



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **23930** | Service: **DTV** | Call **WACS-TV** | Channel:
ID: | Sign:
7 (High VHF) | File **0000027606**
Number:
FRN: **0001844976** | Date **02/13**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION	Adam Woodlief 260 14TH ST NW ATLANTA, GA 30318 United States	+1 (404) 685- 2410	awoodlief@gpb. org	Government Entity

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>	507 NW 60th Street Suite D Gainesville, FL 32607 United States	+1 (252) 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	Map and analyze tower; modify if needed. Replace transmitter and antenna. Add interim antenna and line for continuous operation during primary antenna replacement and for the duration of the assigned phase.

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	PTCD 5P1
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.8 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?	Yes
	Manufacturer	
	Model	HPTV-PRLX-V7
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	10.1 kW
	Justification for New Transmitter	Manufacturer of existing transmitter advises that the existing transmitter cannot be re-tuned.

**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	Purchase New
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	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	Full Power
	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)	4.7 kW

Manufacturer	
Model	THV-5A8 R C170
Year	2008

Primary Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	4.7 kW
	Manufacturer	
	Model	TBD
	Year	2018

	Justification for New Antenna	Single channel antenna cannot accommodate assigned channel
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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	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Primary Antenna

Other Antenna Cost Not Listed

Information not provided.

**Interim
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	4.7 kW
	Manufacturer	
	Model	TBD
	Year	2018

	Justification for New Antenna	An interim antenna is necessary to keep station on the air during primary antenna replacement and for the duration of the assigned phase.
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Interim Antenna

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
	Broadband or Single Channel?	N/A
	Feed Line Size	N/A
Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	Yes
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

Interim 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
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	ERI
	Type	Flexible Air
	Diameter	3 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1040 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep Line	Sweep line for suitability on assigned channel

Interim Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Interim
	Description of Use	N/A
	Change Type	Purchase New
	Type	Flexible Air
	Diameter	3 inches
	Segment Length	N/A
	Other Segment Length	
	Number of parallel runs	1
	Length	1010 feet per run
	Justification for New Transmission Line	An interim transmission line is necessary for the interim antenna to keep station on the air during primary antenna replacement and for the duration of the assigned phase.

Interim	Other Transmission Line Expenses Not Listed
Transmission Line	Information not provided.

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)	No
	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	1018782
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	31° 56' 12.4" N-
	Longitude (NAD83)	084° 33' 12.8" W-
	Overall Structure Height	1095.79 feet
	Support Structure Height	1044.93 feet
	Ground Elevation Above Mean Sea Level (AMSL)	473.09 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	GEORGIA PUBLIC TELECOMMUNICATIONS COMMISSION
Date Constructed	03/07/2016

Other Types of Users

Users

GA Forestry

FBI

GBI

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Major 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
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	60
	Explanation	It will be necessary to schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects.
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes

	Quantity	1
	Do you have Distributed Transmission System engineering services?	N/A
	Critical Facility	N/A
	Terrain-Shielded Facility	N/A
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	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	22
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 Engineering Services	Engineering services not already included in a pre-established OPS section.
Other Legal Services	Legal services not already included in a pre-established OPS section.

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

Name	Description
System Design and Site Survey	System Design and Site Survey

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 HPTV-PRLX-V7	\$616,450.00	\$276,045.00		\$110,545.00	
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 - Liquid Cooled Solid State Transmitter 8.5 . 12.5 kW	\$447,500.00	\$110,545.00	See attached / uploaded file "Comark S10459-1 v190912jgv1"	\$110,545.00	N/A
Sub-total	\$616,450.00	\$276,045.00	N/A	\$110,545.00	N/A
Total for all systems	\$2,097,360.00	\$1,717,305.00	N/A	\$151,561.00	N/A

Components

Actual Information	
Description	File Name
Standby Exciter and Switch	Information not provided.
Additional Interior RF System	Information not provided.
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Transformer 3 phase/480v - 150 KVA	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
High VHF - Liquid Cooled Solid State Transmitter 8.5 . 12.5 kW	Component Description: Comark S10459-1 v190912jgv1 Amount: \$110,545.00

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
Interim Antenna TBD	\$215,140.00	\$213,400.00		\$0.00	
Pattern scatter analysis for side mount high/med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$22,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
High VHF - High Power Side Mount One Station horizontally polarized	<i>\$180,000.00</i>	\$180,000.00	N/A	N/A	N/A
Primary Antenna TBD	\$331,730.00	\$331,400.00		\$0.00	

