



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **43192** | Service: **DTV** | Call **WMAB-TV** | Channel:
ID: | Sign:
8 (High VHF) | File **000026622**
Number:
FRN: **0001739002** | Date **06/25**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MISSISSIPPI AUTHORITY FOR EDUCATIONAL TV	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
Robert Gehman <i>Kessler and Gehman 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 and antenna using existing line. Acquire interim antenna and line for continued operation during construction and duration of the assigned phase. Map and analyze tower; design and implement modifications if required.

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	PLATINUM PTCD10P1
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2.2 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	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
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 leasehold 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
Standby Exciter and Switch	Standby Exciter with Automatic Change Over Switch
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line

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	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?	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	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	Travelling Wave
	ERP: (Effective Radiated Power)	8.0 kW

Manufacturer	
Model	TW-7B10-R SM
Year	2008

**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?	No
	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	Other
	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	Travelling Wave
	ERP: (Effective Radiated Power)	8.0 kW
	Manufacturer	
	Model	TBD
Year	2018	

Justification for New Antenna	The existing primary antenna is a single channel travelling wave which cannot accommodate the assigned channel.
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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	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Primary
Antenna**

Other Antenna Cost Not Listed

Information not provided.

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New 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/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)	8.0 kW
	Manufacturer	
	Model	TBD
Year	2018	

Justification for New Antenna	An interim antenna is necessary to keep station on the air during primary antenna replacement and for the duration of the assigned phase. Station will attempt to lease if leasing is available at time of acquisition.
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Interim Antenna

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**Interim
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?

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	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	935 feet per run

Primary Transmission Line **Other Transmission Line Expenses Not Listed**

Name	Description
Sweep Tests	Sweep test to verify performance on the assigned channel

Interim Transmission Line **New Transmission Line**

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Lease New
	Type	Flexible Air
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	835 feet per run
Justification for New Transmission Line	An interim transmission line is necessary for the interim antenna to keep station on the air during primary antenna replacement and for the duration of the assigned phase.	

Other Transmission Line Expenses Not Listed

Interim

Transmission information not provided.

Line

Tower Equipment And Rigging Costs

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

Primary Tower

Existing Tower

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Is this tower consider Complex?	No
	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	Yes
	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	1041039
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	33° 21' 14.0" N-
	Longitude (NAD83)	089° 09' 00.0" W-
	Overall Structure Height	1092.51 feet
	Support Structure Height	1000.64 feet
	Ground Elevation Above Mean Sea Level (AMSL)	666.00 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	MISSISSIPPI AUTHORITY FOR EDUCATIONAL TELEVISION
Date Constructed	01/01/1973

**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
43212	WMAB-FM	FM

Other Types of Users

Users
WMAB microwave

**Primary
Tower**

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Major Reinforcements needed

**Primary
Tower**

Tower Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A

Helicopter Services Required	Are helicopter services required?	No
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Primary Tower

Other Tower Expenses Not Listed

Information not provided.

Outside Professional Services Costs

Section	Question	Response
<p>Outside Project Management Services</p>	<p>Do you require outside project management services?</p>	<p>Yes</p>
	<p>Number of Hours</p>	<p>20</p>
	<p>Explanation</p>	<p>Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.</p>
<p>Outside RF consulting Engineering Services</p>	<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC Construction Permit Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>
	<p>Prepare engineering section of Form FCC License to Cover Application</p>	<p>Yes</p>
	<p>For Auxiliary Facility</p>	<p>No</p>
	<p>For Main Facility</p>	<p>Yes</p>

	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	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	
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes

RF exposure measurements	No
Additional Field Engineering Service	Yes
Number of Days	18
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

Name	Description
Other Legal Services	Other Legal Services related to the DTV Repack
Other Engineering Services	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150 /hr), & a new OES category has been created & funded with the money removed from PM.

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	\$321,450.00	\$310,500.00		\$0.00	
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	\$152,500.00	\$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
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
Additional Interior RF System	<i>\$75,000.00</i>	\$75,000.00	N/A	N/A	N/A
Standby Exciter and Switch	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Sub-total	\$321,450.00	\$310,500.00	N/A	\$0.00	N/A
Total for all systems	\$1,712,185.00	\$1,656,935.00	N/A	\$24,808.10	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
Interim Antenna TBD	\$215,140.00	\$213,400.00		\$0.00	
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
High VHF - High Power Side Mount One Station horizontally polarized	<i>\$180,000.00</i>	\$180,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
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
Primary Antenna TBD	\$215,140.00	\$213,400.00		\$0.00	

