



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **43169** | Service: **DTV** | Call **WMAW-TV** | Channel: **28 (UHF)**
ID: | Sign:
File **000026656**
Number:
FRN: **0001739002** | Date **12/10**
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 | SIGMA CD3200P2 |
| | Year | 2010 |
| | Type | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power Capacity | 46 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 | Inductive Output Tube |
| | IOT Power Type | Two |
| | Power capacity | 35.7 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 |

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 | Broadband Panel |
| | Number of Stations Supported | 1 |
| | Number of Panels | 56 |
| | Design power capacity in use | 60.0 % |
| Lower Limit | 470.00 MHz | |

| | |
|--|-----------------------|
| Upper Limit | 692.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 880.0 kW |
| Manufacturer | Dielectric |
| Model | TUF-O4-14 /56H-1-T |
| Year | 2007 |

**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

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 | Broadband |
| | Other Segment Length | N/A |
| | Number of parallel runs | 1 |
| | Length | 1100 feet per run |

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

| Name | Description |
|-----------------------------------|--|
| Sweep Line | Sweep line to verify performance on the assigned channel |
| Transmission Line Segments | 5 Line segments |

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 |
|--|---|--|
| Existing Tower Description | 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? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | Yes |
| | Is tower documented for structural analysis? | No |
| | Is tower compliant with Rev G? | No |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1041037 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 32° 08' 19.0" N- |
| | Longitude (NAD83) | 089° 05' 36.0" W- |
| | Overall Structure Height | 1059.04 feet |
| | Support Structure Height | 1000.64 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 629.91 feet |
| | Structure Type | TOWER - Free Standing or Guyed Structure |

| | |
|------------------|--|
| Tower Owner | MISSISSIPPI AUTHORITY FOR EDUCATIONAL TELEVISION |
| Date Constructed | 01/03/2005 |

**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 |
|-------------|-----------|---------|
| 43188 | WMAW-FM | FM |

Other Types of Users

| Users |
|----------------|
| WMAW microwave |

**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 |
|--|---|--|
| <p>Outside Project Management Services</p> | <p>Do you require outside project management services?</p> | <p>Yes</p> |
| | <p>Number of Hours</p> | <p>20</p> |
| | <p>Explanation</p> | <p>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.</p> |
| <p>Outside RF consulting Engineering Services</p> | <p>Perform engineering study for new channel assignment and antenna development</p> | <p>Yes</p> |
| | <p>Prepare engineering section of Form FCC Construction Permit Application</p> | <p>Yes</p> |
| | <p>For Auxiliary Facility</p> | <p>No</p> |
| | <p>For Main Facility</p> | <p>Yes</p> |
| | <p>Prepare engineering section of Form FCC License to Cover Application</p> | <p>Yes</p> |
| | <p>For Auxiliary Facility</p> | <p>No</p> |
| | <p>For Main Facility</p> | <p>Yes</p> |

| | | |
|--|---|-----|
| | 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 | Other Engineering Services |

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 | \$1,162,950.00 | \$1,593,970.00 | | \$0.00 | |
| Two IOT system (35.7 kW) | \$954,000.00 | \$1,388,470.00 | The purchase price of the new transmitter is based on a Proposal from Comark for a 50 kW MSDC IOT as suggested by the FCC. See attachment. | N/A | 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 | N/A | N/A |
| 3" Rigid Conduit and Wiring (Cost per foot) | \$5,200.00 | \$4,900.00 | N/A | N/A | N/A |
| Additional Interior RF System | <i>\$140,000.00</i> | \$140,000.00 | N/A | N/A | N/A |
| Sub-total | \$1,162,950.00 | \$1,593,970.00 | N/A | \$0.00 | N/A |

| | | | | | |
|------------------------------|----------------|----------------|-----|-------------|-----|
| Total for all systems | \$1,583,563.98 | \$1,821,213.98 | N/A | \$68,359.22 | 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 TUF-O4-14 /56H-1-T | \$19,030.00 | \$18,100.00 | | \$0.00 | |
| 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 |
| Sub-total | \$19,030.00 | \$18,100.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,583,563.98 | \$1,821,213.98 | N/A | \$68,359.22 | N/A |

Components

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 | \$25,600.00 | \$25,600.00 | | \$0.00 | |
| Sweep Line | <i>\$6,400.00</i> | \$6,400.00 | N/A | N/A | N/A |
| Transmission Line Segments | <i>\$19,200.00</i> | \$19,200.00 | N/A | N/A | N/A |
| Sub-total | \$25,600.00 | \$25,600.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,583,563.98 | \$1,821,213.98 | N/A | \$68,359.22 | N/A |

Components

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 | \$210,500.00 | \$20,000.00 | | \$0.00 | |
| Tall Tower (greater than 500') | \$210,500.00 | \$20,000.00 | Rigging to replace elbow complex and assist with tuning if necessary. | N/A | N/A |
| Sub-total | \$210,500.00 | \$20,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,583,563.98 | \$1,821,213.98 | N/A | \$68,359.22 | 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 | \$131,933.98 | \$130,543.98 | | \$68,359.22 | |
| Other Engineering Services | <i>\$67,793.98</i> | \$67,793.98 | KGA-MPB Contract GS# 529-004 + \$400 KGA invoice 139-311 | \$52,817.54 | 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), 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 | \$49.50 | 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 |
| Other Legal Services | <i>\$10,000.00</i> | \$10,000.00 | N/A | \$1,436.50 | N/A |
| Project management of the transition | \$3,160.00 | \$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. | \$2,400.00 | N/A |
| Prepare and or review reimbursement form | \$2,630.00 | \$2,500.00 | N/A | \$2,500.00 | 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 | \$2,750.00 | N/A |
| Sub-total | \$131,933.98 | \$130,543.98 | N/A | \$68,359.22 | N/A |
| Total for all systems | \$1,583,563.98 | \$1,821,213.98 | N/A | \$68,359.22 | N/A |

