



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **43170** | Service: **DTV** | Call **WMAE-TV** | Channel:  
ID: | Sign:  
**9 (High VHF)** | File **000026661**  
Number:  
FRN: **0001739002** | Date **08/14**  
Submitted: **/2018**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>MISSISSIPPI AUTHORITY FOR EDUCATIONAL TV</b>	Scott Colwell 3825 RIDGEWOOD ROAD JACKSON, MS 39211 United States	+1 (601) 432- 6367	Scott. Colwell@mpbonline. 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>Robert Gehman</b> <i>ConsultingEngineer</i> <i>Kessler and Gehman</i> <i>Associates, Inc.</i>	Robert Gehman 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 using existing antenna and line.

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	PLATINUM PTCD10P1
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2.2 kW

**Primary Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	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	2.2 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter advises that the transmitter cannot be re-tuned to the assigned channel. See attachment.

**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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**

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

**Antennas**

Section	Question	Response
<b>Antenna Related Expenses</b>	Do you have antenna related expenses?	Yes

**Primary Antenna****Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	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	Batwing
ERP: (Effective Radiated Power)	31.0 kW
Manufacturer	Dielectric
Model	TAB-12H
Year	1990

**Primary Antenna**

**Adjustment to Existing Antenna**

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

**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	

**Primary Antenna**

**Other Antenna Cost Not Listed**

Name	Description
<b>Rigging</b>	Rigging to replace elbow complex which was found to be mismatched

**Transmission Line**

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

**Tower Equipment And Rigging Costs**

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

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	204
	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	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
<b>Attorney and Other Outside Consulting Services</b>	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
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	13
	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**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<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	No
	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

**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
<b>Primary Transmitter TBD</b>	<b>\$321,450.00</b>	<b>\$310,500.00</b>		<b>\$0.00</b>	
Standby Exciter and Switch	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Additional Interior RF System	<i>\$75,000.00</i>	\$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
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	\$152,500.00	\$145,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$321,450.00</b>	<b>\$310,500.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$472,542.00</b>	<b>\$453,400.00</b>	<b>N/A</b>	<b>\$12,255.68</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 TAB-12H</b>	<b>\$34,330.00</b>	<b>\$33,800.00</b>		<b>\$0.00</b>	
Rigging	<i>\$20,000.00</i>	\$20,000.00	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
High VHF - High Power Top Mount One Station horizontally polarized	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$34,330.00</b>	<b>\$33,800.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$472,542.00</b>	<b>\$453,400.00</b>	<b>N/A</b>	<b>\$12,255.68</b>	<b>N/A</b>

**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
<b>Outside Professional Services</b>	<b>\$83,212.00</b>	<b>\$76,100.00</b>		<b>\$12,255.68</b>	
Additional Field Engineering Service, 13 Days	<i>\$26,000.00</i>	\$26,000.00	N/A	\$4,405.68	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,750.00	N/A	\$2,750.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Project management of the transition	\$32,232.00	\$30,600.00	N/A	\$600.00	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
<b>Sub-total</b>	\$83,212.00	\$76,100.00	N/A	\$12,255.68	N/A
<b>Total for all systems</b>	\$472,542.00	\$453,400.00	N/A	\$12,255.68	N/A

## Components



Actual Information	
Description	File Name
Additional Field Engineering Service, 13 Days	<p><b>Component Description:</b> KGA inv #139-285 On site survey split evenly between WMAB WMAE WMAW UL20180814jgv1</p> <p><b>Amount:</b> \$4,405.68</p>
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	<p><b>Component Description:</b> WMAE KGA inv #139-283 CP App UL20180809jgv1</p> <p><b>Amount:</b> \$2,000.00</p>
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b> WMAE KGA inv #139-283 New channel assignment UL20180809jgv1</p> <p><b>Amount:</b> \$2,750.00</p>

<p>Prepare and or review reimbursement form</p>	<p><b>Component Description:</b> WMAE KGA inv #139-284 Prepare and or review 399 UL20180813jgv1</p> <p><b>Amount:</b> \$2,500.00</p>
<p>Project management of the transition</p>	<p><b>Component Description:</b> WMAE KGA inv #139-296 2018Q1 387 UL20180810jgv1</p> <p><b>Amount:</b> \$150.00</p> <p><b>Component Description:</b> WMAE KGA inv #139-290 2017Q4 387 UL20180809jgv1</p> <p><b>Amount:</b> \$150.00</p> <p><b>Component Description:</b> WMAE KGA inv #139-287 2017Q3 387 UL20180810jgv1</p> <p><b>Amount:</b> \$300.00</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>

**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>\$33,550.00</b>	<b>\$33,000.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$33,550.00</b>	<b>\$33,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$472,542.00</b>	<b>\$453,400.00</b>	<b>N/A</b>	<b>\$12,255.68</b>	<b>N/A</b>

**Components**

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$472,542.00	\$453,400.00	\$12,255.68

**Reimbursement Status**

<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
	<b>Submission of Actual Cost Documentation Statements</b>	<p>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).</p>	
		<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>Jeffrey C Gehman</b> <i>Engineering Associate</i></p> <p>08/14/2018</p>

**Attachments**