



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **61008** | Service: **DTV** | Call **WJPM-TV** | Channel: **16 (UHF)**  
ID: | Sign:  
File **0000028308**  
Number:  
FRN: **0001861160** | Date **09/09**  
Submitted: **/2021**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>SOUTH CAROLINA EDUCATIONAL TV COMMISSION</b> Doing Business As: SOUTH CAROLINA EDUCATIONAL TV COMMISSION	Mark Jahnke 1041 GEORGE ROGERS BOULEVARD COLUMBIA, SC 29201 United States	+1 (803) 737-3486	mjahnke@scetv.org	Government Entity

## 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
<b>Robert Gehman</b> <i>ConsultingEngineer</i> <i>Kessler and Gehman Associates, Inc.</i>	Robert Gehman 507 NW 60 Street Suite D Gainesville, FL 32607 United States	+1 (352) 332-3157	bob@kesslerandgehman.com

**Broadcaster  
Information  
and  
Transition  
Plan**

Question	Response
Will the station be sharing equipment with another broadcast television station or stations (e.g., a shared antenna, co-location on a tower, use of the same transmitter room, multiple transmitters feeding a combiner, etc.)? If yes, enter the facility ID's of the other stations and click 'prefill' to download those stations' licensing information.	Yes
Briefly describe transition plan	Replace transmitter using existing antenna and line. See attachment.

**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	Diamond
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 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?	Yes
	Manufacturer	
	Model	ULXTE-8
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	5.5 kW
	Justification for New Transmitter	The manufacturer of the existing transmitter advises that the transmitter cannot be re-tuned to the assigned channel. See attachment.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	Yes
	Power	150 kVA
	Rigid Conduit and Wiring	Yes

	Size	3 inches
	Length	100.0 feet
	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
<b>Additional Interior RF System</b>	Interior RF System Existing Transmitter to Interim Transmission line

**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?	No
	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	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	56
	Design power capacity in use	100.0 %
Lower Limit	470.00 MHz	

Upper Limit	692.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	108.9 kW
Manufacturer	Dielectric
Model	TUF-O4-14 /56H-1-T
Year	2008

**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.

**Auxiliary  
Antenna**

**Add Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Auxiliary (Backup)
	Description of Use	Interim TV
	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
<b>Existing Antenna Manufacturer and Type</b>	Class	Full Power
	Mounting	Side 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) .....	20.0 kW



Manufacturer	
Model	TFU-8WB
Year	2018

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**Auxiliary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Auxiliary (Backup)
	Description of Use	Interim TV
	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
	<b>New Antenna Manufacturer and Types</b>	Class
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)		20.0 kW
Manufacturer		
Model	TFU-WB-8	

Year	2018
Justification for New Antenna	To allow on-air testing on the repack channel as permitted in the FCC repack rules

**Auxiliary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	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
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Auxiliary  
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?

**Primary Transmission Line**  
**Existing Transmission Line**

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Dielectric
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	19 3/4 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	800 feet per run

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

Name	Description
Sweep Tests	Sweep to ensure line is satisfactory on assigned channel

**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	4 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	500 feet per run
	Justification for New Transmission Line	To allow for on-air testing of the repack transmitter on the repack channel as allowed in FCC repack rules

**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
<b>Existing Tower Description</b>	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?	No
	Is tower compliant with Rev G?	No
<b>Existing Tower Structure Registration</b>	Do you have a tower registration number?	No
	ASR Number	
<b>Coordinates (NAD83 ( North American Datum of 1983))</b>	Latitude (NAD83)	34° 16' 48.1" N-
	Longitude (NAD83)	079° 44' 34.4" W-
	Overall Structure Height	809.37 feet
	Support Structure Height	750.98 feet
	Ground Elevation Above Mean Sea Level (AMSL)	119.75 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

