



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **70287** | Service: **DTV** | Call **WTJX-TV** | Channel: **36 (UHF)** |  
ID: | Sign:  
File **0000027602**  
Number:  
FRN: **0006610273** | Date **09/07**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>VIRGIN ISLANDS PUBLIC BROADCASTING SYSTEM</b> Doing Business As: WTJX-TV	TANYA-MARIE SINGH PO Box 7879 CHARLOTTE AMALIE, ST. THOMAS, VI 00801 United States	+1 (340) 774- 6255	tsingh@wtjx. org	Government Entity

## 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
<b>William T Godfrey , Jr. . Consulting Engineers Kessler and Gehman Associates, Inc.</b>	William T. Godfrey, Jr. Kessler and Gehman Associates, Inc. 507-D NW 60th Street Gainesville, FL 32607 United States	+1 (352) 332-3157	bill@kesslerandgehman. 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.		No
Briefly describe transition plan		Replace transmitter and antenna. Replace transmission line if sweep tests fail. Acquire interim antenna system during construction and duration of the assigned phase. Map and analyze tower; design and implement modifications or replace if required.

**Transmitters**

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Add Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Diamond
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 kW

**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	TBD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	5 kW
	Justification for New Transmitter	The manufacturer of the existing solid state transmitter advises that the transmitter cannot be re-tuned to the assigned channel. See attachment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes

	Size	3 inches
	Length	100.0 feet
	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Standby Exciter and Switch</b>	Standby Exciter with Automatic Change Over Switch
<b>Additional Interior RF System</b>	Interior RF System Existing Transmitter to Interim Transmission line

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

## Auxiliary Antenna

### Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Ownership	Owned
	Owner	N/A
	Site	N/A
	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	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	50.0 kW

Manufacturer	
Model	TLP-8 S180
Year	2007



**Auxiliary  
Antenna**

**New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	42.9 kW
	Manufacturer	
	Model	TBD

Year	2018
Justification for New Antenna	The existing primary antenna is a single channel slotted coaxial which cannot accommodate the assigned channel.

## Auxiliary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes

<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes
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**Auxiliary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	50.0 kW

Manufacturer	
Model	TLP-8 S180
Year	2013

## Primary Antenna

### New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	42.9 kW
	Manufacturer	
	Model	TBD
	Year	2018

Justification for New Antenna	The existing primary antenna is a single channel slotted coaxial which cannot accommodate the assigned channel.
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## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**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?	Yes

**Primary Transmission Line****Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	ERI
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	350 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Tests	Sweep line to ensure performance on assigned channel

Auxiliary Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	ERI
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	120 feet per run

Auxiliary  
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Tests	Sweep line to ensure performance on assigned channel

**Tower Equipment And Rigging Costs**

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

**Auxiliary Tower**

**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Construct New
	Tower Use	Auxiliary (Backup)
	Description of Use	Auxiliary
	Ownership	Owned
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1024797
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	18° 21' 19.0" N-
	Longitude (NAD83)	064° 56' 49.0" W-
	Overall Structure Height	115.16 feet
	Support Structure Height	100.06 feet

Ground Elevation Above Mean Sea Level (AMSL)	1479.97 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	VIRGIN ISLANDS PUBLIC TELEVISION SYSTEM
Date Constructed	01/01/1972

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
70026	WIUJ	FM

**Auxiliary  
Tower****Tower Construction Costs**

Section	Question	Response
<b>Construct New Tower</b>	Use	Auxiliary (Backup)
	Description of Use	Licensed AUX Facility
	Is this a request for upgraded equipment?	No
	Height	100.00 feet
	Justification for New Tower	Referring to the attached structural analysis just completed by ERI for the 100 ft self-support structure, the tower must be replaced. The tower is on a 1,400 ft ridge on an island in the Caribbean which makes it a complex tower.

**Auxiliary  
Tower****Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	Terrain constrained
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Auxiliary  
Tower**

**Other Tower Expenses Not Listed**

Information not provided.

## Primary Tower

### Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Construct New
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	Terrain Constrained
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1244135
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	18° 21' 20.8" N-
	Longitude (NAD83)	064° 56' 51.5" W-
	Overall Structure Height	255.90 feet
	Support Structure Height	255.90 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1462.25 feet
	Structure Type	TOWER - Free Standing or Guyed Structure



Tower Owner	Virgin Islands Public Television System
Date Constructed	02/06/2006

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
184714	WTJX-FM	FM

**Primary  
Tower**

**Tower Construction Costs**

Section	Question	Response
Construct New Tower	Use	Primary (Main)
	Description of Use	N/A
	Is this a request for upgraded equipment?	No
	Height	250.00 feet
	Justification for New Tower	Referring to the attached structural analysis just completed by ERI for the 250 ft self-support structure, the tower must be replaced. The tower is on a 1,400 ft ridge on an island in the Caribbean which makes it a complex tower.

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
Tower Rigging Costs	Complex Tower	Terrain constrained
Helicopter Services Required	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**  
Information not provided.

