

Federal Communications Commission

		submission)
Form 3	399:	

# **Reimbursement Request**

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Facility	23947	Service: DTV	Call	WVAN-TV	Channel:
ID:			Sign:		
8 (High VHF) File 0000027629					
		Number:			
FRN: <b>00</b>	0184497	6 Date	06/22		
		Submitted:	/2018		

## Applicant Name, Type, and Contact Information

### Information

Applicant	Address	Phone	Email	Applicant Type
GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION Doing Business As: GEORGIA PUBLIC TELECOMMUNICATIONS	Anthony Padgett 260 14TH ST NW ATLANTA, GA 30318	+1 (404) 685- 2410	apadgett@gpb. org	Government Entity
COMMISSION	United States			

#### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

### Preparer Contact Name and Information

Contact Information	Applicant	Address	Phone	Email
	Robert Gehman ConsutingEngineer Kessler and Gehman Associates, Inc.	507 NW 60 Street Suite D Gainesville, FL 32607	+1 (352) 332-3157	bob@kesslerandgehman. com
		United States		

Broadcaster	Question	Response
Information and Transition Plan	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	Existing Transmitter Information				
Transmitter	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			
	Manufacturer and Type	Model	PTCD 11P2i		
		Year	2008		
		Туре	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power Capacity	4.8 kW		

**Existing Transmitter Information** 

Primary	New Transmitter Costs				
Transmitter	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 Other Transmitter Costs

Transmitter	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
	Туре	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

#### Existing Antenna Information

Primary

Antenna	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
		Туре	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
	Other Antenna Type       ERP: (Effective Radiated Power)       Manufacturer       Model

# Primary Adjustment to Existing Antenna

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

### Primary Other Antenna Costs

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

# Primary Other Antenna Cost Not Listed

Antenna Information not provided.

Transmission <sup>Seffien</sup>	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

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

Outside Professional	Section	Question	Response
	I Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
		Number of Hours	60
		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
]	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

#### Attorney and Other Outside Consulting Services

	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	Other Professional Services Expenses Not Listed		
Professional	Services Costs	Description	
	Other Legal Services	Legal services not alrestablished OPS sect	

#### Other Professional Services Expenses Not Listed

Other Legal Services	Legal services not already included in a pre- established OPS section.
Other Engineering Services	Engineering services not already included in a pre-established OPS section.

Other	Section	Question	Response
Expenses	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 Not Listed

**Expenses** Information not provided.

#### Transmitters

#### Cost Information

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	
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
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
Sub-total	\$313,950.00	\$310,500.00	N/A	\$0.00	N/A
Total for all systems	\$716,190.00	\$710,150.00	N/A	\$10,675.00	N/A

#### Components

Information not provided.

#### Antennas

#### Cost Information

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	\$716,190.00	\$710,150.00	N/A	\$10,675.00	N/A

#### Components

Information not provided.

### Cost Transmission Line

Information Information not provided.

### Cost Tower Equipment and Rigging Costs

Information Information not provided.

#### Outside Professional Services

#### Cost Information

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	\$81,960.00	\$80,250.00		\$10,675.00	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$1,732.50	N/A
Other Legal Services	\$10,000.00	\$10,000.00	N/A	\$192.50	N/A

Other Engineering Services	\$13,500.00	\$13,500.00	Fewer Project Management tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced and a new OES category has been created and funded with the money removed from PM.	N/A	N/A
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
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Project management of the transition	\$9,480.00	\$9,000.00	Fewer Project Management tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced and a new OES category has been created and funded with the money removed from PM.	\$750.00	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

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,000.00	N/A
Sub-total	\$81,960.00	\$80,250.00	N/A	\$10,675.00	N/A
Total for all systems	\$716,190.00	\$710,150.00	N/A	\$10,675.00	N/A

#### Components

Actual Information Description	File Name	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description: Amount:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice. \$1,347.50
	Component Description: Amount:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice. \$385.00

Other Legal Services		
	Component Description:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice. \$38.50
	Component Description:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice.
	Amount:	\$115.50
	Component Description:	WVAN amount. Refer to GMP
		master summary invoice WVAN with attached invoice.
	Amount:	\$38.50
Other Engineering Services	Information not provided.	
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.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	

Project management of the transition		
	Component Description:	Project management Bob
	Amount:	Gehman \$225.00
	Amount:	\$223.00
	Component Description:	Project
		management Bob Gehman
	Amount:	\$300.00
		<i><i><i>v</i>vvvvvvvvvvv</i></i>
	Component Description:	Project
		management Bob
	Amount:	Gehman \$225.00
	Allount.	ΨΖΖΟ.00
Prepare and or review reimbursement form		
reinbursement form	Component Description:	Prepare and review
	Amount:	reimbursement form \$2,500.00
	Anount	Ψ2,000.00
Address transition timing	Information not provided.	
and coordination issues w/ other stations and wireless		
Perform engineering study		
for new channel assignment and antenna	<b>Component Description:</b>	Perform
development		engineering study
		for new channel assignment
	Amount:	\$3,500.00
Prepare engineering		
section of FCC Form 2100	Component Description:	Prepare
(main), Construction Permit		engineering section
Application		of FCC form 2100
		(main) for
		construction permit
	Amount:	application \$2,000.00
		ψ2,000.00

#### **Other Expenses**

#### Cost Information

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	
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
Equipment Storage	\$16,000.00	\$16,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$16,000.00	\$16,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$33,000.00	\$33,000.00	N/A	N/A	N/A
Sub-total	\$78,550.00	\$78,000.00	N/A	\$0.00	N/A
Total for all systems	\$716,190.00	\$710,150.00	N/A	\$10,675.00	N/A

#### Components

Information not provided.

Cost	Grand Total			
Information		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$716,190.00	\$710,150.00	\$10,675.00

Reimbursem	entestiatus	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 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).	
		<ol> <li>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> </ol>	
		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).
- 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.	
an au name	are, under penalty of perjury, that I am thorized representative of the above- d applicant for the Authorization(s) ied above.	Elizabeth Laprade CFO 06/22/2018

#### Attachments