



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **11117** | Service: **DTV** | Call **WHTN** | Channel: **16 (UHF)**
ID: | Sign:
File **000027776**
Number:
FRN: **0005936414** | Date **05/05**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
CHRISTIAN TELEVISION NETWORK, INC. Doing Business As: CHRISTIAN TELEVISION NETWORK, INC.	P.O. Box 6922 Clearwater, FL 33758 United States	+1 (727) 535-5622	soneal@ctntv.net	Not-for-Profit

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
Joseph C. Chautin III <i>Hardy, Carey, Chautin & Balkin, LLP</i>	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey.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	WHTN will install temp low power antenna & line. Then, existing xmtr will feed temp LP antenna thru mask filter. Then, new transmitter installation begins. Then, existing xmtr (unsupported) & antenna to be replaced

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	Quantum
	Year	2006
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	29 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-U16
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	27.5 kW
	Justification for New Transmitter	Manufacturer no longer in business. Existing transmitter channel change not supported.

**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
	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
Transmitter Installation	Transmitter Installation Costs
Internal Transmission Line	Internal Transmission Line cost

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	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	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)	1000.0 kW

Manufacturer	
Model	ATW27H3H- TC3U-39H
Year	2002

**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 Manufacturer and Types	Class
Mounting		Top 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)		900.0 kW
Manufacturer		

Model	TFU-21ETT-R C200
Year	2017
Justification for New Antenna	Existing antenna cannot be re-channelled.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 inches inches
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	
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

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?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Type	Class	Class A
	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)	24.0 kW
	Manufacturer	
	Model	75010402
	Year	2019

Justification for New Antenna

Interim antenna required to keep WHTN on air during repack

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?	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?	No

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?	Yes

**Primary
Transmission
Line**

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	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	
	Type	Waveguide
	Diameter	N/A
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	900 feet per run

**Primary
Transmission
Line** **New Transmission Line**

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	19 1/2 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	936 feet per run
	Justification for New Transmission Line	Existing line cannot be utilized on repack channel.

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

Information not provided.

**Interim
Transmission
Line**

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	1 5/8 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	725 feet per run
	Justification for New Transmission Line	Interim transmission line required to keep WHTN on air during repack

**Interim
Transmission
Line**

Other Transmission Line Expenses Not Listed

Information 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 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?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1043940
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	36° 04' 58.0" N-
	Longitude (NAD83)	086° 25' 52.0" W-
	Overall Structure Height	877.94 feet
	Support Structure Height	820.20 feet
	Ground Elevation Above Mean Sea Level (AMSL)	570.86 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	CHRISTIAN TELEVISION NETWORK INC
Date Constructed	12/01/1983

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for documented tower
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?	Yes

Primary Tower

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional
Services
Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	611
	Explanation	Project management (Invoice processing, progress reporting, daisy chain monitoring and analysis, program management, and site visits as required)
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 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
	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	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	2
	Justification	optimization of new transmission line to operated on new channel

**Outside
Professional
Services
Costs**

Other Professional Services Expenses Not Listed

Name	Description
Attorney - Other Matters	Legal Services

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	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
	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 HPTV-PRLX-U16	\$951,290.26	\$861,250.26		\$714,796.26	
Transmitter Installation	<i>\$2,760.00</i>	\$2,760.00	see Estimated Cost Justification WHTN-110-1st Primary Transmitter - Transmitter Installation v0	\$2,490.00	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$856,960.00	WHTN-110-1st Primary Transmitter - UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW Verified Budget Increase Justification v1	\$710,776.00	N/A
Internal Transmission Line	<i>\$1,530.26</i>	\$1,530.26	Please see WHTN Primary Transmitter - Internal Transmission Line Revision Justification Cover Letter	\$1,530.26	N/A
Sub-total	\$951,290.26	\$861,250.26	N/A	\$714,796.26	N/A

Total for all systems	\$1,988,353.26	\$1,926,122.56	N/A	\$1,371,374.32	N/A
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Components

