services**). In addition, there is a section that allows for “Other Transmitter Costs Not Listed” that includes the opportunity to identify the cost and provide a description. (See Fig. 17: Transmitters Section: *Other Transmitter Costs*).



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**Fig. 17: Transmitters Section: *Other Transmitter Costs***

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### Other Transmitter Costs

---

*\* indicates required field*

#### Electrical Service

Does the replacement transmitter require any of the following electrical service?

- Service Entrance (3 phases 800A 208V)
- Switchgear (industrial 800 amp)
- Transformer (480V)
- Rigid Conduit and Wiring
- Other Electrical Service

---

#### HVAC Service

\* Does the replacement transmitter require HVAC Service?

Yes  No [«Clear](#)

---

#### Transmitter Building Addition/Modification or Leasehold Improvement

\* Does the Transmitter Building require an addition, modification, other leasehold improvement?

Yes  No [«Clear](#)

---

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### Section III. – *Antenna Related Expenses*

This section contains a list of possible changes the station might have to make related to its antenna(s) in order to transition to its new channel.

#### Section III.A – Antennas

In addition to the station's existing primary antenna, the station may currently have one or more licensed auxiliary antennas available to use for backup and/or emergency purposes. It may be possible to retune these antennas to operate on the new channel or it may have to be replaced. During its transition to the new channel, the station may also need to use an antenna for interim operations while work is performed on the primary antenna (e.g., retuning, replacement, etc.). If



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the station has an existing auxiliary or emergency/backup antenna, such an antenna may be used for interim operations. Alternatively, the station may need to rent or purchase another antenna for interim operations.

For antennas currently used by a station that are operational and necessary for operations, stations should answer the question, "Do you have antenna related expenses?" Reimbursement is only available for equipment that is in working order. See Fig. 18: Antenna Section: *Antennas*.

**Fig. 18: Antenna Section: *Antennas***

**Antennas**

*\* indicates required field*

**Antenna Related Expenses**

\* Do you have antenna related expenses?

Yes  No << Clear

### Section III.B. – *Antenna Changes*

The system will pre-populate information for the existing antenna(s) that have been previously identified in the FCC's system. You may add other antenna(s) by clicking the  button. See Fig. 19: Antenna Section: *Antenna Changes*.



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**Fig. 19: Antenna Section: *Antenna Changes***

TV Broadcaster Incentive Auction Reimbursement Fund

### Antenna Changes

[Attachments](#) [Draft Copy](#)

Listed below are the antennas in our system. Please click on the Edit button to update information about your existing antennas. Please click on the Select button and choose Retune Existing, Purchase New, or Lease New to identify the Type of Changes you need to make and to update information about your new antennas. For expenses related to additional antennas, or to utilize an Interim antenna, please click on the Add Another Antenna button.

Type	Manufacturer	Model	Action	Type of Changes
Primary Antenna	GatesAir	1234456	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	<input type="button" value="Purchase New"/>

For each antenna the station currently uses, use the dropdown menu to describe the purpose for which the antenna is used (i.e., **primary, licensed auxiliary, interim**).

Users must provide and/or confirm the following required information for all antenna(s):

Attribute/Characteristic	Example/Options
Antenna Use	<b>Primary, Auxiliary, Interim</b>
Change Type	<b>Primary, Auxiliary, Interim (Lease New, Rent Temporary, Purchase New)</b>
Ownership	<b>Leased, Owned</b>
Is the antenna shared?	<b>Yes, No</b>
Will the antenna be located on or in close proximity to an antenna farm?	<b>Yes, No</b>
New Antenna Manufacturer and Type	N/A
Class	<b>Class A, Full Power</b>
Mounting	<b>Top-mount single, Top-mount stacked, side-mount</b>
Antenna position in stack	<b>Not in Stack, Top, Middle, Bottom</b>
Polarization	<b>Horizontal, Elliptical, Circular</b>
Type	<b>Slotted coaxial, Broadband Panel, Other Type</b>



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Effective Radiated Power (ERP) (in Kw)	N/A
Manufacturer	N/A
Model	N/A
Year	N/A
Justification for New Antenna	N/A

#### Section III.C. – Add Antenna

To add antenna(s), choose the Type of Changes (i.e., **Purchase New, Rent Temporary, Lease New**) for the appropriate antenna. When you have chosen the type of change, you will be asked the same series of questions listed in the table above. See Fig. 20: Antenna Section: *Add Antenna (Part 1)*, and Fig 21: Antenna Section: *Add Antenna (Part 2)* and Fig. 22: Antenna Section: *Add Antenna (Part 3)*.