Tower Owner	SOUTH CAROLINA EDUCATIONAL TV COMMISSION
Date Constructed	01/27/2005

**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 Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	102
	Explanation	It will be necessary to schedule and coordinate multiple vendors and complete progress reports, . Station does not have available personnel or personnel trained in project management for such complex projects.
<b>Outside RF consulting Engineering Services</b>	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
<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	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
Address transition timing and coordination issues w/ other stations and wireless providers	Yes	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	10

Justification	It will be necessary to plan the installation, develop specifications for purchasing, and perform final inspections of this RF project. Station does not have available personnel or personnel trained in such services.
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**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
Engineering Staff Labor	Repack related labor from internal engineering staff

**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?	Yes
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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**

<b>Name</b>	<b>Description</b>
<b>Billboard Ads for Transition</b>	Billboard ads for Repack channel transition

**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 ULXTE-8</b>	<b>\$482,450.00</b>	<b>\$420,500.00</b>		<b>\$223,257.53</b>	
Additional Interior RF System	<i>\$140,000.00</i>	\$140,000.00	N/A	\$23,331.00	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	\$273,500.00	\$215,000.00	N/A	\$197,751.72	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Transformer 3 phase /480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	\$2,174.81	N/A
<b>Sub-total</b>	<b>\$482,450.00</b>	<b>\$420,500.00</b>	N/A	<b>\$223,257.53</b>	N/A
<b>Total for all systems</b>	<b>\$1,083,095.00</b>	<b>\$784,569.00</b>	N/A	<b>\$379,528.12</b>	N/A

**Components**

Actual Information	
Description	File Name

Additional Interior RF System	<p><b>Component Description:</b> Van delivery for RF components</p> <p><b>Amount:</b> \$2,396.25</p> <p><b>Component Description:</b> Internal RF components... patch panel, etc.</p> <p><b>Amount:</b> \$20,934.75</p>
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 4.9 . 6.5 kW	<p><b>Component Description:</b> Remaining amount for base transmitter. See cover letter.</p> <p><b>Amount:</b> \$53,564.93</p> <p><b>Component Description:</b> 50% Down Payment for ULXTE-6 Transmitter</p> <p><b>Amount:</b> \$105,509.86</p> <p><b>Component Description:</b> Down Payment #2 for Like-for-Like transmitter, spare parts subtracted</p> <p><b>Amount:</b> \$38,676.93</p>
Switchgear - industrial 800 amp	Information not provided.
Transformer 3 phase/480v - 150 KVA	<p><b>Component Description:</b> Transformer and associated electrical parts</p> <p><b>Amount:</b> \$2,174.81</p>

**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 TUF-O4-14 /56H-1-T</b>	<b>\$19,030.00</b>	<b>\$18,100.00</b>		<b>\$0.00</b>	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1 /8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
<b>Auxiliary Antenna TFU-WB-8</b>	<b>\$51,730.00</b>	<b>\$51,730.00</b>		<b>\$46,192.50</b>	
UHF - High Power, Side Mount, basic slot antenna, 20 kW input, directional,, horizontally polarized	<i>\$45,000.00</i>	\$45,000.00	N/A	\$40,432.50	N/A
Sweep test of existing antenna	\$6,730.00	\$6,730.00	N/A	\$5,760.00	N/A
<b>Sub-total</b>	<b>\$70,760.00</b>	<b>\$69,830.00</b>	N/A	<b>\$46,192.50</b>	N/A
<b>Total for all systems</b>	<b>\$1,083,095.00</b>	<b>\$784,569.00</b>	N/A	<b>\$379,528.12</b>	N/A