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	1500
	Explanation	It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes

	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	Yes

Number of Days	30
Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
 Services provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	Yes
	Is Remediation needed?	Yes
<b>Facility Expenses</b>	Name	N/A
	Other Distributed Transmission System Expenses Not listed	N/A
	Name	N/A
	Is Notification of a Medical Facility required as a result of DTV broadcasting?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b> Information not provided.
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## 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
<b>Primary Transmitter TBD</b>	<b>\$470,450.00</b>	<b>\$455,500.00</b>		<b>\$0.00</b>	
Additional Interior RF System	<i>\$140,000.00</i>	\$140,000.00	N/A	N/A	N/A
Standby Exciter and Switch	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Transformer 3 phase/480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 4 - 6 kW	\$236,500.00	\$225,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$470,450.00</b>	<b>\$455,500.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$3,535,785.00</b>	<b>\$3,480,650.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

### Components

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
<b>Primary Antenna TBD</b>	<b>\$127,740.00</b>	<b>\$125,800.00</b>		<b>\$0.00</b>	
UHF - High Power, Side Mount, basic slot antenna, 43 kW input, directional,, horizontally polarized	<i>\$85,000.00</i>	\$85,000.00	N/A	N/A	N/A
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,400.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
<b>Auxiliary Antenna TBD</b>	<b>\$127,740.00</b>	<b>\$125,800.00</b>		<b>\$0.00</b>	

Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
UHF - High Power, Side Mount, basic slot antenna, 43 kW input, directional,, horizontally polarized	<b>\$85,000.00</b>	\$85,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,400.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$255,480.00	\$251,600.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,535,785.00	\$3,480,650.00	N/A	\$0.00	N/A

## Components

Information not provided.

Cost  
Information

Transmission Line

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 Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Auxiliary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Sub-total	\$12,800.00	\$12,800.00	N/A	\$0.00	N/A
Total for all systems	\$3,535,785.00	\$3,480,650.00	N/A	\$0.00	N/A

Components

Information not provided.

Cost  
Information

Tower Equipment and Rigging Costs

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
Auxiliary Tower TOWER	\$0.00	\$0.00		\$0.00	
Primary Tower TOWER	\$0.00	\$0.00		\$0.00	
Primary Tower	\$1,221,000.00	\$1,200,000.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and /or stacked antennas)	\$421,000.00	\$400,000.00	The tower is on a 1,400 ft ridge on an island in the Caribbean which makes it very difficult to access and rig. Also, the structure is within a tower influence zone (Class III).	N/A	N/A
New tower	<i>\$800,000.00</i>	\$800,000.00	Widelity: Costs may be higher for tower sites with difficult soil or other site conditions.	N/A	N/A
Auxiliary Tower	\$871,000.00	\$850,000.00		\$0.00	

Complex Tower (includes, for example, those with candelabras and /or stacked antennas)	\$421,000.00	\$400,000.00	The tower is on a 1,400 ft ridge on an island in the Caribbean which makes it very difficult to access and rig. Also, the structure is within a tower influence zone (Class III).	N/A	N/A
New tower	<b>\$450,000.00</b>	\$450,000.00	Widelity: Costs may be higher for tower sites with difficult soil or other site conditions.	N/A	N/A
<b>Sub-total</b>	\$2,092,000.00	\$2,050,000.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,535,785.00	\$3,480,650.00	N/A	\$0.00	N/A

## Components

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
<b>Outside Professional Services</b>	<b>\$445,065.00</b>	<b>\$425,250.00</b>		<b>\$0.00</b>	
Project management of the transition	\$237,000.00	\$225,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Additional Field Engineering Service, 30 Days	<i>\$60,000.00</i>	\$60,000.00	N/A	N/A	N/A
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A

ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	\$2,105.00	\$2,000.00	N/A	N/A	N/A



Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Attorney Fees - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	\$4,210.00	\$4,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$445,065.00	\$425,250.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,535,785.00	\$3,480,650.00	N/A	\$0.00	N/A

## Components

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
<b>Other Expenses</b>	<b>\$259,990.00</b>	<b>\$285,500.00</b>		<b>\$0.00</b>	
AM Pattern Disturbance -- Remedy	\$21,050.00	\$40,000.00	Required to protect patterns for two AM stations: 1) WSTA-AM located 2.50 km from WTJX site 2) WVWI-AM located 2.39 km from WTJX site	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$137,500.00</i>	\$137,500.00	See attached quote for freight from ERI for the two new towers. Based on shipping 10 open top containers 40 feet in length each with the required steel for the new towers.	N/A	N/A

Develop and air announcement of upcoming channel change	<b>\$5,000.00</b>	\$5,000.00	N/A	N/A	N/A
Non-zoning permits	<b>\$25,000.00</b>	\$25,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<b>\$2,000.00</b>	\$2,000.00	N/A	N/A	N/A
Equipment Storage	<b>\$25,000.00</b>	\$25,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$25,000.00</b>	\$25,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
AM Pattern Disturbance -- Impact study	\$7,890.00	\$15,000.00	Required to protect patterns for two AM stations: 1) WSTA-AM located 2.50 km from WTJX site 2) WVWI-AM located 2.39 km from WTJX site	N/A	N/A
<b>Sub-total</b>	\$259,990.00	\$285,500.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$3,535,785.00	\$3,480,650.00	N/A	\$0.00	N/A

## Components

Information not provided.

<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$3,535,785.00	\$3,480,650.00
			\$0.00

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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><b>Tanya Marie Singh</b>  <i>Chief Executive Officer</i></p> <p>09/07/2017</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS 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 AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	



4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. 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 (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. 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.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite 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><b>Tanya Marie Singh</b>  <i>Chief Executive Officer</i></p> <p>09/07/2017</p>

## Attachments