



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **43170** | Service: **DTV** | Call **WMAE-TV** | Channel:
ID: | Sign:
9 (High VHF) | File **000026661**
Number:
FRN: **0001739002** | Date **10/11**
Submitted: **/2019**

Applicant Information Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MISSISSIPPI AUTHORITY FOR EDUCATIONAL TV	Greg Wells 3825 RIDGEWOOD ROAD JACKSON, MS 39211 United States	+1 (601) 432- 6197	Greg. Wells@mpbonline. org	Government Entity
Doing Business As: MISSISSIPPI AUTHORITY FOR EDUCATIONAL TV				

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
Robert Gehman <i>ConsultingEngineer</i> <i>Kessler and Gehman</i> <i>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.	No
Briefly describe transition plan	Replace transmitter using existing antenna and line.

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	PLATINUM PTCD10P1
	Year	2007
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2.2 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	TBD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.2 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
Electrical Service	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
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	N/A

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Additional Interior RF System	Interior RF System Existing Transmitter to Interim Transmission line
Standby Exciter and Switch	Standby Exciter with Automatic Change Over Switch

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?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	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	Batwing
ERP: (Effective Radiated Power)	31.0 kW
Manufacturer	Dielectric
Model	TAB-12H
Year	1990

Primary Antenna

Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

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
Rigging	Rigging to replace elbow complex which was found to be mismatched

Transmission Line	Section	Question	Response
	Transmission Line Related Expenses		Do you have transmission line related expenses?

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

Outside Professional Services Costs	Section	Question	Response	
	Outside Project Management Services		Do you require outside project management services?	Yes
			Number of Hours	204
			Explanation	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.
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	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	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	Yes
	Number of Days	13
	Justification	It will be necessary to survey the site, plan the equipment, develop specifications for purchasing, and oversee multiple vendor RF projects. Station does not have available personnel or personnel trained in such services.

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Name	Description
Other Legal Services	Other Legal Services related to the DTV Repack

Other Engineering Services

Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150 /hr), & a new OES category has been created & funded with the money removed from PM.

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)?	Yes
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	Yes
	Does this relocation require Equipment Storage?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

**Other
Expenses**

Other Expenses Not Listed

Information not provided.

Cost Information

Transmitters

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmitter TBD	\$321,450.00	\$310,500.00		\$0.00	
Standby Exciter and Switch	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Additional Interior RF System	<i>\$75,000.00</i>	\$75,000.00	N/A	N/A	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$4,900.00	N/A	N/A	N/A
Transformer 3 phase/480v - 150 KVA	\$25,550.00	\$24,300.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	\$152,500.00	\$145,000.00	N/A	N/A	N/A
Sub-total	\$321,450.00	\$310,500.00	N/A	\$0.00	N/A
Total for all systems	\$510,142.00	\$463,400.00	N/A	\$40,083.88	N/A

Components

Information not provided.

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 TAB-12H	\$34,330.00	\$33,800.00		\$0.00	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	\$7,600.00	\$7,400.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Rigging	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A	N/A
Sub-total	\$34,330.00	\$33,800.00	N/A	\$0.00	N/A
Total for all systems	\$510,142.00	\$463,400.00	N/A	\$40,083.88	N/A

Components

Information not provided.

Cost Information **Transmission Line**
 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	\$120,812.00	\$86,100.00		\$40,083.88	
Other Engineering Services	<i>\$27,600.00</i>	\$27,600.00	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.	\$25,190.70	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
Project management of the transition	\$32,232.00	\$3,000.00	Fewer Project Management "PM" tasks are required & Other Engineering Services "OES" are required, therefore the PM total has been reduced to 20 hrs (\$3,000 at \$150/hr), & a new OES category has been created & funded with the money removed from PM.	\$2,100.00	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$2,500.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,750.00	N/A	\$2,750.00	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
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Additional Field Engineering Service, 13 Days	<i>\$26,000.00</i>	\$26,000.00	N/A	\$4,405.68	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	\$49.50	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
Other Legal Services	<i>\$10,000.00</i>	\$10,000.00	N/A	\$1,088.00	N/A
Sub-total	\$120,812.00	\$86,100.00	N/A	\$40,083.88	N/A
Total for all systems	\$510,142.00	\$463,400.00	N/A	\$40,083.88	N/A

