

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID:		Service: DTV	Call Sign:	WHTN	Channel: 16 (UHF)
File	00000	27776			
Number:					
FRN: 00	05936414	Date	09/24		
		Submitted:	/2018		

Applicant Name, Type, and Contact Information

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 Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information					
Contact Information	Applicant	Address	Phone	Email		
Information	Joseph C. Chautin III Hardy, Carey, Chautin & Balkin, LLP	1080 West Causeway Approach Mandeville, LA 70471 United States	+1 (985) 629-0777	jchautin@hardycarey. com		

Broadcaster	Question	Response
Information and Transition Plan	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	Existing Transmitter Information					
Transmitter	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				
	Manufacturer and Type	Model	Quantum			
		Year	2006			
		Туре	Inductive Output Tube			
		IOT Power Type	Single			
		Power Capacity	29 kW			

Existing Transmitter Information

Primary	New Transmitter Costs					
Transmitter	Section	Question	Response			
	New Transmitter	Use	Primary (Main)			
		Change Type	Purchase New			
		Is this a request for upgraded equipment?	Yes			
		Manufacturer				
		Model	Parallax			
		Transmitter Type	Solid State			
		Solid State Cooling	Liquid Cooled			
		Solid State Power capacity	20 kW			
		Justification for New Transmitter	Manufacturer no longer in business. Existing transmitter channel change not supported.			

Primary	Other Transmitter Costs					
Transmitter	r 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

Other Transmitter Cost Not Listed

Primary Other Transmitter Co Transmitter Information not provided.

Antennas Section		Question	Response
Antenna Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary	Existing Antenna Information					
Antenna	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	Class	Full Power			
	Manufacturer and Type	Mounting	Top 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)	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	Class	Full Power	
	Manufacturer and Types	Mounting	Top 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)	618.0 kW	
		Manufacturer		

Model	ATW21H3 HTC3-16H
Year	2017
Justification for New Antenna	Existing antenna cannot be re- channeled

Primary	Other Antenna Costs			
Antenna	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?	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?	Yes	

Other Antenna Costs

Other Antenna Cost Not Listed

Primary	Other Antenna Cost Not Listed	
Antenna	tenna Name Description	Description
	Temporary Antenna	A temporary low power antenna & line will be needed during the re-channeling process to keep WHTN on the air.

Transmissior	Sentien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower	Section	Question	Response
Equipment And Rigging Costs	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	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	Do you have a tower registration number?	Yes	
	Registration	ASR Number	1043940	
	Coordinates (NAD83 (North American Datum	Latitude (NAD83)	36° 04' 58.0" N-	
	of 1983))	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 Rigging Costs			
	Section	Question	Response	
	Tower Rigging Costs	Complex Tower	N/A	
	Helicopter Services Required	Are helicopter services required?	No	

Other Tower Expenses Not Listed

Primary Tower 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	605
		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

Other Professional Services Expenses Not Listed Professional Services roostsided.

Other	Section	Question	Response
Expenses	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 Not Listed

Expenses Information not provided.

Transmitters

Cost Information

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 Parallax	\$684,000.00	\$694,386.00		\$0.00	
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$694,386.00	Please see attached justification.	N/A	N/A
Sub-total	\$684,000.00	\$694,386.00	N/A	\$0.00	N/A
Total for all systems	\$1,344,100.00	\$1,324,301.00	N/A	\$4,309.00	N/A

Components

Antennas

Cost Information

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 ATW21H3- HTC3-16H	\$274,655.00	\$262,325.00		\$0.00	
Temporary Antenna	\$20,925.00	\$20,925.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
UHF - High Power Top Mount (200- 1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$235,000.00	N/A	N/A	N/A
Sub-total	\$274,655.00	\$262,325.00	N/A	\$0.00	N/A
Total for all systems	\$1,344,100.00	\$1,324,301.00	N/A	\$4,309.00	N/A

Components

Cost Transmission Line

Information Information not provided.

Tower Equipment and Rigging Costs

Cost Information

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	\$210,500.00	\$200,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Sub-total	\$210,500.00	\$200,000.00	N/A	\$0.00	N/A
Total for all systems	\$1,344,100.00	\$1,324,301.00	N/A	\$4,309.00	N/A

Components

Outside Professional Services

Cost Information

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	\$130,300.00	\$123,500.00		\$4,309.00	
Project management of the transition	\$95,590.00	\$90,750.00	N/A	\$4,309.00	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	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	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 request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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
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 request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
Additional Field Engineering Service, 2 Days	\$4,000.00	\$4,000.00	N/A	N/A	N/A
Sub-total	\$130,300.00	\$123,500.00	N/A	\$4,309.00	N/A
Total for all systems	\$1,344,100.00	\$1,324,301.00	N/A	\$4,309.00	N/A

Components

Actual Information Description	File Name	
Project management of the transition	Component Description: Amount:	Project Management \$1,682.70
	Component Description: Amount:	Project Management \$1,505.60
	Component Description: Amount:	Project Management \$1,120.70
Prepare and or review reimbursement form	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Perform engineering study for new channel assignment and antenna development	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare request for Special Temporary Authorization	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	

Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Additional Field Engineering Service, 2 Days	Information not provided.

Other Expenses

Cost Information

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	\$44,645.00	\$44,090.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$6,000.00	\$6,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$400.00	\$400.00	N/A	N/A	N/A
MVPD Notification of Channel Change	\$1,500.00	\$1,500.00	N/A	N/A	N/A
Sub-total	\$44,645.00	\$44,090.00	N/A	\$0.00	N/A
Total for all systems	\$1,344,100.00	\$1,324,301.00	N/A	\$4,309.00	N/A

Components

Cost Information	Grand Total						
		Predetermined Cost Estimate	Estimated Cost	Actual Cost			
	Total for all systems	\$1,344,100.00	\$1,324,301.00	\$4,309.00			

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

Certification	Section	Question	Response
	Submission of Estimated Expenses Statements	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.	
		 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. 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).
- 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 Director of Engineering 09/24/2018

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).	
		 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).
- 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 Director of Engineering
	09/24/2018

Attachments