Components

| Actual Information | |
|--------------------|-----------|
| Description | File Name |

Other Engineering Services

Component Description: KGA 139-311
v190605pmv1
Amount: \$400.00

Component Description: KGA 139-322
v190909jgv1
Amount: \$7,488.22

Component Description: KGA 139-340
v191210jgv1
Amount: \$7,488.22

Component Description: KGA 139-328
v190909jgv1
Amount: \$7,488.22

Component Description: KGA 139-314
v190625jgv1
Amount: \$7,488.22

Component Description: KGA 139-336
v191112jgv1
Amount: \$7,488.22

Component Description: KGA 139-325
v190909jgv1
Amount: \$7,488.22

Component Description: KGA 139-330
v191009jgv1
Amount: \$7,488.22

| | |
|---|---|
| <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), License to Cover Application</p> | <p>Information not provided.</p> |
| <p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p> | <p>Component Description: WMAW GSB inv #662020 DTV Repack legal services CP App UL20180823jgv1</p> <p>Amount: \$49.50</p> <p>Component Description: GSB 662020 v190515pmv1</p> <p>Amount: \$49.50</p> |
| <p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p> | <p>Information not provided.</p> |
| <p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p> | <p>Component Description: WMAW KGA inv #139-282 CP App UL20180809jgv1</p> <p>Amount: \$2,000.00</p> |
| <p>Other Legal Services</p> | <p>Component Description: GMP 31017 v190926jgv2</p> <p>Amount: \$35.00</p> |

Component Description: GSB 670598
v190516pmv1
Amount: \$120.00

Component Description: GSB 667584
v190516pmv1
Amount: \$150.00

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

Component Description: GSB 662020
v190515pmv1
Amount: \$750.00

Component Description: GMP 31401
v191113jgv1
Amount: \$291.50

Component Description: WMAW GSB inv
#662020 DTV
Repack legal
services
UL20180823jgv1
Amount: \$750.00

Component Description: WMAW GSB inv
#664826 DTV
Repack legal
services
UL20180823jgv1
Amount: \$90.00

Component Description: GSB 664826
v190516pmv1
Amount: \$90.00

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

Project management of the
transition

Component Description: KGA 139-335
v191011jgv1
Amount: \$300.00

Component Description: KGA 139-307
v190716jgv1
Amount: \$300.00

Component Description: KGA 139-341
v191210jgv1
Amount: \$300.00

Component Description: WMAW KGA inv
#139-291 2017Q4
387
UL20180809jgv1
Amount: \$150.00

Component Description: KGA 193-302
v190716jgv1
Amount: \$300.00

| | |
|--|--|
| | <p>Component Description: WMAW KGA inv #139-288 2017Q3 387 UL20180810jgv1</p> <p>Amount: \$300.00</p> |
| | <p>Component Description: WMAW KGA inv #139-294 2018Q1 387 UL20180810jgv1</p> <p>Amount: \$150.00</p> |
| | <p>Component Description: KGA 139-304 v190703jgv1</p> <p>Amount: \$300.00</p> |
| | <p>Component Description: KGA 139-319 v190715jgv1</p> <p>Amount: \$300.00</p> |
| Prepare and or review reimbursement form | <p>Component Description: WMAW KGA inv #139-284 Prepare and or review 399 UL20180813jgv1</p> <p>Amount: \$2,500.00</p> |
| Address transition timing and coordination issues w/ other stations and wireless | Information not provided. |
| Perform engineering study for new channel assignment and antenna development | <p>Component Description: WMAW KGA inv #139-282 New channel assignment UL20180809jgv1</p> <p>Amount: \$2,750.00</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 |
|--|-----------------------------|-----------------------|------------------------------|--------------------|---------------------------|
| 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 |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | 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 |
| Equipment Delivery and Handling Charges | <i>\$10,000.00</i> | \$10,000.00 | N/A | N/A | N/A |
| Equipment Storage | <i>\$5,000.00</i> | \$5,000.00 | 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 |
| Sub-total | \$33,550.00 | \$33,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,583,563.98 | \$1,821,213.98 | N/A | \$68,359.22 | N/A |

Components

Information not provided.

Cost Information **Grand Total**

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|------------------------------|------------------------------------|-----------------------|--------------------|
| Total for all systems | \$1,583,563.98 | \$1,821,213.98 | \$68,359.22 |

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"> 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.

**Jeffrey C
Gehman**
*Engineering
Associate*

12/10/2019

| Certification | Section | Question | Response |
|---------------|--|--|----------|
| | <p>Submission of Actual Cost Documentation Statements</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"> 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.

| | |
|--|---|
| <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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>12/10/2019</p> |

Attachments