Actual Information	
Description	File Name
Transmitter Installation	Component Description: Labor Amount: \$480.00
	Component Description: Labor Amount: \$480.00
	Component Description: Labor Amount: \$120.00
	Component Description: Labor Amount: \$570.00
	Component Description: Labor Amount: \$480.00
	Component Description: LABOR 11-4 THROUGH 11-6-2019 Amount: \$360.00
	Component Description: Invoice moved to correct budget category per NMI message. Amount: N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	Component Description: Invoice moved to correct budget category per NMI message. Amount: N/A

Component Description: Invoice moved to correct budget category per NMI message.
Amount: N/A

Component Description: Labor 1-06-2020
Amount: \$570.00

Component Description: Labor 10/21 - 10/22
Amount: \$360.00

Component Description: Invoice moved to Internal Transmission Line category
Amount: N/A

Component Description: WHTN, SYSTEM PRLX U16 D16
Amount: \$312,473.70

Component Description: "Removal of Transmitters, Beam Power Supplies, Heat Exchangers and any other associated /designated equipment."
Amount: \$16,030.00

Component Description: Invoice moved to correct budget category per NMI message.
Amount: N/A

Component Description: Labor 12-20-2019
Amount: \$120.00

Component Description: WHTN, SYSTEM
PRLX U16 D16
Amount: \$347,193.00

Component Description: Invoice moved to
correct budget
category per NMI
message.
Amount: N/A

Component Description: Invoice submitted
to the wrong
station-
Resubmitted in
correct station.
Amount: N/A

Component Description: WHTN, SYSTEM
PRLX U16 D16
Amount: \$34,719.30

Component Description: Invoice moved to
correct budget
category per NMI
message.
Amount: N/A

Component Description: Labor
Amount: \$480.00

Internal Transmission Line

Component Description:

4-1/16-inch,
50ohm, 90 degree
miter elbow,
captivated inner
conductor

Amount:

\$1,530.26

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 75010402	\$26,300.00	\$8,658.50		\$8,658.50	
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	\$26,300.00	\$8,658.50	Please see attached DTVPros Quote JEHQ1633. Estimated cost includes shipping per DTVPros Invoice 305	\$8,658.50	N/A
Primary Antenna TFU-21ETT-R C200	\$266,030.00	\$204,488.88		\$184,040.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$5,760.00	N/A
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$185,320.88	Please see the attached Dielectric Proposal C-70588-3 and DTVPros Quote JEHQ1293-02	\$166,788.80	N/A

Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$12,768.00	Please see the attached Dielectric Proposal C-70588-3 and DTVPros Quote JEHQ1293-02	\$11,491.20	N/A
Sub-total	\$292,330.00	\$213,147.38	N/A	\$192,698.50	N/A
Total for all systems	\$1,988,353.26	\$1,926,122.56	N/A	\$1,371,374.32	N/A

Components

Actual Information	
Description	File Name
UHF - Lower Power Side Mount, Class A One Station antenna -- basic	<p>Component Description: UHF - Low power side mount interim</p> <p>Amount: \$8,658.50</p>
Sweep test of existing antenna	<p>Component Description: WHTN-210-Primary Antenna - Sweep Test</p> <p>Amount: \$2,880.00</p> <p>Component Description: WHTN-210-Primary Antenna - Sweep Test</p> <p>Amount: \$2,880.00</p>

<p>UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized</p>	<p>Component Description:</p>	<p>UHF - HIGH POWER TOP MOUNT (200-1000 KW)</p>
	<p>Amount:</p>	<p>\$83,394.40</p>
	<p>Component Description:</p>	<p>UHF - HIGH POWER TOP MOUNT (200-1000 KW)</p>
	<p>Amount:</p>	<p>\$83,394.40</p>
<p>Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)</p>	<p>Component Description:</p>	<p>WHTN-210- Primary Antenna - Elbow Complex</p>
	<p>Amount:</p>	<p>\$5,745.60</p>
	<p>Component Description:</p>	<p>WHTN-210- Primary Antenna - Elbow Complex</p>
	<p>Amount:</p>	<p>\$5,745.60</p>

