Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **40211** | Service: **DCA** | Call Sign: **WYBE-CD** | Channel: **34 (UHF)**

File Number: **0000027609**

FRN: **0003761905** | Date Submitted: **08/26/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MULTIMEDIA NETWORK OF NC, INC Doing Business As: MULTIMEDIA NETWORK OF NC, INC	Dr.Mark Evans 110 TORREY PINES LANE PINEHURST, NC 28374 United States	+1 (910) 215-5686	markmywords@embarqmail.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.	No
Briefly describe transition plan	Station will submit application for construction permit (Schedule E) and estimates of equipment costs for which station is eligible for reimbursement.

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	ITS-220A
	Year	1996
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	0.03 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	UAXTE-50
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	0.11 kW
	Justification for New Transmitter	Transmitter no longer manufactured. Parts not available to retune.

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 leashold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Transmitter Rack	From Gates Air
Installation	Separately billed installation 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	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?	Yes
	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	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	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	UHF Dipole with grid reflectors
ERP: (Effective Radiated Power)	0.11 kW
Manufacturer	Scala
Model	WYBE-SCACUSTOM
Year	1996

Primary Antenna

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	No

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	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

Name	Description

Feedhorns and power divider	PDL2-55-50 two-way, equal split ratio power divider, broadband 470-614 MHz, max input 100-watts with 50 ohm type. PRFTV-34-50 Paraflector feed assembly, Channel 34 (590-596 MHz)

Transmission Line

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

Tower Equipment And Rigging Costs

Section	Question	Response
Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

Primary Tower

Add Tower

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1006461
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	35° 09' 58.0" N-
	Longitude (NAD83)	079° 25' 11.0" W-
	Overall Structure Height	250.00 feet
	Support Structure Height	246.39 feet

Ground Elevation Above Mean Sea Level (AMSL)	479.65 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	MUIRFIELD BROADCASTING INC
Date Constructed	10/01/1990

FM, AM or TV radio broadcasters. Facility ID's, Call Signs and Services of other broadcast stations with whom the tower is shared

Facility ID	Call Sign	Service
25204	WIOZ-FM	FM
46949	WIOZ	AM

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
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	16
	Explanation	We need technical assistance from a consulting engineer regarding configuration. This requires on-site presence of the engineer for an estimated 16 hours.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	No
	Quantity	N/A
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A

Attorney and Other Outside Consulting Services	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	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Information not provided.

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

Other Expenses

Other Expenses Not Listed

Name	Description
Cable Carrier 2 Notification	Notification of Cable Carrier 2 as required
Cable Notification	Notification of Cable Carrier as required
Freight	Shipping charges for transmitter and other listed equipment
Mask Filter System	Required for transmitter to broadcast FCC approved signal and channel
Medical-Cable Notification Postal	Postal receipts for notification of medical and cable facilities
Tower Crew	Necessary to climb the tower and modify antenna and install equipment.

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 UAXTE-50	**$21,456.50**	**$21,456.50**		**$21,456.50**	
UHF - Air Cooled Solid State Transmitter 0.11 kW	***$9,520.00***	$9,520.00	N/A	$9,520.00	N/A
Transmitter Rack	***$3,951.50***	$3,951.50	Engineer has recommended a rack incorporating an electrical power strip. Rack must have casters to be able to move to service equipment being added as a result of the repack requirements.	$3,951.50	N/A
Installation	***$7,985.00***	$7,985.00	N/A	$7,985.00	N/A
Sub-total	$21,456.50	$21,456.50	N/A	$21,456.50	N/A
Total for all systems	$143,495.05	$57,052.05	N/A	$27,549.10	N/A

Components

Actual Information Description	File Name

UHF - Air Cooled Solid State Transmitter 0.11 kW	**Component Description:** **Amount:**	Transmitter $9,520.00
Transmitter Rack	**Component Description:** **Amount:**	Equipment rack as required for transmitter and components already ordered. $3,951.50
Installation	**Component Description:** **Amount:**	Installation of transmitter $7,985.00

