Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **23947** | Service: **DTV** | Call Sign: **WVAN-TV** | Channel: **8 (High VHF)** | File Number: **0000027629** | FRN: **0001844976** | Date Submitted: **03/09/2018**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION Doing Business As: GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION	Anthony Padgett 260 14TH ST NW ATLANTA, GA 30318 United States	+1 (404) 685-2410	apadgett@gpb.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
Robert Gehman *ConsutingEngineer* *Kessler and Gehman Associates, Inc.*	507 NW 60 Street Suite D Gainesville, FL 32607 United States	+1 (352) 332-3157	bob@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.

Transmitters

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

Primary Transmitter

Existing Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Primary (Main)
	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
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	PTCD 11P2i
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	4.8 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	4.8 kW
	Justification for New Transmitter	Manufacturer cannot retune to assigned channel

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

HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No
	Size	N/A
Channel 14 Costs	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
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line
Standby Exciter and Switch	Standby Exciter with Automatic Change Over Switch

Antennas

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

Primary Antenna

Existing Antenna Information

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	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?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	28
	Design power capacity in use	10.0 %
	Lower Limit	174.00 MHz

Upper Limit	216.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	20.0 kW
Manufacturer	Dielectric
Model	THA-04-7H
Year	2008

Primary Antenna

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

Primary Antenna

Other Antenna Cost Not Listed

Information not provided.

Transmission Line

Section	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	No

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	150
	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.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes

	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No

	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	12
	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

Information not provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Facility Expenses	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
Permit and Filing Costs	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
Other Miscellaneous Expenses	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	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

Other Expenses

Other Expenses Not Listed

Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TBD	**$313,950.00**	**$310,500.00**		**$0.00**	
High VHF - Air Cooled Solid State Transmitter 4.8 kW	***$145,000.00***	$145,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	$38,200.00	$36,300.00	N/A	N/A	N/A
Standby Exciter and Switch	***$25,000.00***	$25,000.00	N/A	N/A	N/A
Additional Interior RF System	***$75,000.00***	$75,000.00	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
Transformer 3 phase/480v - 150 KVA	$25,550.00	$24,300.00	N/A	N/A	N/A
Sub-total	$313,950.00	$310,500.00	N/A	$0.00	N/A
Total for all systems	$706,910.00	$700,150.00	N/A	$8,000.00	N/A

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
Primary Antenna THA-04-7H	**$241,730.00**	**$241,400.00**		**$0.00**	
High VHF - High Power Side Mount Broadband Panel antenna --One Station horizontally polarized	***$235,000.00***	$235,000.00	N/A	N/A	N/A
Sweep test of existing antenna	$6,730.00	$6,400.00	N/A	N/A	N/A
Sub-total	$241,730.00	$241,400.00	N/A	$0.00	N/A
Total for all systems	$706,910.00	$700,150.00	N/A	$8,000.00	N/A

Components

Information not provided.

Cost Information

Transmission Line

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

Information not provided.

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	**$72,680.00**	**$70,250.00**		**$8,000.00**	
Additional Field Engineering Service, 12 Days	***$24,000.00***	$24,000.00	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

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	$1,580.00	$1,500.00	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	$2,000.00	N/A
Project management of the transition	$23,700.00	$22,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	$2,500.00	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
Perform engineering study for new channel assignment and antenna development	$7,360.00	$7,000.00	N/A	$3,500.00	N/A
Sub-total	$72,680.00	$70,250.00	N/A	$8,000.00	N/A
Total for all systems	$706,910.00	$700,150.00	N/A	$8,000.00	N/A

Components

Actual Information Description	File Name	
Additional Field Engineering Service, 12 Days	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	**Component Description:** **Amount:**	Prepare engineering section of FCC form 2100 (main) for construction permit application $2,000.00
Project management of the transition	Information not provided.	
Prepare and or review reimbursement form	**Component Description:** **Amount:**	Prepare and review reimbursement form $2,500.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	

Perform engineering study for new channel assignment and antenna development	**Component Description:** **Amount:**	Perform engineering study for new channel assignment $3,500.00

Cost Information

Other Expenses

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	**$78,550.00**	**$78,000.00**		**$0.00**	
Disposal Costs (for equipment and other waste, net of any salvage value)	***$16,000.00***	$16,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	***$2,000.00***	$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	***$0.00***	$0.00	N/A	N/A	N/A
DTV Medical Facility Notification	$11,550.00	$11,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	***$33,000.00***	$33,000.00	N/A	N/A	N/A
Equipment Storage	***$16,000.00***	$16,000.00	N/A	N/A	N/A
Sub-total	$78,550.00	$78,000.00	N/A	$0.00	N/A
Total for all systems	$706,910.00	$700,150.00	N/A	$8,000.00	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$706,910.00	$700,150.00	$8,000.00

Reimbursement Status

Question	Response
The facility has ceased operating on its pre-auction channel.	No
Construction of final facilities or all necessary modifications are complete.	No
All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification

Section	Question	Response
Submission of Estimated Expenses Statements	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.	**Elizabeth Laprade** *CFO* 03/09/2018

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 IMPRISIONMENT (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).	
	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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

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.

	8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission. 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.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Elizabeth Laprade** *CFO* 03/09/2018

Attachments