**Fig. 20: Antenna Section: Add Antenna (Part 1)**

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### New Antenna Costs

\* indicates required field

**New Antenna Description**

\* Antenna Use:           Interim

\* Change Type:            Lease New  
                                   Rent Temporary  
                                   Purchase New

\* Ownership:              Leased  
                                   Owned

\* Is antenna shared?  
 Yes    No   « Clear

---

\* Is antenna directional?  
 Yes    No   « Clear

\* Will antenna be located on or in close proximity to an antenna farm?  
 Yes    No   « Clear



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Fig. 21: Antenna Section: *Add Antenna (Part 2)*

New Antenna Manufacturer and Type

\* Class:  Class A  
 Full Power

\* Mounting:  Top-mount single  
 Top-mount stacked  
 Side-mount

\* Antenna position in stack:  Not in Stack  
 Top  
 Middle  
 Bottom

\* Polarization:  Horizontal  
 Elliptical  
 Circular

\* Type:

\* Number of Stations Supported:

\* Number of Panels/Bays:

\* Frequency: \* Lower Limit:  MHz \* Upper Limit:  MHz

\* Design power capacity in use:  %

\* ERP:  kW

\* Manufacturer:

\* Model:

Fig. 22: Antenna Section: *Add Antenna (Part 3)*

\* Year:

\* Justification for New Antenna:



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When your antenna is shared, you will need to provide the Facility's ID and Call Signs of all stations with whom the antenna shared. See Fig. 23: Antenna Section: *Shared Antenna*.

**Fig. 23: Antenna Section: *Shared Antenna***

\* Ownership:  Leased  Owned

\* Is antenna shared?  
 Yes  No « Clear

---

\* Enter the Facility ID's and Call Signs of all stations with whom the antenna is shared. [Lookup for Call Sign](#)

Facility ID	Call Sign	Actions
<input type="text" value="1051"/>	<input type="text" value="WJLA"/>	<input type="button" value="Remove"/>
<input type="button" value="Add Row"/>		

\* Is antenna directional?  
 Yes  No « Clear

\* Will antenna be located on or in close proximity to an antenna farm?  
 Yes  No « Clear

---

**New Antenna Manufacturer and Type**

\* Class:  Class A  Full Power

When writing a justification for the new antenna, provide as much information as possible to assist reviewers in making a determination about why the new transmitter is necessary.

#### Section III.D. – *Other Antenna Costs*

Other antenna costs may include Retuning of Existing Antenna, Combiner for Shared Antenna, or “Other Expenses Not Listed.”



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For antennas being retuned, indicate whether a sweep test is needed. See Fig. 24: Antenna Section: *Other Antenna Costs*.

**Fig. 24: Antenna Section: *Other Antenna Costs***

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**Adjustment to Existing Antenna**

\* Indicates required field

**Sweep Test of Existing Antenna**

\* Do you need a sweep test of existing antenna?

Yes  No

When requesting reimbursement for a combiner for Shared Antenna, indicate whether the station requires a new combiner for a shared broadband antenna or an additional module for an existing combiner. If the station requires a new combiner for shared a shared broadband antenna or an additional module for existing combiner, indicate the number of channels supported by the antenna and the frequency range of the channels capable of using the antenna.

See Fig. 25: Antenna Section: *Other Antenna Costs*.



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Fig. 25: Antenna Section: *Other Antenna Costs*

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### Other Antenna Costs

*\* indicates required field*

---

**Combiner for Shared Antenna**

\* Do you need a Combiner for a Shared Antenna?

Yes  No [« Clear](#)

---

**Elbow Complex**

\* Do you require the separate purchase of the Elbow Complex?

Yes  No [« Clear](#)

\* Broadband or Single Channel?

Single Channel

\* Feed Line Size: 8 3/16  inches

---

**Side Mount Brackets**

\* Do you require the separate purchase of side mount brackets for a high power antenna?

Yes  No [« Clear](#)

---

**Pattern Scatter Analysis**

\* Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?

Yes  No [« Clear](#)

---

**Sweep Test**

\* Do you require the sweep testing of transmission line and antenna?

Yes  No [« Clear](#)

## Section IV. – *Transmission Line Changes*

The Transmission Line Changes questions contain a series of possible changes the station might have to make to its existing transmission line(s) in order to transition to its new channel. You will be prompted to answer these questions with respect to each antenna identified in response to the *Antennas* section, to account for the one or more parallel runs of transmission line for each antenna.

