

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 23947 Service: DTV Call WVAN-TV Channel:

ID: Sign: **8 (High VHF)** File **0000027629**

Number:

FRN: **0001844976** Date **06/27**

Submitted: /2018

Applicant Information

Applicant Name, Type, and Contact Information

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

Reimbursement Contact Name and Information Reimbursement Contact 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

S	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	
Manufacturer and Type	Model	PTCD 11P2i
	Year	2008
	Туре	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
	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

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	Class	Full Power
Manufacturer and Type	Mounting	Side Moun
	Antenna position in stack	Not in Stac
	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 MH

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
	Туре	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	_

Primary Antenna

Other Antenna Cost Not Listed

Transmission	effien	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	

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 Professional

Other Professional Services Expenses Not Listed

al Services Costs	Description	
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 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 Not Listed

Expenses Information not provided.

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	
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	\$10,867.50	N/A

Components

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	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
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
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	\$10,867.50	N/A

Components

Cost Transmission Line

Information Information not provided.

Cost Tower Equipment and Rigging Costs

Information 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	\$81,960.00	\$80,250.00		\$10,867.50	
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
Other Legal Services	\$10,000.00	\$10,000.00	N/A	\$385.00	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
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
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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$3,500.00	N/A

Total for all systems	\$716,190.00	\$710,150.00	N/A	\$10,867.50	N/A
Sub-total	\$81,960.00	\$80,250.00	N/A	\$10,867.50	N/A
			from PM.		
			removed		
			the money		
			funded with		
			been created and		
			category has		
			a new OES		
			reduced and		
			been		
			PM total has		
			therefore the		
			required,		
			"OES" are		
			Services		
			Engineering		
			Other		
			required &		
			tasks are		
of the transition			Management		
management			Project		
Project	\$9,480.00	\$9,000.00	Fewer	\$750.00	N/A
IOIIII					
reimbursement form					
or review					
Prepare and	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
and wireless					
other stations					
issues w/					
coordination					
timing and					
transition					

Components

Actual Information Description	File Name
Other Engineering Services	Information not provided.

Other Legal Services		
Carlot Logar Corvioco	Component Description: Amount:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice. \$115.50
	Component Description: Amount:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice. \$38.50
	Component Description: Amount:	WVAN amount. Refer to GMP matter summary May 2018. \$154.00
	Component Description: Amount:	WVAN amount. Refer to GMP matter summary Jan-April 2018. \$38.50
	Component Description: Amount:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice. \$38.50
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	Component Description:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice.
	Amount:	\$1,347.50
	Component Description:	WVAN amount. Refer to GMP master summary invoice WVAN with attached invoice.
	Amount:	\$385.00
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:	Prepare engineering section of FCC form 2100 (main) for construction permit
	Amount:	application \$2,000.00
Perform engineering study for new channel assignment and antenna development	Component Description:	Perform engineering study for new channel
	Amount:	assignment \$3,500.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	

Prepare and or review reimbursement form	Component Description: Amount:	Prepare and review reimbursement form \$2,500.00
Project management of the		
transition	Component Description:	Project
		management Bob
		Gehman
	Amount:	\$225.00
	Component Description:	Project
		management Bob
		Gehman
	Amount:	\$300.00
	Component Description:	Project
		management Bob
		Gehman
	Amount:	\$225.00

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	
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
Equipment Delivery and Handling Charges	\$33,000.00	\$33,000.00	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
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	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	\$10,867.50	N/A

Components

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$716,190.00	\$710,150.00	\$10,867.50

Reimbursem	entestatus	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

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.
- 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 abovenamed applicant for the Authorization(s) specified above. Elizabeth Laprade CFO

06/27/2018

Attachments