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	\$23,925.00	\$17,792.72		\$17,792.72	
Flexible Air Transmission Line - dielectric, 1 5 /8"	\$23,925.00	\$17,792.72	Please see attached DTVPros Quote JEHQ1633. Estimated cost includes shipping per DTVPros Invoice 305	\$17,792.72	N/A
Primary Transmission Line	\$271,440.00	\$185,652.20		\$83,543.49	
Rigid Transmission Line - copper, 7 3 /16"	\$271,440.00	\$185,652.20	DTVPros Quote JEHQ1579	\$83,543.49	N/A
Sub-total	\$295,365.00	\$203,444.92	N/A	\$101,336.21	N/A
Total for all systems	\$1,988,353.26	\$1,926,122.56	N/A	\$1,371,374.32	N/A

Components

Actual Information	
Description	File Name

Flexible Air Transmission Line - dielectric, 1 5/8"	Component Description: WHTN-380-Interim Transmission Line Amount: \$17,792.72
Rigid Transmission Line - copper, 7 3/16"	Component Description: RIGID TRANSMISSION LINE - COPPER Amount: \$83,543.49

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	\$262,030.00	\$457,910.00		\$299,375.00	
Tower Helicopter Lift	<i>\$38,930.00</i>	\$38,930.00	Please see WHTN Helicopter Lift Category Revision Justification Cover Letter	\$38,930.00	N/A
Structural engineering tower load study for well documented tower	\$12,600.00	\$16,680.00	see Estimated Cost Justification WHTN-410- Existing Primary Tower - Structural Analysis v0	\$11,840.00	N/A
Tall Tower (greater than 500')	\$210,500.00	\$402,300.00	per Estimated Cost Justification WHTN-410- Existing Primary Tower - Tower Rigging, Tall Tower (_ 500') v0	\$248,605.00	N/A
Sub-total	\$262,030.00	\$457,910.00	N/A	\$299,375.00	N/A
Total for all systems	\$1,988,353.26	\$1,926,122.56	N/A	\$1,371,374.32	N/A

Components

Actual Information Description	File Name
Tower Helicopter Lift	Component Description: Change Order #2 Amount: \$38,930.00
Structural engineering tower load study for well documented tower	Component Description: STNLSA STNL Structural Analysis Amount: \$3,500.00
	Component Description: Rigorous Structural Tower Evaluation Amount: \$3,500.00
	Component Description: STNLCN STNL Construction Srvc Amount: \$4,840.00

Tall Tower (greater than 500')

Component Description: Vendor Credit
Amount: (\$123,503.00)

Component Description: Customer Deposit for WHTN TV Repack Interim System installation and removal, and Top Mount Antenna Replacement Services
Amount: \$123,503.00

Component Description: Weather Days
Amount: \$28,000.00

Component Description: 25% Deposit due upon signed contract
Amount: \$100,575.00

Component Description: Weather days
Amount: \$16,000.00

Component Description: Tower Service - TN
Amount: \$56,030.00

Component Description: Weather Days
Amount: \$48,000.00

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	\$131,693.00	\$135,270.00		\$58,668.35	
Attorney - Other Matters	<i>\$445.00</i>	\$445.00	see Estimated Cost Justification WHTN-550-Attorney - Other Matters v1	\$445.00	N/A
Additional Field Engineering Service, 2 Days	<i>\$4,000.00</i>	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	\$837.00	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	\$390.00	N/A

Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	\$1,000.00	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
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	\$1,187.50	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
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$468.00	N/A

Project management of the transition	\$96,538.00	\$102,075.00	Please see the attached Widality quote and the DTVPros Quote JEHQ1293-02	\$52,340.85	N/A
Sub-total	\$131,693.00	\$135,270.00	N/A	\$58,668.35	N/A
Total for all systems	\$1,988,353.26	\$1,926,122.56	N/A	\$1,371,374.32	N/A

Components

Actual Information	
Description	File Name
Attorney - Other Matters	<p>Component Description: Legal services Amount: \$78.00</p> <p>Component Description: Check deadline and load/partially complete 10 week transition Amount: \$81.00</p> <p>Component Description: Review memo from C. Mavros Amount: \$208.00</p> <p>Component Description: WHTN-550-Attorney - Other Matters Amount: \$78.00</p>
Additional Field Engineering Service, 2 Days	Information not provided.