### Section IV.A. – *New Transmission Line*

You should only answer questions about transmission line(s) required for existing antenna to be retuned or for a new antenna. For each transmission line a station currently uses, describe the



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purpose of the antenna served by the line (e.g., **primary, licensed auxiliary**, etc.) and indicate if the line is owned by the station or a company affiliated with the station (e.g., a group owner) or if the line is rented/leased. In addition, for each line, indicate whether it is shared with another television station and, if so, provide the Facility ID number of the other station(s) with which the line is shared. Also, for each line, provide the name of the manufacturer and indicate the type (**Flexible Foam, Flexible Air, Rigid, Waveguide**), number of parallel runs, length of the line and whether it is in operating condition.

For each new transmission line the station intends to purchase, indicate the purpose for which the associated antenna is used (**primary, licensed auxiliary, interim**). Indicate whether or not this is a request for upgraded equipment. Also indicate the type of transmission line (**flexible foam, flexible air, rigid or waveguide**) and the diameter. For rigid line, indicate the segment length. Indicate the number of parallel runs of line required and the length of line in each run. In addition, provide a justification as to why the station thinks it is reasonable under the circumstances to purchase new transmission line rather than reusing its current line. See Fig. 26: Transmission Line Section: *New Transmission Line*.



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**Fig. 26: Transmission Line Section: *New Transmission Line***

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### New Transmission Line

\* indicates required field

**New Transmission Line Costs**

\* Use: Primary (Main)

\* Change Type: Lease New

\* Is this a request for upgraded equipment?  
 Yes  No [« Clear](#)

\* Type:

\* Number of parallel runs:

\* Length:  feet per run

\* Justification for New Transmission Line:

Stations that have costs related to transmission line that are not identified in the Cost Catalog should identify those costs and provide a description of the cost and provide justification as to the necessity and reasonableness of this cost.

### *Section V. – Tower Equipment and Rigging Costs*

This section contains a list of possible changes the station might have to make to its primary or auxiliary tower in order to transition to its new channel.



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#### Section V.A. – Tower Equipment and Rigging Costs

If you have tower equipment costs, you will be able to record them in the Tower Equipment and Rigging Costs section. See Fig. 27: Tower Equipment and Rigging Costs Section: *Tower Equipment and Rigging Costs*.

**Fig. 27: Tower Equipment and Rigging Costs Section: *Tower Equipment and Rigging Costs***

The screenshot shows a form titled "Tower Equipment And Rigging Costs". Below the title is a note: "\* indicates required field". The main heading is "Tower Equipment or Rigging Costs Changes". Below this is a question: "\* Do you have tower equipment or rigging costs changes?". There are two radio buttons: "Yes" and "No", followed by a "Clear" button with a left-pointing arrow.

A table will appear that shows the towers associated with a given station in the FCC's system. You can click the "edit" button to update information about your existing towers. See Fig. 28: Tower Equipment and Rigging Costs Section: *Tower Changes*.

**Fig. 28: Tower Equipment and Rigging Costs Section: *Tower Changes***

The screenshot shows a form titled "Tower Changes". In the top right corner, there are links for "Attachments" and "Draft Copy". Below this is a paragraph of instructions: "Listed below are the towers in our system. Please click on the Edit button to update information about your existing towers. Please click on the Select button and choose Modify Existing, Move Equipment, or Construct New to identify the Type of Changes you need to make and to update information about your new towers. For expenses related to additional towers, or to utilize an Interim Tower, please click on the Add Another Tower button." Below the text is a button labeled "Add Another Tower" with a dropdown arrow. Below the button is a table with the following structure:

Type	Structure Type	Action	Type of Changes
Primary Tower	TOWER	<input type="button" value="Edit"/> <input type="button" value="Delete"/>	<input type="button" value="Construct New"/>

For each tower the station currently uses, indicate whether the tower's registration number should be provided (if applicable) in addition to the tower's Antenna Structure Registration (ASR) number. If the tower has an ASR number, the tower height and coordinates, as well as the name of the tower owner and date constructed, will be generated from the Commission's Antenna Structure Registration System.



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If the existing tower does not have an ASR number, provide the tower coordinates (latitude and longitude) and Height Above Ground Level (Height AGL) (in feet or meters). Describe the following information: the purpose for which the station uses the tower [e.g., for its **primary antenna**, **auxiliary antenna**, **distributed transmission system (DTS)**] and indicate if the tower is owned by the station or a company affiliated with the station (e.g., a group owner) or if the tower is rented or leased. If the tower is leased, provide the name and contact information for the tower owner. For towers not owned by the station, you may need to contact the tower owner to obtain some of the information required in this question, as outlined below. See Fig. 29: Tower Equipment and Rigging Costs Section: *Tower Construction Costs*.