## Components

Actual Information	
Description	File Name
Sweep test of existing antenna	Information not provided.
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	Information not provided.
UHF - High Power, Side Mount, basic slot antenna, 20 kW input, directional,, horizontally polarized	<p><b>Component Description:</b> Antenna portion of invoice</p> <p><b>Amount:</b> \$20,216.25</p> <p><b>Component Description:</b> Antenna portion of invoice</p> <p><b>Amount:</b> \$20,216.25</p>
Sweep test of existing antenna	<p><b>Component Description:</b> Sweep portion of invoice</p> <p><b>Amount:</b> \$2,880.00</p> <p><b>Component Description:</b> Sweep portion of invoice</p> <p><b>Amount:</b> \$2,880.00</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
<b>Interim Transmission Line</b>	<b>\$37,000.00</b>	<b>\$30,000.00</b>		<b>\$27,216.58</b>	
Flexible Air Transmission Line - dielectric, 4"	\$37,000.00	\$30,000.00	N/A	\$27,216.58	N/A
<b>Primary Transmission Line</b>	<b>\$6,400.00</b>	<b>\$6,400.00</b>		<b>\$0.00</b>	
Sweep Tests	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$43,400.00</b>	<b>\$36,400.00</b>	<b>N/A</b>	<b>\$27,216.58</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,083,095.00</b>	<b>\$784,569.00</b>	<b>N/A</b>	<b>\$379,528.12</b>	<b>N/A</b>

**Components**

Actual Information Description	File Name
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<p>Flexible Air Transmission Line - dielectric, 4"</p>	<p><b>Component Description:</b> Transmission line portion of invoice</p> <p><b>Amount:</b> \$13,143.29</p> <p><b>Component Description:</b> Adapter for interim transmission line</p> <p><b>Amount:</b> \$930.00</p> <p><b>Component Description:</b> Transmission line portion of invoice</p> <p><b>Amount:</b> \$13,143.29</p>
<p>Sweep Tests</p>	<p>Information not provided.</p>

**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
<b>Primary Tower TOWER</b>	<b>\$210,500.00</b>	<b>\$30,000.00</b>		<b>\$20,700.00</b>	
Tall Tower (greater than 500')	\$210,500.00	\$30,000.00	Installation of interim TV antenna	\$20,700.00	N/A
<b>Sub-total</b>	<b>\$210,500.00</b>	<b>\$30,000.00</b>	N/A	<b>\$20,700.00</b>	N/A
<b>Total for all systems</b>	<b>\$1,083,095.00</b>	<b>\$784,569.00</b>	N/A	<b>\$379,528.12</b>	N/A

**Components**

Actual Information	
Description	File Name
Tall Tower (greater than 500')	<p><b>Component Description:</b> Installation of interim TV antenna</p> <p><b>Amount:</b> \$20,700.00</p>

**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>\$245,296.00</b>	<b>\$205,750.00</b>		<b>\$48,091.06</b>	
Engineering Staff Labor	<i>\$100,000.00</i>	\$100,000.00	N/A	\$66.44	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
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	N/A	N/A

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$3,250.00	N/A
Project management of the transition	\$16,116.00	\$20,000.00	With ten stations in the SCETV network, project management (reimbursement filing) is taking longer than anticipated.	\$19,695.22	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$42,000.00	Sixarms quote for drone pattern and coverage study uploaded.	\$20,579.40	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	\$2,500.00	N/A
Additional Field Engineering Service, 10 Days	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$245,296.00	\$205,750.00	N/A	\$48,091.06	N/A
<b>Total for all systems</b>	\$1,083,095.00	\$784,569.00	N/A	\$379,528.12	N/A

## Components

Actual Information	
Description	File Name
Engineering Staff Labor	<p><b>Component Description:</b> Internal staff labor for unloading transmitter equipment at WJPM</p> <p><b>Amount:</b> \$66.44</p>
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	<p><b>Component Description:</b> WJPM - Prepare engineering for Construction Permit</p> <p><b>Amount:</b> \$2,000.00</p>
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.
Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b> WJPM - Engineering study for new channel and antenna deveopment</p> <p><b>Amount:</b> \$3,250.00</p>
Project management of the transition	<p><b>Component Description:</b> WJPM Project Management Feb - Jun 2017</p> <p><b>Amount:</b> \$1,807.43</p>

