

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

Facility 24257 Service: DCA Call W16DS-D Channel: 16 (UHF)

ID: Sign:

File **0000028405** 

Number:

FRN: **0001754217** Date **12/27** 

Submitted: /2019

# Applicant Information

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

Applicant	Address	Phone	Email	Applicant Type
GLEN IRIS BAPTIST SCHOOL	JOSH HAYENGA 1137 10TH PLACE SOUTH BIRMINGHAM, AL 35205 United States	+1 (205) 323- 1516	JOSHHAYENGA@GMAIL. COM	Private Not- for-Profit Educational Institution

# Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

#### Preparer Contact Information

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

Applicant	Address	Phone	Email
Applicant	Addiess	1 Hone	Lilian

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	We need to re-tune our current transmitter to channel 16 and replace our channel 47 antenna and filter with a channel 16 antenna and filter.

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	Retune Existing
	Use	Primary (Main)
	Ownership	Owned
	Owner	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	Superior Broadcast
	Model	SBTXU- 1000D RE
	Year	2015

Туре	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	1 kW

## Primary Transmitter

## **Retuning Transmitter Costs**

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	1.5 kW
	Other Power	N/A
New Exciter	Is a new exciter needed?	No

## Primary Transmitter

### **Other Transmitter Costs**

Section	Question	Response
Electrical Service	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
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
ReTune	Transmitter amplifier modules need to be tuned from channel 47 to channel 16.

#### **Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

## **Add 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 this antenna currently shared with any other stations?	No
	Is this antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Class A
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	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)	15.0 kW

Manufacturer	
Model	DLP12W
Year	2015

### **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	Class A
Manufacturer and Types	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)	7.8 kW
	Manufacturer	

Model	DLP-12M /VP
Year	2019
Justification for New Antenna	The DPL- 12W antenna, that we currently using, cut for channel 47, is not broadband enough to tune to channel 16.

### **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?	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	Yes
	transmission line and antenna?	

**Other Antenna Cost Not Listed** 

Information not provided.

Transmission	n <sup>Sentien</sup>	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	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	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	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure	Do you have a tower registration number?	Yes
Registration	ASR Number	1052060
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	33° 29' 03.0" N-
	Longitude (NAD83)	086° 48' 35.0" W-

Overall Structure Height	308.40 feet
Support Structure Height	300.52 feet
Ground Elevation Above Mean Sea Level (AMSL)	1009.83 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Range Holdings LLC
Date Constructed	01/01/1947

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
20989	WBFR	FM

### 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	595
	Explanation	W47EI-D requires the aid of outside project management services in order to fulfill the requirements of the repack. W47EI-D does not have sufficient resource capacity and expertise in house to handle all repack related actions
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	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	Prepare and file Form FCC Construction Permit Application	No
Services	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No

Number of Days	N/A
Justification	N/A

## Outside Professional

## Other Professional Services Expenses Not Listed

al	Services Costs	Description
	Attorney - Other Services	Attorney Fees - Lease and Other Matters

# 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	Yes
	FCC License to Cover Application	Yes
	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	No
	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?	No

Other Expenses Not Listed

**Expenses** 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 SBTXU- 1000D RE	\$118,230.00	\$28,000.00		\$2,300.00	
ReTune	\$10,000.00	\$10,000.00	N/A	\$2,300.00	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$10,000.00	N/A	N/A	N/A
1.5 kW mask filter	\$3,030.00	\$8,000.00	The quote from Superior Broadcast is for \$7,200.00 uninstalled.	N/A	N/A
Sub-total	\$118,230.00	\$28,000.00	N/A	\$2,300.00	N/A
Total for all systems	\$471,310.00	\$222,100.00	N/A	\$21,406.70	N/A

## Components

Actual Information Description	File Name	
ReTune	Component Description:  Amount:	Retune Transmitter, Install Filter \$2,300.00
UHF and VHF - minor banding issues	Information not provided.	