<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Component Description: WHTN-550-Attorney - Special Temporary Authorization</p> <p>Amount: \$837.00</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: Legal services</p> <p>Amount: \$390.00</p>
<p>Prepare request for Special Temporary Authorization</p>	<p>Component Description: Prepare STA on FCC form 2100</p> <p>Amount: \$1,000.00</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: WHTN-530-RF Eng - Construction Permit Application (Main)</p> <p>Amount: \$2,000.00</p>

<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Component Description: Engineering study work for new channel assignment and antenna development.</p> <p>Amount: \$312.50</p> <p>Component Description: 1. Engineering study work for new channel assignment and antenna development.</p> <p>Amount: \$875.00</p>
<p>Address transition timing and coordination issues w/ other stations and wireless</p>	<p>Information not provided.</p>
<p>Prepare and or review reimbursement form</p>	<p>Component Description: Legal services</p> <p>Amount: \$260.00</p> <p>Component Description: WHTN-590-Prepare and/or Review Reimbursement Form</p> <p>Amount: \$208.00</p>
<p>Project management of the transition</p>	<p>Component Description: Project Management</p> <p>Amount: \$6,052.70</p> <p>Component Description: Project Management</p> <p>Amount: \$2,701.40</p>

Component Description: Project
Management
Amount: \$3,187.80

Component Description: Project
Management
Amount: \$3,384.65

Component Description: Project
Management
Amount: \$3,502.85

Component Description: Project
Management
Amount: \$1,594.55

Component Description: Project
Management
Amount: \$1,120.70

Component Description: Project
Management
Amount: \$2,692.55

Component Description: Project
Management
Amount: \$4,248.30

Component Description: Project
Management
Amount: \$1,231.60

Component Description: Project
Management
Amount: \$1,575.90

Component Description: Project
Management
Amount: \$3,518.60

Component Description: Project
Management
Amount: \$1,023.10

Component Description: Project
Management
Amount: \$1,508.10

Component Description: Project
Management
Amount: \$2,151.95

Component Description: Project
Management
Amount: \$1,512.10

Component Description: Project
Management
Amount: \$3,338.90

Component Description: Project
Management
Amount: \$1,682.70

Component Description: Project
Management
Amount: \$1,607.40

Component Description: Project
Management
Amount: \$164.00

Component Description:	Project Management
Amount:	\$3,035.40

Component Description:	Project Management
Amount:	\$1,505.60

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	\$55,645.00	\$55,100.00		\$4,500.00	
MVPD Notification of Channel Change	<i>\$1,500.00</i>	\$1,500.00	N/A	\$1,500.00	N/A
Develop and air announcement of upcoming channel change	<i>\$400.00</i>	\$400.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$17,000.00</i>	\$17,000.00	see Justifying Quote WHTN Chivers Transmitter Removal and Installation LLC Quote 2019- 013 Amended	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$2,800.00	N/A

FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$200.00	Per Estimated Cost Justification WHTN-610-FCC Filing Fee - Special Temporary Authorization v0	\$200.00	N/A
Sub-total	\$55,645.00	\$55,100.00	N/A	\$4,500.00	N/A
Total for all systems	\$1,988,353.26	\$1,926,122.56	N/A	\$1,371,374.32	N/A

Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<p>Component Description: "Prepare letters to MVPDs. Research and contact all relevant MVPD entities impacted by station move"</p> <p>Amount: \$1,500.00</p>
Develop and air announcement of upcoming channel change	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	Component Description:	"Mailing: Print and mail a two page, black and white generically addressed letter with a specifically addressed"
	Amount:	\$2,800.00
FCC Filing Fees - Special Temporary Authorization request	Component Description:	WHTN-610-FCC Filing Fee - Special Temporary Authorization
	Amount:	\$200.00

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$1,988,353.26	\$1,926,122.56	\$1,371,374.32

Reimbursement Status

Question	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

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.

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.

**CHRIS L
MAVROS**
*D.E.,
Christian
Television
Network*

05/05/2020

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<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.

**CHRIS L
MAVROS**
*D.E.,
Christian
Television
Network*

05/05/2020

Certification	Section	Question	Response
	<p>Submission of Final Allocation or Accounting Information 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 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. 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 above-named applicant for the Authorization(s) specified above.

**CHRIS L
MAVROS**
*D.E.,
Christian
Television
Network*

05/05/2020

Attachments