



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **49236** | Service: **DCA** | Call **WDNN-CD** | Channel: **20 (UHF)** |  
ID:  
File **0000028692**  
Number:  
FRN: **0027847094** | Date **03/01**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>NORTH GEORGIA TELEVISION</b> Doing Business As: NORTH GEORGIA TELEVISION	Deborah Boyd PO Box 1740 Dalton, GA 30721 United States	+1 (706) 278-9713	dboyd@wdnntv.com	Corporation

## Reimbursement Contact Information

### Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

## Preparer Contact Information

### Preparer Contact Name and Information

Applicant	Address	Phone	Email
The Preparer is same as the reimbursement contact.			

## Broadcaster Information and Transition Plan

Question	Response
----------	----------

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

## Transmitters

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<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	560
	Year	2009
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.5 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?	No
	Manufacturer	
	Model	TRN-5X-4D-U-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	0.5 kW
	Justification for New Transmitter	Old transmitter not readily tunable over required span.

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
<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**

Information not provided.

**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?	Yes
	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	Class A
	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)	5.92 kW

	Manufacturer	
	Model	SL-8
	Year	2009

**Facility ID's and Call Signs of  
all stations with whom the  
antenna is shared.**

Facility ID	Call Sign
49235	WDGA-CD



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?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	Yes
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Class A
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	2
	Number of Panels/Bays	1
	Lower Limit	506.00 MHz
	Upper Limit	572.00 MHz
	Design power capacity in use	100.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	3.28 kW
	Manufacturer	

Model	JA/MS-8 /D20-D30
Year	2017
Justification for New Antenna	ANTENNA IS SHARED BY TWO CHANNELS. OLD ANTENNA WILL NOT WORAK FOR THE NEW SHARED CHANNELS 20 & 30.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	Upper and lower frequency
	Frequency	506.0 MHz - 572.0 MHz
	Do you need a combiner output splitter /switcher for dual feed lines?	No
<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?	No

**Primary  
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
<b>Existing Transmission Line Description</b>	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?	Yes
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	150 feet per run

**Facility ID's and Call Signs of all stations with whom the transmission line is shared.**

Facility ID	Call Sign
49235	WDGA-CD

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

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Foam
	Diameter	1 5/8 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	150 feet per run
	Justification for New Transmission Line	Transmission lines have been damaged in previous storms and unreliable.

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line** **Information not provided.**

**Tower  
Equipment  
And  
Rigging  
Costs**

Section	Question	Response
<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

**Outside  
Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	30
	Explanation	No in house capability.
<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	No
	For Auxiliary Facility	N/A

	For Main Facility	N/A
	Prepare and file Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	3
	Justification	Contract engineer to install and turn on equipment.

**Outside Professional Services Costs**

**Other Professional Services Expenses Not Listed**

Name	Description
------	-------------



<b>Tower Labor</b>	Labor install antenna and transmission line
--------------------	---

## 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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	Does this relocation require paying Disposal Costs (for equipment and other waste, net of any salvage value)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	No

**Other  
Expenses**

**Other Expenses Not Listed**

Name	Description
Dehydrator	Dryline Dehydrator 19" rack mountable,50 /60Hz

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 TRN-5X-4D-U-C	\$21,000.00	\$21,000.00		\$18,456.20	
UHF - Air Cooled Solid State Transmitter 0.5 kW	<i>\$21,000.00</i>	\$21,000.00	N/A	\$18,456.20	N/A
Sub-total	\$21,000.00	\$21,000.00	N/A	\$18,456.20	N/A
Total for all systems	\$176,611.00	\$77,246.00	N/A	\$29,581.20	N/A

Components

Actual Information	
Description	File Name
UHF - Air Cooled Solid State Transmitter 0.5 kW	<div>Component Description:WDNN Transmitter Reimbursement Request</div> <div>Amount:\$18,456.20</div>

