

(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility 23930 Service: DTV Call WACS-TV Channel:

ID: Sign:7 (High VHF) File 0000027606

Number:

FRN: **0001844976** Date **09/12** 

Submitted: /2019

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION	Adam Woodlief 260 14TH ST NW ATLANTA, GA 30318 United States	+1 (404) 685- 2410	awoodlief@gpb. org	Government Entity

# Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### Preparer Contact Information

#### **Preparer Contact Name and Information**

ConsultingEngineer Street 332-3157 com  Kessler and Gehman Suite D  Associates, Inc. Gainesville, FL  32607	Applicant	Address	Phone	Email
Office States	ConsultingEngineer Kessler and Gehman	Street Suite D Gainesville, FL	` ,	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	Map and analyze tower; modify if needed. Replace transmitter and antenna. Add interim antenna and line for continuous operation during primary antenna replacement and for the duration of the assigned phase.

# **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 and Type	Manufacturer	
	Model	PTCD 5P1
	Year	2008
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.8 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?	Yes
	Manufacturer	
	Model	HPTV-PRLX- V7
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	10.1 kW
	Justification for New Transmitter	Manufacturer of existing transmitter advises that the existing transmitter cannot be retuned.

# 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
		1

	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	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?	Yes
Existing Antenna Manufacturer and Type	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	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	N/A
	ERP: (Effective Radiated Power)	4.7 kW

Manufacturer	
Model	THV-5A8 R C170
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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Types	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	4.7 kW
	Manufacturer	
	Model	TBD
	Year	2018

Justification for New Antenna	Single
	channel
	antenna
	cannot
	accommodate
	assigned
	channel

# 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	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?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

## Primary Antenna

**Other Antenna Cost Not Listed** 

#### 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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Full Power
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	4.7 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.

#### 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** 

Transmission Seffien	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

# Primary Transmission

# **Existing Transmission Line**

ection	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
	Туре	Flexible A
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1040 feet per run

#### **Primary**

# Other Transmission Line Expenses Not Listed

Transmission	Naine	Description
	Sweep Line	Sweep line for suitability on assigned channel

## Interim Transmiss

#### **New Transmission Line**

n Line Section	Question	Response
New Transmission Line	Use	Interim
Costs	Description of Use	N/A
	Change Type	Purchase New
	Туре	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	1010 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.

# Interim Other Transmission Line Expenses Not Listed

Transmission loine tion not provided.

# 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	Type of change	Modify Existing
Description	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)	No
	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	1018782
Coordinates	Latitude (NAD83)	31° 56' 12.4" N-
(NAD83 ( North American Datum of 1983))	Longitude (NAD83)	084° 33′ 12.8″ W-
	Overall Structure Height	1095.79 feet
	Support Structure Height	1044.93 feet
	Ground Elevation Above Mean Sea Level (AMSL)	473.09 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION
Date Constructed	03/07/2016

# Other Types of Users

Users
GBI
FBI
GA Forestry

# 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

# Primary Tower

# Other Tower Expenses Not Listed

Outside Professional

Section	Question	Response
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	Yes

	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	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	Yes
	Quantity	1
	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	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes

Number of Days	22
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

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

# Other Expenses Not Listed

Name	Description
System Design and Site Survey	System Design and Site Survey

# **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 HPTV-PRLX- V7	\$616,450.00	\$276,045.00		\$110,545.00	
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 - Liquid Cooled Solid State Transmitter 8.5 . 12.5 kW	\$447,500.00	\$110,545.00	See attached / uploaded file "Comark S10459-1 v190912jgv1"	\$110,545.00	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Sub-total	\$616,450.00	\$276,045.00	N/A	\$110,545.00	N/A
Total for all systems	\$2,097,360.00	\$1,716,130.00	N/A	\$143,303.00	N/A

# Components

Actual Information Description	File Name	
Standby Exciter and Switch	Information not provided.	
Additional Interior RF System	Information not provided.	
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.	
Transformer 3 phase/480v - 150 KVA	Information not provided.	
High VHF - Liquid Cooled Solid State Transmitter 8.5 . 12.5 kW	Component Description: Amount:	Comark S10459-1 v190912jgv1 \$110,545.00
Switchgear - industrial 800 amp	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	
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
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
High VHF - High Power Side Mount One Station horizontally polarized	\$180,000.00	\$180,000.00	N/A	N/A	N/A
Primary Antenna TBD	\$331,730.00	\$331,400.00		\$0.00	

Total for	\$2,097,360.00	\$1,716,130.00	N/A	\$143,303.00	N/A
Sweep test of existing antenna Sub-total	\$6,730.00 \$546,870.00	\$6,400.00 \$544,800.00	N/A N/A	N/A \$0.00	N/A N/A
High VHF - High Power Top Mount One Station horizontally polarized	\$325,000.00	\$325,000.00	N/A	N/A	N/A

# Components

# **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	\$59,590.00	\$56,560.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$59,590.00	\$56,560.00	N/A	N/A	N/A
Primary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep Line	\$6,400.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$65,990.00	\$62,960.00	N/A	\$0.00	N/A
Total for all systems	\$2,097,360.00	\$1,716,130.00	N/A	\$143,303.00	N/A

# Components

# **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 Primary Tower GTOWER	Predetermined Cost Estimate \$657,800.00	Estimated Cost \$625,000.00	Estimated Cost Justification	Actual Cost \$0.00	Actual Cost Justification
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
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Sub-total	\$657,800.00	\$625,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,097,360.00	\$1,716,130.00	N/A	\$143,303.00	N/A