**Fig. 29: Tower Equipment and Rigging Costs Section: *Tower Construction Costs***

### Tower Construction Costs

\* indicates required field

**Construct New Tower**

\* Use:

\* Is this a request for upgraded equipment?  
 Yes  No [« Clear](#)

\* Height (AGL):  feet

\* Justification for New Tower:

Indicate whether there are other users on the tower and include information related to other facilities and provide the Facility ID number for other broadcasters (AM radio, FM radio, or other television station). Indicate whether the tower is a complex tower. A tower is considered complex for purposes of Form 399 if it has a candelabra, is located on a building, or located in an area that is difficult to access because of weather or other conditions (i.e. constrained by terrain). See Fig. 30: Tower Equipment and Rigging Costs Section: *Add Tower*.



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Fig. 30: Tower Equipment and Rigging Costs Section: *Add Tower*

### Add Tower

\* indicates required field

#### Existing Tower Description

\* Tower Use:            Auxiliary (Backup)

\* Description of use:

\* Ownership:             Leased  
                                   Owned

\* Is this tower consider  
Complex?               

\* Is this tower currently shared with any other stations?  
 Yes    No   [«Clear](#)

---

\* Is tower documented for structural analysis?  
 Yes    No    Unknown   [«Clear](#)

---

\* Is tower compliant with Rev G?  
 Yes    No    Unknown   [«Clear](#)

You can choose the “Add Another Tower” button to add a tower not currently in the FCC’s system. You can also do so by choosing from the dropdown menu in the “Type of Changes” column any changes you intend to make to the towers listed. If you intend to build a new tower to replace your primary tower, choose “Purchase New” from the “Type of Changes” dropdown menu in the Primary Tower row. When purchasing a new tower, you will be required to provide supporting documentation.

In the Tower Construction Costs section, you must provide additional information about the tower, and its use (e.g. new tower to support primary facilities or an auxiliary facility). You will also need to



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indicate whether or not this tower construction will be an upgrade. You will be required to define the height in feet (above ground level (AGL)).

#### Section V.B. – *Engineering Study/Tower Reinforcements*

For each tower previously indicated as requiring tower modifications, indicate whether a tower study is necessary and if so, the kind of tower and study needed (**undocumented/poorly documented tower, documented tower, tower with candelabra**). Also indicate if tower reinforcements are needed and, if so, the degree of reinforcement (**minor, major, or serious**). The definitions for these tower reinforcement classifications can be found in the Cost Catalog. See Fig. 31: Tower Equipment and Rigging Costs Section: *Engineering Study/Tower Reinforcements*.

**Fig. 31: Tower Equipment and Rigging Costs Section: *Engineering Study/Tower Reinforcements***

<p><b>Engineering Study</b></p> <p>* Please what type of engineering study is required, if any:</p> <p><input checked="" type="radio"/> No study needed</p> <p><input type="radio"/> Study needed for undocumented/poorly documented tower</p> <p><input type="radio"/> Study needed for documented tower</p> <p><input type="radio"/> Study needed for tower with candelabra</p>
<p><b>Tower Reinforcements</b></p> <p>* Please select whether tower reinforcements are needed:</p> <p><input checked="" type="radio"/> No reinforcements needed</p> <p><input type="radio"/> Minor Reinforcements needed</p> <p><input type="radio"/> Serious Reinforcements needed</p> <p><input type="radio"/> Major Reinforcements needed</p>

#### Section V.C. – *Tower Rigging Costs*

For each new tower you previously indicated as needing construction, indicate the Height AGL (in feet) of the new tower. In addition, provide a justification as to why it is reasonable under the circumstances to build a new tower rather than modifying its existing tower or moving to a different, nearby tower.

For each modified or new tower for which rigging costs will be incurred, indicate the kind of tower. Indicate also if a helicopter lift will be required. See Fig. 32: Tower Equipment and Rigging Costs Section: *Tower Rigging Costs*.



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**Fig. 32: Tower Equipment and Rigging Costs Section: *Tower Rigging Costs***

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### Tower Rigging Costs

If tower rigging services are required, please select the type of tower to be rigged.

\* All fields are required.

