



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **23960-32-54736** | Service: **DRT** | Call **WSB-TV** | Channel:
ID: | Sign:
32 (UHF) | File **0000089748**
Number:
FRN: **0022439848** | Eligibility **Eligible** | Date **11/14**
Status: | Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GEORGIA TELEVISION, LLC Doing Business As: GEORGIA TELEVISION, LLC	Director of Engineering 1601 WEST PEACHTREE STREET, N.E. ATLANTA, GA 30309 United States	+1 (404) 897-7000	gary.alexander@wsbtv.com	Limited Liability Company

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
The Preparer is same as the reimbursement contact.			

Broadcaster Information and Transition Plan

Question	Response
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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	Remove the the channel specific antenna and transmitter from our current transmitter closet at the WSRV radio site in Flowery branch. Replace the antenna with a channel 32 antenna and add transmitter compatible with a SFN (single frequency network)

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	No

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)
	Ownership	Owned
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	0.72 kW
	Manufacturer	
	Model	alp16l3-hsp
	Year	2010

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	0.75 kW
	Manufacturer	
	Model	alp16
	Year	2020
	Justification for New Antenna	Current antenna is tuned for channel 31. We are proposing replacing it with a SFN on channel 32

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
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Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
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.

Transmission Line

Section	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?	Yes

Primary Tower**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1054558
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	33° 55' 51.3" N-
	Longitude (NAD83)	083° 46' 59.3" W-
	Overall Structure Height	1035.09 feet
	Support Structure Height	1035.09 feet
	Ground Elevation Above Mean Sea Level (AMSL)	859.90 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	IWG Towers Assets II, LLC
Date Constructed	09/29/1999

**Primary
Tower**

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No 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

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	80
	Explanation	Planning ordering installing and commissioning will require 2 weeks of help from a contracted Engineer
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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
	Prepare Form 601	Yes
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	Yes
	Quantity	1
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	4
	Justification	The SFN will have to be designed and implemented carefully as to not interfere with our main signal.

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

Services provided.

Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	Yes
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	Yes
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
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?	No
Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	Yes
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	Yes
	Type	6/11 GHz Licensed Part 101

Other Expenses

Other Expenses Not Listed

Information not provided.

Information not provided.

Cost Information

Transmission Line

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 GTOWER	\$157,750.00	\$157,750.00		\$0.00	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$157,750.00	N/A	N/A	N/A
Sub-total	\$157,750.00	\$157,750.00	N/A	\$0.00	N/A
Total for all systems	\$410,855.00	\$410,855.00	N/A	\$0.00	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	\$104,340.00	\$104,340.00		\$0.00	
Additional Field Engineering Service, 4 Days	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$52,600.00	\$52,600.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$2,235.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$3,262.50	\$3,262.50	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Prepare Form 601	\$755.00	\$755.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,800.00	N/A	N/A	N/A
Project management of the transition	\$8,440.00	\$8,440.00	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	\$4,500.00	\$4,500.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,280.00	N/A	N/A	N/A
Sub-total	\$104,340.00	\$104,340.00	N/A	\$0.00	N/A
Total for all systems	\$410,855.00	\$410,855.00	N/A	\$0.00	N/A

Components

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).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Other Expenses	\$48,410.00	\$48,410.00		\$0.00	
New Point to Point Microwave System: 6/11 GHz Licensed Part 101	\$28,500.00	\$28,500.00	N/A	N/A	N/A
Point to Point Microwave (STL /ICR): Frequency Coordination for Unidirection System	\$550.00	\$550.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$4,500.00</i>	\$4,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$305.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 Major change CP application	\$4,960.00	\$4,960.00	N/A	N/A	N/A
AM Pattern Disturbance -- Impact study	\$5,260.00	\$5,260.00	N/A	N/A	N/A

FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Sub-total	\$48,410.00	\$48,410.00	N/A	\$0.00	N/A
Total for all systems	\$410,855.00	\$410,855.00	N/A	\$0.00	N/A

Components

Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$410,855.00	\$410,855.00
			\$0.00

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	
	Construction of final facilities or all necessary modifications are complete.	No
	All receipts for reimbursement have been submitted no further costs are expected to be incurred. Note this will lock the Form 399 from further editing and begin close-out procedures with the Fund Administrator.	No

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	<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.

	<p>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.</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>Gary Robert Alexander , Mr. . <i>Director of Engineering</i></p> <p>11/14/2019</p>

Attachments

Information not provided.