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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
Primary Antenna DLP- 12M/VP	\$33,030.00	\$29,000.00		\$0.00	
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$4,000.00	N/A	N/A	N/A
Sub-total	\$33,030.00	\$29,000.00	N/A	\$0.00	N/A
Total for all systems	\$471,310.00	\$222,100.00	N/A	\$21,406.70	N/A

### Components

Actual Information Description	File Name	
UHF - Lower Power Side Mount, Class A One Station antenna basic	Component Description:	Replace Ch 47 antenna with Ck 16 antenna on 300 ft self
	Amount:	supporting tower. \$2,250.00
	Component Description:	Freight and Shipping
	Amount:	\$2,835.00

Sweep test of existing	Information not provided.
antenna	

## Cost

#### **Transmission Line**

**Information** 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	\$84,200.00	\$8,000.00		\$0.00	
Short Tower (less than 500')	\$84,200.00	\$8,000.00	N/A	N/A	N/A
Sub-total	\$84,200.00	\$8,000.00	N/A	\$0.00	N/A
Total for all systems	\$471,310.00	\$222,100.00	N/A	\$21,406.70	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	\$221,355.00	\$143,300.00		\$14,021.70	
Attorney - Other Services	\$2,375.00	\$2,375.00	Please see the attached invoices from FLETCHER, HEALD & HILDRETH, P.L.C. #208867 and #210286	\$1,120.00	N/A
RF Exposure Measurements	\$21,050.00	\$5,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$25,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$750.00	Please see W16DS-D Justification New Category Attorney License to Cover	\$750.00	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

Sub-total  Total for all	\$221,355.00 \$471,310.00	\$143,300.00 \$222,100.00	N/A N/A	\$14,021.70 \$21,406.70	N/A N/A
Project management of the transition	\$94,010.00	\$99,675.00	Please see attached strategic support quote from Widelity	\$12,151.70	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$1,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,500.00	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	\$0.00	N/A

## Components

Actual Information		
Description	File Name	

Attorney - Other Services		
	Component Description:	W47EI-D-590- Attorney - Other matters
	Amount:	\$870.00
	Component Description:	Follow-up with client re operational status
	Amount:	of Ch. 15. \$1,125.00
	Component Description: Amount:	Legal Services \$250.00
	Component Description:	Reminder to client of upcoming Transition Report filing deadline
	Amount:	\$1,250.00
RF Exposure Measurements	Information not provided.	
Comprehensive coverage verification via field study, if needed	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Component Description: Amount:	Legal Services \$750.00
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Perform engineering study for new channel assignment and antenna development	Information not provided.	

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Information not provided.	
Project management of the transition	Component Description: Amount:	Project Management \$2,245.40
	Component Description: Amount:	Project Management \$2,913.60
	Component Description: Amount:	Project Management \$2,953.95
	Component Description: Amount:	Project Management \$1,856.25
	Component Description: Amount:	Project Management \$558.75
	Component Description: Amount:	Project Management \$338.75
	Component Description: Amount:	Project Management \$1,285.00

# **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	\$14,495.00	\$13,800.00		\$0.00	
Develop and air announcement of upcoming channel change	\$500.00	\$500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$1,000.00	\$1,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$300.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
Sub-total	\$14,495.00	\$13,800.00	N/A	\$0.00	N/A
Total for all systems	\$471,310.00	\$222,100.00	N/A	\$21,406.70	N/A

### Components

Information not provided.

# Cost Information

### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$471,310.00	\$222,100.00	\$21,406.70

Reimbursem	entestiatus	Response
	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

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. Jonathan Dickey Manager

12/27/2019

Section Question Response

#### Submission of Final Allocation or Accounting Information 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The abovenamed entity acknowledges that all certifications and attached documentation are considered material representations.
- 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.

- 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 abovenamed applicant for the Authorization(s) specified above. Jonathan Dickey Manager

12/27/2019

#### **Attachments**