#### Tower Rigging Costs

\* Complex Tower:  Candelabra  
 Located on Building  
 Terrain constrained  
 Other  
 N/A

---

#### Helicopter Services Required

\* Are helicopter services required?

Yes  No [← Clear](#)

Stations with tower-related costs that are not listed in the Catalog of Costs should identify the anticipated cost and provide a brief description of that cost and an explanation of why costs are reasonable and necessary.

### Section VI. – *Outside Professional Services Costs*

Stations can obtain quotes for professional services from an outside source to complete the station's channel relocation including Outside RF Consulting Engineering Services, Attorney and Other Outside Expenses and Other Professional Expenses Not Listed.

#### Section VI.A. – *Outside RF Consulting Engineering Services*

For Outside RF Consulting Engineering Services, indicate the type of work (e.g., preparing engineering study or completing forms) for which the station will use RF consulting engineer services. With respect to preparation of FCC forms or requests for special temporary authority, indicate the number of such forms and requests the station expects to use outside engineering help to prepare. See Fig. 33: Other Expenses Section: *Outside RF Consulting Engineering Services*.



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**Fig. 33: Other Expenses Section: *Outside RF Consulting Engineering Services***

**Outside RF consulting Engineering Services**

Select which, if any, outside RF consulting engineering services are required.

- Perform engineering study for new channel assignment and antenna development
- Prepare engineering section of Form FCC Construction Permit Application
  - For Auxiliary Facility
  - For Main Facility
- Prepare engineering section of Form FCC License to Cover Application
  - For Auxiliary Facility
  - For Main Facility
- Prepare request for Special Temporary Authority

\* Quantity:

### Section VI.B. – *Attorney and Other Outside Consulting Services*

Indicate outside attorney costs the station may incur. With respect to preparation of FCC forms or requests for special temporary authority, indicate the number of such requests the station expects to need outside attorney help to file. Indicate if the station expects to engage outside professional services in connection with a NEPA Section 106 environmental review, environmental assessment, ASR modification, or FAA consultation. See Fig. 34: Other Expenses Section: *Attorney and Other Outside Consulting Services*.



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**Fig. 34: Other Expenses Section: *Attorney and Other Outside Consulting Services***

<p><b>Attorney and Other Outside Consulting Services</b></p> <p>Select which, if any, additional outside professional services are required.</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Prepare and file Form FCC Construction Permit Application</li><li><input type="checkbox"/> Prepare and file Form FCC License to Cover Application</li><li><input type="checkbox"/> Prepare request for Special Temporary Authority</li><li><input type="checkbox"/> NEPA Section 106 environmental review</li><li><input type="checkbox"/> Environmental Assessment</li><li><input type="checkbox"/> ASR Modification</li><li><input type="checkbox"/> FAA Consultation (including preparation of FAA Form 7460)</li><li><input type="checkbox"/> Negotiation of Lease and other Matter for Shared Locations</li><li><input type="checkbox"/> Prepare or Review FCC Form 399 for Reimbursement</li><li><input type="checkbox"/> Address transition timing and coordination issues w/ other stations and wireless providers</li></ul>
<p><b>RF Field Engineering Services</b></p> <p>Select which, if any, RF Field Engineering Services are required.</p> <ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Comprehensive coverage verification via field study</li><li><input checked="" type="checkbox"/> RF exposure measurements</li><li><input type="checkbox"/> Additional Field Engineering Service</li></ul>

#### Section VI.C. – *RF Field Engineering Services*

For RF Field Engineering Services costs, indicate if the station expects to incur fees for a field study for comprehensive coverage verification or for RF exposure measurements. In addition, indicate if the station expects to need additional field engineering services. See Fig. 35: Other Expenses Section: *Outside RF Field Engineering Services*.



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**Fig. 35: Other Expenses Section: *Outside RF Field Engineering Services***

### RF Field Engineering Services

Select which, if any, RF Field Engineering Services are required.

Comprehensive coverage verification via field study

RF exposure measurements

Additional Field Engineering Service

\* Number of Days:

\* Justification:

### Section VI.D. – *Other Professional Expenses Not Listed*

If your station expects to incur costs related to outside professional services, answer the following questions:

Is an Impact Study needed? And Is Remediation needed? See Fig. 36: *Other Professional Expenses Not Listed*.

**Fig. 36: Other Expenses Section: *Other Professional Expenses Not Listed***

### Other Expenses

Indicate whether the relocation of this station requires reimbursement for any of the following costs or services.

\* indicates required field

#### AM Pattern Disturbance

\* Is an Impact Study needed?