Cost Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna WYBE-SCACUSTOM	**$7,789.00**	**$7,459.00**		**$1,006.05**	
Sweep test of existing antenna	$6,730.00	$6,400.00	N/A	N/A	N/A
Feedhorns and power divider	***$1,059.00***	$1,059.00	N/A	$1,006.05	N/A
Sub-total	$7,789.00	$7,459.00	N/A	$1,006.05	N/A
Total for all systems	$143,495.05	$57,052.05	N/A	$27,549.10	N/A

Components

Actual Information Description	File Name
Sweep test of existing antenna	Information not provided.
Feedhorns and power divider	**Component Description:** Two feedhorns and power divider as previously requested. **Amount:** $1,006.05

Cost Information

Transmission Line

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower TOWER	**$84,200.00**	**$5,000.00**		**$0.00**	
Short Tower (less than 500')	$84,200.00	$5,000.00	N/A	N/A	N/A
Sub-total	$84,200.00	$5,000.00	N/A	$0.00	N/A
Total for all systems	$143,495.05	$57,052.05	N/A	$27,549.10	N/A

Components

Information not provided.

Cost Information

Outside Professional Services

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	**$7,263.00**	**$6,900.00**		**$0.00**	
Project management of the transition	$2,528.00	$2,400.00	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
Sub-total	$7,263.00	$6,900.00	N/A	$0.00	N/A
Total for all systems	$143,495.05	$57,052.05	N/A	$27,549.10	N/A

Components

Information not provided.

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	**$22,786.55**	**$16,236.55**		**$5,086.55**	
Cable Carrier 2 Notification	***$6.85***	$6.85	N/A	$6.85	N/A
Cable Notification	***$6.85***	$6.85	N/A	$6.85	N/A
Tower Crew	***$2,350.00***	$2,350.00	Upon examination of the time and crew requirements, the tower company has supplied a slightly increased estimate from the original expectation of $2000.00 for labor and hours..	N/A	N/A
Mask Filter System	***$1,566.00***	$1,566.00	N/A	$1,566.00	N/A
Freight	***$3,500.00***	$3,500.00	N/A	$3,500.00	N/A
MVPD Notification of Channel Change	***$100.00***	$100.00	N/A	N/A	N/A

Equipment Delivery and Handling Charges	***$500.00***	$500.00	Quotes for transmitter and antenna specify freight to be billed at time of invoice. Estimated cost is for $500.00	N/A	N/A
Develop and air announcement of upcoming channel change	***$3,200.00***	$3,200.00	Estimate for production costs to develop ad, replacement of broadcast spots on the air.	N/A	N/A
DTV Medical Facility Notification	$11,550.00	$5,000.00	N/A	N/A	N/A
Medical-Cable Notification Postal	***$6.85***	$6.85	Please note. U.S. Postal Service does not provide written estimates, only actual costs.	$6.85	N/A
Sub-total	$22,786.55	$16,236.55	N/A	$5,086.55	N/A
Total for all systems	$143,495.05	$57,052.05	N/A	$27,549.10	N/A

Components

Actual Information Description	**File Name**	
Cable Carrier 2 Notification	**Component Description:** **Amount:**	Cable Carrier Notification Postal Receipt $6.85

Cable Notification	**Component Description:** **Amount:**	Cable Carrier notification postal receipt $6.85
Tower Crew	Information not provided.	
Mask Filter System	**Component Description:** **Amount:**	Mask Filter $1,566.00
Freight	**Component Description:** **Amount:**	Freight $3,500.00
MVPD Notification of Channel Change	Information not provided.	
Equipment Delivery and Handling Charges	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
DTV Medical Facility Notification	Information not provided.	
Medical-Cable Notification Postal	**Component Description:** **Amount:**	Postal Service notification of medical facility as required $6.85

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$143,495.05	$57,052.05	$27,549.10

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	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT.	
	1. The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.	

4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

	8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.	
	I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.	**Mark Evans , PhD .** *President* 08/26/2019

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).	
	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.	**Mark Evans , PhD .** *President* 08/26/2019

Attachments