**Component Description:** Project  
Management  
January - June  
2018  
**Amount:** \$2,696.25

**Component Description:** Project  
Management - Jul  
thru Dec 2019  
**Amount:** \$2,407.50

**Component Description:** WJPM Project  
Management Jul -  
Dec 2017  
**Amount:** \$1,804.04

**Component Description:** Project  
Management June  
- December 2018  
**Amount:** \$2,010.00

**Component Description:** Project  
Management - Jan  
thru Jun 2019  
**Amount:** \$2,227.50

**Component Description:** Project  
Management - Jan  
thru June 2020  
**Amount:** \$2,955.00

**Component Description:** Project  
Management  
January - June  
2021  
**Amount:** \$1,860.00



	<p><b>Component Description:</b> Project Management - July thru December 2020</p> <p><b>Amount:</b> \$1,927.50</p>
<p>Comprehensive coverage verification via field study, if needed</p>	<p><b>Component Description:</b> 50% down payment WJPM portion of drone coverage verification - See cover letter</p> <p><b>Amount:</b> \$20,579.40</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><b>Component Description:</b> Prepare Reimbursement Form 399</p> <p><b>Amount:</b> \$2,500.00</p>
<p>Additional Field Engineering Service, 10 Days</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>\$30,689.00</b>	<b>\$22,089.00</b>		<b>\$14,070.45</b>	
MVPD Notification of Channel Change	<i>\$714.00</i>	\$714.00	N/A	\$714.00	N/A
Develop and air announcement of upcoming channel change	<i>\$2,500.00</i>	\$2,500.00	N/A	\$2,496.00	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	\$6,985.45	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,950.00	N/A	\$2,950.00	N/A
Billboard Ads for Transition	<i>\$925.00</i>	\$925.00	N/A	\$925.00	N/A
<b>Sub-total</b>	<b>\$30,689.00</b>	<b>\$22,089.00</b>	<b>N/A</b>	<b>\$14,070.45</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$1,083,095.00</b>	<b>\$784,569.00</b>	<b>N/A</b>	<b>\$379,528.12</b>	<b>N/A</b>

**Components**

Actual Information	
Description	File Name
MVPD Notification of Channel Change	<p><b>Component Description:</b> MVPD Notifications</p> <p><b>Amount:</b> \$714.00</p>
Develop and air announcement of upcoming channel change	<p><b>Component Description:</b> WJPM portion of monthly invoice</p> <p><b>Amount:</b> \$162.00</p>
	<p><b>Component Description:</b> WJPM portion of monthly invoice</p> <p><b>Amount:</b> \$465.00</p>
	<p><b>Component Description:</b> WJPM portion of monthly invoice</p> <p><b>Amount:</b> \$543.00</p>
	<p><b>Component Description:</b> WJPM portion of monthly invoice</p> <p><b>Amount:</b> \$273.00</p>
	<p><b>Component Description:</b> WJPM portion of monthly invoice</p> <p><b>Amount:</b> \$1,053.00</p>
Equipment Delivery and Handling Charges	<p><b>Component Description:</b> Shipping for interim antenna</p> <p><b>Amount:</b> \$4,609.75</p>
	<p><b>Component Description:</b> Shipping for interim transmission line</p> <p><b>Amount:</b> \$2,375.70</p>

Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
DTV Medical Facility Notification	<b>Component Description:</b>  <b>Amount:</b>	Medical Notifications \$2,950.00
Billboard Ads for Transition	<b>Component Description:</b>  <b>Amount:</b>	WJPM portion of billboard ads for channel transition \$925.00

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$1,083,095.00	\$784,569.00	\$379,528.12

**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.

**Hap Griffin**  
*Repack  
Project  
Manager*

09/09/2021



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.

**Hap Griffin**  
*Repack  
Project  
Manager*

09/09/2021

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.

**Hap Griffin**  
*Repack  
Project  
Manager*

09/09/2021

## Attachments