# Components

# **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	\$116,400.00	\$114,025.00		\$17,458.00	
Other Legal Services	\$10,000.00	\$10,000.00	N/A	\$693.00	N/A
Other Engineering Services	\$20,000.00	\$20,000.00	N/A	\$5,100.00	N/A
Additional Field Engineering Service, 22 Days	\$42,000.00	\$42,000.00	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
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	\$1,540.00	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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	\$2,500.00	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
Project management of the transition	\$9,480.00	\$9,000.00	N/A	\$1,350.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,775.00	See attached invoices and quotes where applicable.	\$2,775.00	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
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$116,400.00	\$114,025.00	N/A	\$17,458.00	N/A
Total for all systems	\$2,097,360.00	\$1,716,130.00	N/A	\$143,303.00	N/A

# Components

Actual Information Description	File Name	
Other Legal Services		
	Component Description:	WACS amount. Refer to GMP master summary invoice WACS with attached invoice.
	Amount:	\$38.50
	Component Description:	GMP 30377 v190702pmv1
	Amount:	\$231.00
	Component Description:	Repack Prep of Legal Invoices
	Amount:	\$77.00

Component Description: WACS amount.

Refer to Jan-Apr matter summary for all 5 sites.Refer to

letter and attachments

uploaded by GPB

8.2.18

**Amount:** \$38.50

Component Description: WACS amount.

Refer to May

matter summary for all 5 sites.Refer to

letter and attachments uploaded by GPB

8.2.18

**Amount:** \$154.00

Component Description: WACS amount.

Refer to GMP master summary invoice WACS with attached invoice.

**Amount:** \$115.50

Component Description: WACS amount.

Refer to GMP master summary invoice WACS with attached invoice.

**Amount:** \$38.50

Other Engineering Services		
	Component Description:	KGA 554-639
		v190702pmv1
	Amount:	\$1,450.00
	Component Description:	KGA 554-630
		v190620pmv1
	Amount:	\$2,475.00
	Component Description:	KGA 554-606
		v190620pmv1
	Amount:	\$675.00
	Component Description:	KGA 554-605 v190620pmv1
	Amount:	\$500.00
Additional Field Engineering Service, 22 Days	Information not provided.	
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	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	Component Description:	WACS amount. Refer to GMP
Application		master summary
		invoice WACS with
		attached invoice.
		Refer to letter and
		attachments from
		GPB 8.2.18
	Amount:	\$385.00
		·
	Component Description:	WACS amount.
		Refer to GMP
		master summary
		invoice WACS with
		attached invoice.
		Refer to letter and
		attachments
		uploaded by GPB
		8.2.18
	Amount:	\$1,155.00
Prepare request for Special Temporary Authorization	Information not provided.	
Prepare engineering	Information not provided.	
section of FCC Form 2100		
(main), License to Cover		
Application		
Prepare engineering section of FCC Form 2100		_
(main), Construction Permit	Component Description:	Prepare
Application		engineering section
		of Form 2100
		(main) construction
	Amount	permit application
	Amount:	\$2,500.00
Perform engineering study		
for new channel	Component Description:	Perform
assignment and antenna	, , , , , , , , , , , , , , , , , , , ,	engineering study
development		for new channel
development		
development		assignment

Project management of the transition

Component Description: KGA 554-596

v190624pmv2

**Amount:** \$150.00

Component Description: Form 387 2Q18

**Amount:** \$150.00

**Component Description:** Project

management Bob

Gehman

**Amount:** \$225.00

**Component Description:** KGA 554-596

v190620pmv1

**Amount:** \$150.00

**Component Description:** Project

management Bob

Gehman

**Amount:** \$225.00

Component Description: Project

management Bob

Gehman

**Amount:** \$300.00

Component Description: Form 387 4Q18

**Amount:** \$150.00

**Component Description:** Form 387 3Q18

**Amount:** \$150.00

Prepare and or review reimbursement form	Common and Documentian	VOA 554 000
	Component Description:	KGA 554-603
	Amount:	v190620pmv1 \$275.00
	Component Description:	Prepare and review reimbursement
	Amount:	form \$2,500.00
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.	
ASR modification (prepare FCC Form 854)	Information not provided.	

# **Cost Information**

## **Other Expenses**

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

			Estimated		
Description	Predetermined Cost Estimate	Estimated Cost	Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$93,850.00	\$93,300.00		\$15,300.00	
System Design and Site Survey	\$15,300.00	\$15,300.00	See attached / uploaded file "Comark 12831 v190912jgv1. pdf"	\$15,300.00	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
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	\$93,850.00	\$93,300.00	N/A	\$15,300.00	N/A
Total for all systems	\$2,097,360.00	\$1,716,130.00	N/A	\$143,303.00	N/A

# Components

Actual Information Description	File Name	
System Design and Site Survey	Component Description: Amount:	Comark 12831 v190912jgv1 \$15,300.00
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
Equipment Storage	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
DTV Medical Facility Notification	Information not provided.	

# Cost Information

## **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,097,360.00	\$1,716,130.00	\$143,303.00

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 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 abovenamed applicant for the Authorization(s) specified above. Jeffrey C Gehman Engineering Associate

09/12/2019

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.
- 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. Jeffrey C Gehman Engineering Associate

09/12/2019

#### **Attachments**