Components

Actual Information	
Description	File Name
Other Engineering Services	Component Description: KGA 139-321 v190909jgv1 Amount: \$4,953.14
	Component Description: KGA 139-324 v190909jgv1 Amount: \$4,953.14
	Component Description: KGA 139-312 v190605pmv1 Amount: \$425.00
	Component Description: KGA 139-327 v190909jgv1 Amount: \$4,953.14
	Component Description: KGA 139-331 v191009jgv1 Amount: \$4,953.14
	Component Description: KGA 139-315 v190625jgv1 Amount: \$4,953.14
	Address transition timing and coordination issues w/ other stations and wireless

Project management of the transition

Component Description: KGA 139-333
v191011jgv1
Amount: \$300.00

Component Description: WMAE KGA inv
#139-287 2017Q3
387
UL20180810jgv1
Amount: \$300.00

Component Description: KGA 139-318
v190715jgv1
Amount: \$300.00

Component Description: KGA 139-306
v190716jgv1
Amount: \$300.00

Component Description: WMAE KGA inv
#139-296 2018Q1
387
UL20180810jgv1
Amount: \$150.00

Component Description: KGA 193-303
v190716jgv1
Amount: \$300.00

Component Description: WMAE KGA inv
#139-290 2017Q4
387
UL20180809jgv1
Amount: \$150.00

Component Description: KGA 139-303
v190703jgv1
Amount: \$300.00

<p>Prepare and or review reimbursement form</p>	<p>Component Description: WMAE KGA inv #139-284 Prepare and or review 399 UL20180813jgv1</p> <p>Amount: \$2,500.00</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Component Description: WMAE KGA inv #139-283 New channel assignment UL20180809jgv1</p> <p>Amount: \$2,750.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: WMAE KGA inv #139-283 CP App UL20180809jgv1</p> <p>Amount: \$2,000.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Additional Field Engineering Service, 13 Days</p>	<p>Component Description: KGA inv #139-285 On site survey split evenly between WMAB WMAE WMAW UL20180814jgv1</p> <p>Amount: \$4,405.68</p>

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: GSB 662020 v190515pmv1 Amount: \$49.50</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Component Description: WMAE GSB inv #662020 DTV Repack legal services CP App UL20180823jgv1 Amount: \$49.50</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Other Legal Services</p>	<p>Component Description: WMAE GSB inv #664826 DTV Repack legal services UL20180823jgv1 Amount: \$90.00</p>
<p>Other Legal Services</p>	<p>Component Description: WMAE GSB inv #662020 DTV Repack legal services UL20180823jgv1 Amount: \$600.00</p>
<p>Other Legal Services</p>	<p>Component Description: GSB 667584 v190516pmv1 Amount: \$150.00</p>
<p>Other Legal Services</p>	<p>Component Description: GSB 662020 v190515pmv1 Amount: \$600.00</p>

Component Description: GSB 670598
v190516pmv1
Amount: \$120.00

Component Description: GMP 31016
v190926jgv2
Amount: \$35.00

Component Description: WMAE GSB inv
#670598 DTV
Repack legal
services
UL20180823jgv1
Amount: \$120.00

Component Description: WMAE GSB inv
#667584 DTV
Repack legal
services
UL20180823jgv1
Amount: \$150.00

Component Description: GSB 710996
v190605pmv1
Amount: \$46.50

Component Description: GSB 664826
v190516pmv1
Amount: \$90.00

Component Description: GSB 710370
v190605pmv1
Amount: \$46.50

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	\$33,550.00	\$33,000.00		\$0.00	
MVPD Notification of Channel Change	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Equipment Storage	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	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	\$11,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Sub-total	\$33,550.00	\$33,000.00	N/A	\$0.00	N/A
Total for all systems	\$510,142.00	\$463,400.00	N/A	\$40,083.88	N/A

Components

Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$510,142.00	\$463,400.00	\$40,083.88

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 Actual Cost Documentation Statements	<p>WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a) (1), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503), AND ANY FALSE AND/OR FRAUDULENT STATEMENTS COULD SUBJECT THIS ENTITY TO LIABILITY UNDER THE FALSE CLAIMS ACT (U.S. CODE, TITLE 31, SECTIONS 3729-3733).</p>	
		<ol style="list-style-type: none"> 1. The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 	

4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.

8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.

9. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a prerequisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Jeffrey C
Gehman**
*Engineering
Associate*

10/11/2019

Attachments