



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **168834** | Service: **DCA** | Call **WDVB-CD** | Channel:  
ID: | Sign:  
**23 (UHF)** | File **0000054226**  
Number:  
FRN: **0004346060** | Date **10/08**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>TRINITY BROADCASTING OF TEXAS, INC.</b>	13600 Heritage Parkway	+1 (855) 826-2255	cMMAY@MAYLAWOFFICES.COM	Not-for-Profit
Doing Business As:	Suite 200			
TRINITY BROADCASTING Network	Fort Worth, TX 76192			
	United States			

## 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
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	WDVB is not sharing facilities in the traditional sense; however, we have a CSA with WTBY (Facility ID 67993). Plan is to replace old transmitter (not retunable) and use modified antenna system

**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	SBP 6000W Analog Transmitter / AT7001 Exciter
	Year	2003
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	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	TMU9-1200
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Existing transmitter could not be returned

**Primary Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	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**

Name	Description
re-tune	re-tune mask filter and proof

**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?	Yes
	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	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	4
	Design power capacity in use	40.0 %
Lower Limit	470.00 MHz	

Upper Limit	860.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	7.0 kW
Manufacturer	PSI
Model	PSIUP-23
Year	2011

**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**

Information not provided.

<b>Transmission Line</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Transmission Line Related Expenses</b>		Do you have transmission line related expenses?

<b>Tower Equipment And Rigging Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Tower Equipment or Rigging Costs Changes</b>		Do you have tower equipment or rigging costs changes?

<b>Outside Professional Services Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>	
	<b>Outside Project Management Services</b>		Do you require outside project management services?	Yes
			Number of Hours	40
			Explanation	Management of any work at Empire State Building requires extensive coordination
	<b>Outside RF consulting Engineering Services</b>		Perform engineering study for new channel assignment and antenna development	No
			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	Yes
	Prepare or Review FCC Form 399 for Reimbursement	No
Address transition timing and coordination issues w/ other stations and wireless providers	No	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	No

Number of Days	N/A
Justification	N/A

**Outside Professional Services Costs**      **Other Professional Services Expenses Not Listed**  
Information not provided.

**Other Expenses**

Section	Question	Response
<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?	No
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	No
	Does this relocation require MVPD Notification of a Channel Change?	No

**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 TMU9-1200</b>	<b>\$146,000.00</b>	<b>\$120,000.00</b>		<b>\$34,632.24</b>	
re-tune	<i>\$20,000.00</i>	\$20,000.00	quotes	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$100,000.00	N/A	\$34,632.24	This is the quoted amount by the vendors
<b>Sub-total</b>	<b>\$146,000.00</b>	<b>\$120,000.00</b>	N/A	<b>\$34,632.24</b>	N/A
<b>Total for all systems</b>	<b>\$261,265.00</b>	<b>\$203,895.00</b>	N/A	<b>\$35,882.24</b>	N/A

**Components**

Actual Information	
Description	File Name
re-tune	Information not provided.

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UHF - Air Cooled Solid  
State Transmitter 1 - 2.5 kW

**Component Description:** Transmitter deposit  
**Amount:** \$13,401.61

**Component Description:** Transmitter balance  
**Amount:** \$40,328.21

**Component Description:** Commissioning  
and Testing of  
transmitter  
**Amount:** \$5,004.81

**Component Description:** Transmitter  
Installation  
**Amount:** \$21,230.63

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**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 PSIUP-23</b>	<b>\$6,730.00</b>	<b>\$5,000.00</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$5,000.00	N/A	\$0.00	N/A
<b>Sub-total</b>	<b>\$6,730.00</b>	<b>\$5,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$261,265.00</b>	<b>\$203,895.00</b>	<b>N/A</b>	<b>\$35,882.24</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>\$107,090.00</b>	<b>\$77,500.00</b>		<b>\$1,250.00</b>	
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$60,000.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$0.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$4,000.00	N/A	N/A	N/A



Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$2,500.00	N/A	\$1,250.00	N/A
Project management of the transition	\$6,320.00	\$6,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$107,090.00	\$77,500.00	N/A	\$1,250.00	N/A
<b>Total for all systems</b>	\$261,265.00	\$203,895.00	N/A	\$35,882.24	N/A

## Components

Actual Information	
Description	File Name
Comprehensive coverage verification via field study, if needed	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.

<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p><b>Component Description:</b> Engineering invoice for repack CP (note invoice includes 2 stations - only claiming the amount here for WDVb)</p> <p><b>Amount:</b> \$1,250.00</p>
<p>Project management of the transition</p>	<p>Information not provided.</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</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>\$1,445.00</b>	<b>\$1,395.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$1,445.00</b>	<b>\$1,395.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$261,265.00</b>	<b>\$203,895.00</b>	<b>N/A</b>	<b>\$35,882.24</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>	\$261,265.00	\$203,895.00	\$35,882.24

**Reimbursement Status**

<b>Question</b>	<b>Response</b>
The facility has ceased operating on its pre-auction channel.	Yes
Construction of final facilities or all necessary modifications are complete.	Yes
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><b>Submission of Estimated Expenses Statements</b></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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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.

**Steve Hastings**  
*Network RF Manager*

10/08/2019

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

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.

**Steve  
Hastings**  
*Network RF  
Manager*

10/08/2019

Certification	Section	Question	Response
	<p><b>Submission of Final Allocation or Accounting Information Statements</b></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"> <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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li>   <li>2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.</li> </ol>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

**Steve Hastings**  
*Network RF Manager*

10/08/2019

## Attachments