Yes  No [« Clear](#)

\* Is Remediation needed?

Yes  No [« Clear](#)

S



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**Section VI.E. – Facility Expenses** For facility expenses, indicate if the station has other expenses related to interim facilities or operation of DTS station(s). Also indicate if the station will incur expenses related to notification of nearby medical facilities of their channel change. See Fig. 37: Other Expenses Section: *Facility Expenses*.

**Fig. 37: Other Expenses Section: *Facility Expenses***

**Facility Expenses**

\* Is Notification of a Medical Facility required as a result of DTV broadcasting?

Yes  No [« Clear](#)

### Section VI.F. – Permit and Filing Costs

For permit and filing costs, indicate if the station expects to have to obtain permits in connection with its channel relocation. See Fig. 38: Other Expenses Section: *Permit and Filing Costs*.

**Fig. 38: Other Expenses Section: *Permit and Filing Costs***

**Permit and Filing Costs**

Select which, if any, permitting costs will be required for this relocation.

- Local Zoning
- Non-zoning permits
- BLM or NFS Coordination
- FCC Construction Permit Minor Change
- FCC License to Cover Application
- FCC Special Temporary Authority Application



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#### Section VI.G. – *Other Miscellaneous Expenses*

For other miscellaneous expenses, indicate if the station expects to incur costs identified in this section including Disposal Costs (for equipment and other waste, net of any salvage value), Equipment Delivery or Handling Charges not otherwise included in individual item costs, Equipment Storage, Development and Airing of an Announcement regarding the upcoming channel change, or MVPD notification of the change. See Fig. 39: Other Expenses Section: *Other Miscellaneous Expenses*.

**Fig. 39: Other Expenses Section: *Other Miscellaneous Expenses***

Other Miscellaneous Expenses
* Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?
<input type="radio"/> Yes <input type="radio"/> No <a href="#">« Clear</a>
* Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?
<input type="radio"/> Yes <input type="radio"/> No <a href="#">« Clear</a>
* Does this relocation require Equipment Storage?
<input type="radio"/> Yes <input type="radio"/> No <a href="#">« Clear</a>
* Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?
<input type="radio"/> Yes <input type="radio"/> No <a href="#">« Clear</a>
* Does this relocation require MVPD Notification of a Channel Change?
<input type="radio"/> Yes <input type="radio"/> No <a href="#">« Clear</a>



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### Section VII. – Costs Section

For each section, there will be columns for:

- Description
- Predetermined Cost Estimate (if available)
- Estimate Cost and Actual Cost Information.

The Description describes what the cost is for. The Predetermined Cost Estimate includes the highest possible cost from the Catalog (if it is listed in the Catalog).

When you obtain receipts and/or invoices, you can add them by choosing the word "Add" under Actual Cost Information. This will allow you to upload the actual documents associated with the cost estimate. If the Actual Cost Information is higher than the Estimated Cost, you will need to go back to the cost estimate, change the amount to the actual expense and resubmit for approval (you can attach the invoice as part of the justification).

See Fig. 40: Costs Section: *Estimate Cost and Actual Cost Information*.

**Fig. 40: Costs Section: *Estimate Cost and Actual Cost Information***

TV Broadcaster Incentive Auction Reimbursement Fund			
Transmitter Cost Information			
Description	Predetermined Cost Estimate (if available)	Estimated Cost	Actual Cost Information
Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).			
Primary Transmitter UAX	\$0.00	\$0.00	\$0.00
- Air Cooled Solid State Transmitter 30 kW		Add	Add
Auxiliary Transmitter null	\$83,850.00	\$0.00	\$0.00
7 kW mask filter	\$5,900.00	Add	Add
Dual exciter system with change over	\$45,000.00	Add	Add
Service entrance 3 phase/800 amp/208 volt	\$13,700.00	Add	Add
5 Ton system	\$19,250.00	Add	Add
Sub-total	\$83,850.00	\$0.00	\$0.00
Total for all systems	\$577,985.00	\$0.00	\$0.00