## 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 JA /MS-8/D20-D30</b>	<b>\$102,915.00</b>	<b>\$22,215.00</b>		<b>\$2,275.00</b>	
New combiner, cost per channel (without antenna)	\$84,200.00	\$3,500.00	N/A	\$2,275.00	N/A
UHF - Lower Power, Side Mount, Class A, basic slot antenna, 1 bay,, 3 kW input, horizontally polarized	<i>\$18,715.00</i>	\$18,715.00	Tower required a top mount bracket instead of a side mount.	N/A	N/A
<b>Sub-total</b>	<b>\$102,915.00</b>	<b>\$22,215.00</b>	<b>N/A</b>	<b>\$2,275.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$176,611.00</b>	<b>\$77,246.00</b>	<b>N/A</b>	<b>\$29,581.20</b>	<b>N/A</b>

### Components

Actual Information	
Description	File Name
New combiner, cost per channel (without antenna)	<b>Component Description:</b> Combiner <b>Amount:</b> \$2,275.00
UHF - Lower Power, Side Mount, Class A, basic slot antenna, 1 bay,, 3 kW input, horizontally polarized	Information not provided.

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
Primary Transmission Line	\$3,600.00	\$2,400.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 1 5 /8"	\$3,600.00	\$2,400.00	N/A	N/A	N/A
Sub-total	\$3,600.00	\$2,400.00	N/A	\$0.00	N/A
Total for all systems	\$176,611.00	\$77,246.00	N/A	\$29,581.20	N/A

Components

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

Information not provided.

Cost Information

Outside Professional Services

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$31,965.00	\$22,600.00		\$8,850.00	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,000.00	N/A	N/A	N/A
Additional Field Engineering Service, 3 Days	\$2,500.00	\$2,500.00	N/A	\$1,750.00	N/A
Project management of the transition	\$4,740.00	\$4,000.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$1,600.00	N/A	\$1,600.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,000.00	N/A	\$2,000.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,500.00	N/A	N/A	N/A
Tower Labor	<b>\$10,000.00</b>	\$10,000.00	N/A	\$3,500.00	N/A
<b>Sub-total</b>	\$31,965.00	\$22,600.00	N/A	\$8,850.00	N/A
<b>Total for all systems</b>	\$176,611.00	\$77,246.00	N/A	\$29,581.20	N/A

## Components

Actual Information	
Description	File Name
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Additional Field Engineering Service, 3 Days	<b>Component Description:</b> Field Engineer <b>Amount:</b> \$1,750.00
Project management of the transition	Information not provided.
Prepare and or review reimbursement form	<b>Component Description:</b> Prepare reimbursement form WDNN <b>Amount:</b> \$1,600.00  <b>Component Description:</b> N/A <b>Amount:</b> N/A



Perform engineering study for new channel assignment and antenna development	<p><b>Component Description:</b> Engineer study for new channel assignment WDNN</p> <p><b>Amount:</b> \$2,000.00</p>
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Tower Labor	<p><b>Component Description:</b> Install Antenna on Tower</p> <p><b>Amount:</b> \$3,500.00</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>\$17,131.00</b>	<b>\$9,031.00</b>		<b>\$0.00</b>	
Dehydrator	<i>\$3,136.00</i>	\$3,136.00	Dehydrator needed to keep water from getting into line because of the kind of wire used.	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$3,500.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$17,131.00</b>	<b>\$9,031.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$176,611.00</b>	<b>\$77,246.00</b>	N/A	<b>\$29,581.20</b>	N/A

### Components

Information not provided.

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$176,611.00	\$77,246.00	\$29,581.20

Reimbursement Status	Question	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	<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.

<p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Deborah Boyd , Boyd . Secretary</b></p> <p>03/01/2019</p>

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"> <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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</p>	
<p>I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.</p>	<p><b>Deborah Boyd , Boyd . Secretary</b></p> <p>03/01/2019</p>

## Attachments