High VHF - High Power Side Mount One Station horizontally polarized	<i>\$180,000.00</i>	\$180,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
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
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
Sub-total	\$430,280.00	\$426,800.00	N/A	\$0.00	N/A
Total for all systems	\$1,712,185.00	\$1,656,935.00	N/A	\$24,808.10	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
Interim Transmission Line	\$27,555.00	\$25,885.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$27,555.00	\$25,885.00	N/A	N/A	N/A
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
Sub-total	\$33,955.00	\$32,285.00	N/A	\$0.00	N/A
Total for all systems	\$1,712,185.00	\$1,656,935.00	N/A	\$24,808.10	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
Primary Tower TOWER	\$657,800.00	\$625,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Sub-total	\$657,800.00	\$625,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,712,185.00	\$1,656,935.00	N/A	\$24,808.10	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
Outside Professional Services	\$190,150.00	\$184,350.00		\$24,808.10	
Other Engineering Services	<i>\$27,600.00</i>	\$27,600.00	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.	\$6,304.92	N/A
Additional Field Engineering Service, 18 Days	<i>\$36,000.00</i>	\$36,000.00	N/A	\$9,280.68	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	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
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	\$49.50	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	\$2,750.00	N/A
Project management of the transition	\$3,160.00	\$3,000.00	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.	\$600.00	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
Other Legal Services	<i>\$10,000.00</i>	\$10,000.00	N/A	\$1,323.00	N/A
Sub-total	\$190,150.00	\$184,350.00	N/A	\$24,808.10	N/A

Total for all systems	\$1,712,185.00	\$1,656,935.00	N/A	\$24,808.10	N/A
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Components

Actual Information	
Description	File Name
Other Engineering Services	<p>Component Description: KGA 139-313 v190605pmv1</p> <p>Amount: \$600.00</p> <p>Component Description: KGA 139-316 v190625jgv1</p> <p>Amount: \$5,704.92</p>
Additional Field Engineering Service, 18 Days	<p>Component Description: Inv 139-292 WMAB FCC audit attendance by KGA UL20180716jgv2</p> <p>Amount: \$4,875.00</p> <p>Component Description: KGA inv #139-285 On site survey split evenly between WMAB WMAE WMAW UL20180814jgv1</p> <p>Amount: \$4,405.68</p> <p>Component Description: Inv: WMAB FCC audit attendance by KGA UL20180405</p> <p>Amount: \$4,875.00</p>
Comprehensive coverage verification via field study, if needed	Information not provided.

<p>FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase</p>	<p>Information not provided.</p>
<p>ASR modification (prepare FCC Form 854)</p>	<p>Information not provided.</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: GSB inv #662020 DTV Repack legal services CP App UL20180914jgv2</p> <p>Amount: \$49.50</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: WMAB KGA inv #139-281 CP App UL20180809jgv1</p> <p>Amount: \$2,000.00</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Component Description: WMAB KGA inv #139-281 New channel assignment UL20180809jgv1</p> <p>Amount: \$2,750.00</p>

Project management of the transition	<p>Component Description: WMAB KGA inv #139-286 2017Q3 387 UL20180810jgv1</p> <p>Amount: \$300.00</p> <p>Component Description: WMAB KGA inv #139-289 2017Q4 387 UL20180809jgv1</p> <p>Amount: \$150.00</p> <p>Component Description: WMAB KGA inv #139-295 2018Q1 387 UL20180810jgv1</p> <p>Amount: \$150.00</p>
Prepare and or review reimbursement form	<p>Component Description: WMAB KGA inv #139-284 Prepare and or review 399 UL20180813jgv1</p> <p>Amount: \$2,500.00</p>
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.
Other Legal Services	<p>Component Description: WMAB GSB inv #664826 DTV Repack legal services UL20180823jgv1</p> <p>Amount: \$150.00</p>

Component Description: WMAB GSB inv
#667584 DTV
Repack legal
services
UL20180823jgv1
Amount: \$150.00

Component Description: GSB 679880
v190516pmv1
Amount: \$120.00

Component Description: GSB 710996
v190605pmv1
Amount: \$46.50

Component Description: WMAB GSB inv
#670598 DTV
Repack legal
services
UL20180823jgv1
Amount: \$120.00

Component Description: GSB 710370
v190605pmv1
Amount: \$46.50

Component Description: GSB 670598
v190516pmv1
Amount: \$120.00

Component Description: GSB 664826
v190516pmv1
Amount: \$150.00

Component Description: GSB inv #662020
DTV Repack legal
services
UL20180914jgv2
Amount: \$690.00

Component Description: WMAB GSB inv
#679880 DTV
Repack legal
services
UL20180823jgv1
Amount: \$120.00

Component Description: GSB 667584
v190516pmv1
Amount: \$150.00

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	
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>\$50,000.00</i>	\$50,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$10,000.00</i>	\$10,000.00	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	\$1,712,185.00	\$1,656,935.00	N/A	\$24,808.10	N/A

Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,712,185.00	\$1,656,935.00	\$24,808.10

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
	<p>Submission of Estimated Expenses Statements</p>	<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"> 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.

**Jeffrey C
Gehman**
*Engineering
Associate*

06/25/2019

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<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"> 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.

**Jeffrey C
Gehman**
*Engineering
Associate*

06/25/2019

Attachments