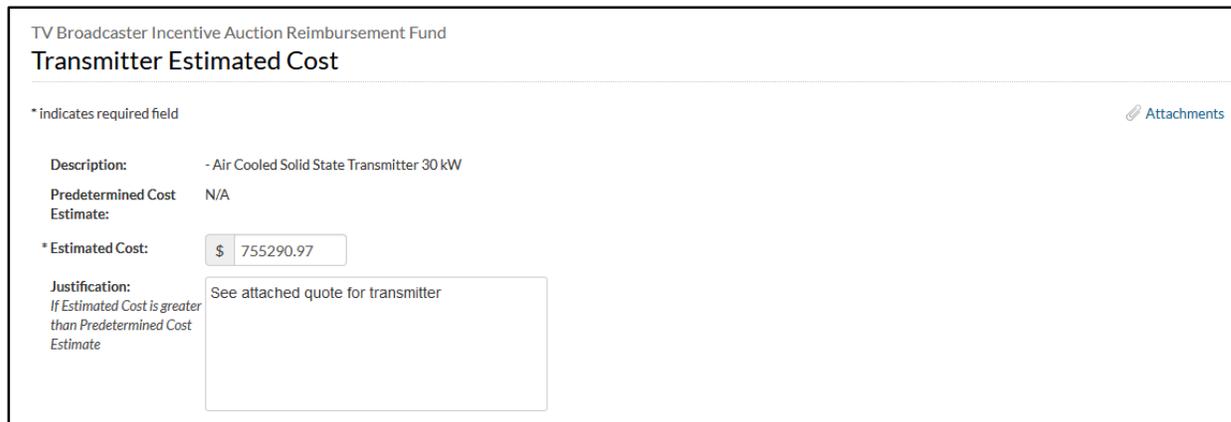


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As noted in Fig. 41: Costs Section: *Transmitter Estimated Cost*, for each cost for which you see Add in the Estimated Cost column, you must enter a cost. For each of these costs, you will be able to add an attachment to support the cost estimate by clicking the  icon in the right corner of the screen. For any estimated cost exceeding the predetermined cost estimate amount (which is taken from the Cost Catalog and will be prepopulated in the “Predetermined Cost Estimate” field), you will be required to explain, in the “Justification” field, why the cost is greater than the Predetermined Cost Estimate.

**Fig. 41: Costs Section: *Transmitter Estimated Cost***



The screenshot shows a web form titled "TV Broadcaster Incentive Auction Reimbursement Fund" with a sub-heading "Transmitter Estimated Cost". A legend indicates that an asterisk (\*) denotes a required field. The form contains the following fields:

- Description:** - Air Cooled Solid State Transmitter 30 kW
- Predetermined Cost Estimate:** N/A
- \* Estimated Cost:** A text input field containing "\$ 755290.97".
- Justification:** A text area with the placeholder text "See attached quote for transmitter".

An "Attachments" icon is visible in the top right corner of the form area.

When you click , you will move to the next section for which you indicated you would incur costs associated with the change. The  will allow you to continue working on the estimate without submitting the cost estimate for review. Your cost estimate will only be submitted for review when you certify your estimate and submit the application.

### Section VIII. – *Application Summary Section*

The Application Summary Section will allow you to review your application as a whole. This view represents what reviewers will see when reviewing your request for reimbursement. The contact information provided in the first sections will be visible. There will also be a summary of all cost information. You will be able to see the Cost Catalog pricing, your input in the Cost Estimate and when actual expenses when they have been submitted. See Fig. 42: Application Summary Section: *Cost Information*.



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**Fig. 42: Application Summary Section: Cost Information**

Construction is incomplete.

Cost Information				
	Number	Predetermined Cost Est.	Est. Cost	Actual Cost
Transmitters	2	\$839,140.97	\$839,140.97	\$0.00
Antenna Changes	2	\$27,300.00	\$30,900.00	\$0.00
Transmission Line Changes	2	\$214,750.00	\$214,750.00	\$33,500.00
Tower Equipment and Rigging Costs	1	\$105,000.00	\$105,000.00	\$0.00
Outside Professional Services	1	\$107,000.00	\$107,000.00	\$0.00
Other Expenses	1	\$80,867.00	\$80,867.00	\$0.00
<b>Total for all systems</b>		<b>\$1,374,057.97</b>	<b>\$1,377,657.97</b>	<b>\$33,500.00</b>

### Section IX. – Certify Section

The Certify section requires the authorized person identified in the Applicant Information section to certify the submission. Clicking the [Submit Application](#) will submit the application for review by the FCC.

This process will be repeated after allocations have been made and funds become available. For each expense submitted for reimbursement, this process will be repeated for all expenses submitted. See Fig. 43: Certify Section: *Certification*.



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**Fig. 43: Certify Section: *Certification***

TV Broadcaster Incentive Auction Reimbursement Fund

### Certification

*\* indicates required field* [Attachments](#) [Draft Copy](#)

#### Submission of Estimated Expenses 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.

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.

Date: 04/05/2017

\* First Name:

Middle Name:

\* Last Name:

Suffix:

\* Title:



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## APPENDIX - DEFINITIONS

**Actual Cost Form:** Broadcasters that received an initial allocation will use this form to submit invoices, receipts, and other documentation of costs in connection with requests for payment from the TV Broadcaster Relocation Fund.

**Allocations:** After reviewing the cost estimates submitted, the Media Bureau will make an initial reimbursement allocation for each reassigned station and MVPD that filed cost estimates. After reviewing cost estimates, the Media Bureau will make an initial allocation from the Fund across all Eligible Entities.<sup>66</sup> The initial allocation for each Eligible Entity will be based on a percentage of its estimated costs, with the initial allocation for commercial stations and MVPDs accounting for up to 80 percent of their estimated costs and the initial allocation for non-commercial stations accounting for up to 90 percent of their estimated costs.<sup>67</sup> The Media Bureau will release a public notice announcing the percentage of cost estimates allocated for each of the three categories of reimbursable entities: MVPDs, commercial stations, and non-commercial stations.<sup>68</sup> An Eligible Entity will be able to “draw down” against the allocation amount as it incurs reimbursable expenses.<sup>69</sup> Each Eligible Entity will be able to see the specific amount allocated to its Facility ID (for reassigned stations) or File Number (for MVPDs) by logging in to the CORES Incentive Auction Financial Module and navigating to the Auction Payments component.

**Catalog of Potential Expenses and Estimated Costs (“Cost Catalog”):** The Cost Catalog is a list, embedded in Form 399, which contains some of the expenses broadcasters will incur during the repacking process that may be eligible for reimbursement and the estimated cost of each service and piece of equipment.

**Estimated Cost Form:** Broadcasters seeking reimbursement from the Fund will use this form to provide an estimate of relocation costs in advance of transition construction [*see* 47 C.F.R. §73.3700(e)(2)].

**Final Accounting:** After completing all construction or reimbursable changes, broadcast television station licensees that have received money from the TV Broadcaster Relocation Fund will be required to submit final expense documentation containing a list of estimated expenses and actual expenses as of a date to be determined by the Media Bureau. Entities that have finished construction and have



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submitted all actual expense documentation by the Final Allocation Deadline will not be required to file at the final accounting stage [see 47 C.F.R. § 73.3700(e)(4)].

**Final Allocation Deadline:** Upon completing construction or other reimbursable changes, or by a specific deadline prior to the end of the Reimbursement Period to be established by the Media Bureau, whichever is earlier, all broadcast television station licensees that received an initial allocation from the TV Broadcaster Relocation Fund must provide the Commission with information and documentation, including invoices and receipts, regarding their actual expenses incurred as of a date to be determined by the Media Bureau. If a broadcast television station licensee has not yet completed construction or other reimbursable changes by the Final Allocation Deadline, it must provide the Commission with information and documentation regarding any remaining eligible expenses that it expects to reasonably incur. [See 47 C.F.R. §73.3700(e)(3)(i)].

**Individualized Cost Estimate:** Cost estimate provided by the entity seeking reimbursement from the Reimbursement Fund that differs from the Cost Catalog, either because the entity believes the catalog cost is not in the range of predetermined costs or because the item or service is not included in the Cost Catalog. In either situation, entities submitting individualized cost estimates must submit supporting evidence and certify that the estimate is made in good faith.

**Initial Allocation:** Broadcasters that submit estimated cost forms will receive an initial allocation of funding of up to 80 percent of their estimated costs. Broadcasters will then be able to draw down against this amount as they incur expenses related to the channel transition.

**Predetermined Cost Estimate:** The estimated cost of an eligible expense as generally determined by the Media Bureau in the Cost Catalog [see 47 C.F.R. §73.3700(a)(10)].

**Reimbursement Period:** The period ending three years after the completion of the forward auction pursuant to section 6403(b)(4)(D) of the Spectrum Act [see 47 C.F.R. §73.3700(a)(13)].



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<b>List of Acronyms and Abbreviations</b>	
<b>Acronym/Abbreviation</b>	<b>Description</b>
MVPD	Multichannel Video Programming Distributors
LMS	Licensing and Management System
FRN	FCC Registration Number
CORES	Commission REgistration System
PSID	Physical System ID
DMA	Designated Market Area
RF	Radio Frequency
ASR	Antenna Structure Registration
Height AGL	Height Above Ground Level
DTS	Distributed Transmission System
IOT	Inductive Output Tube