High VHF - High Power Top Mount One Station horizontally polarized	\$325,000.00	\$325,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$546,870.00	\$544,800.00	N/A	\$0.00	N/A
Total for all systems	\$2,097,360.00	\$1,717,305.00	N/A	\$151,561.00	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
Interim Transmission Line	\$59,590.00	\$56,560.00		\$0.00	
Flexible Air Transmission Line - dielectric, 3"	\$59,590.00	\$56,560.00	N/A	N/A	N/A
Primary Transmission Line	\$6,400.00	\$6,400.00		\$0.00	
Sweep Line	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Sub-total	\$65,990.00	\$62,960.00	N/A	\$0.00	N/A
Total for all systems	\$2,097,360.00	\$1,717,305.00	N/A	\$151,561.00	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 GTOWER	\$657,800.00	\$625,000.00		\$0.00	
Major tower reinforcement /modifications	\$421,000.00	\$400,000.00	N/A	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$25,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Sub-total	\$657,800.00	\$625,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,097,360.00	\$1,717,305.00	N/A	\$151,561.00	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	\$116,400.00	\$115,200.00		\$25,716.00	
Other Engineering Services	<i>\$20,000.00</i>	\$20,000.00	N/A	\$11,575.00	N/A
Other Legal Services	<i>\$10,000.00</i>	\$10,000.00	N/A	\$1,001.00	N/A
Additional Field Engineering Service, 22 Days	<i>\$42,000.00</i>	\$42,000.00	N/A	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A

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	\$1,540.00	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,500.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$3,500.00	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
Prepare and or review reimbursement form	\$2,630.00	\$3,950.00	See attached invoices and quotes where applicable.	\$3,950.00	N/A
Project management of the transition	\$9,480.00	\$9,000.00	N/A	\$1,650.00	N/A
Sub-total	\$116,400.00	\$115,200.00	N/A	\$25,716.00	N/A
Total for all systems	\$2,097,360.00	\$1,717,305.00	N/A	\$151,561.00	N/A

Components

Actual Information Description	File Name
Other Engineering Services	<p>Component Description: KGA 554-639 v190702pmv1</p> <p>Amount: \$1,450.00</p> <p>Component Description: KGA 554-630 v190620pmv1</p> <p>Amount: \$2,475.00</p> <p>Component Description: KGA 554-673 v200213jgv1</p> <p>Amount: \$1,700.00</p>

	Component Description:	KGA 554-738 v200213jgv1
	Amount:	\$400.00
	Component Description:	KGA 554-731 v200213jgv1
	Amount:	\$125.00
	Component Description:	KGA 554-722 v200213jgv1
	Amount:	\$1,250.00
	Component Description:	KGA 554-701 v200213jgv1
	Amount:	\$1,500.00
	Component Description:	KGA 554-666 v200213jgv1
	Amount:	\$1,500.00
	Component Description:	KGA 554-606 v190620pmv1
	Amount:	\$675.00
	Component Description:	KGA 554-605 v190620pmv1
	Amount:	\$500.00
Other Legal Services	Component Description:	WACS amount. Refer to GMP master summary invoice WACS with attached invoice.
	Amount:	\$38.50

Component Description:	WACS amount. Refer to GMP master summary invoice WACS with attached invoice.
Amount:	\$38.50

Component Description:	GMP 30377 v190702pmv1
Amount:	\$231.00

Component Description:	GMP 30910 v200213jgv1
Amount:	\$231.00

Component Description:	GMP 31273 v200213jgv1
Amount:	\$77.00

Component Description:	WACS amount. Refer to May matter summary for all 5 sites.Refer to letter and attachments uploaded by GPB 8.2.18
Amount:	\$154.00

Component Description:	WACS amount. Refer to Jan-Apr matter summary for all 5 sites.Refer to letter and attachments uploaded by GPB 8.2.18
Amount:	\$38.50

	Component Description: Amount:	Repack Prep of Legal Invoices \$77.00
	Component Description: Amount:	WACS amount. Refer to GMP master summary invoice WACS with attached invoice. \$115.50
Additional Field Engineering Service, 22 Days	Information not provided.	
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.	
ASR modification (prepare FCC Form 854)	Information not provided.	
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.	
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="702 100 1114 481"> <p>Component Description:</p> </td><td data-bbox="1114 100 1426 481"> <p>WACS amount. Refer to GMP master summary invoice WACS with attached invoice. Refer to letter and attachments from GPB 8.2.18</p> </td></tr> <tr> <td data-bbox="702 481 1114 616"> <p>Amount:</p> </td><td data-bbox="1114 481 1426 616"> <p>\$385.00</p> </td></tr> <tr> <td data-bbox="702 616 1114 996"> <p>Component Description:</p> </td><td data-bbox="1114 616 1426 996"> <p>WACS amount. Refer to GMP master summary invoice WACS with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p> </td></tr> <tr> <td data-bbox="702 996 1114 1081"> <p>Amount:</p> </td><td data-bbox="1114 996 1426 1081"> <p>\$1,155.00</p> </td></tr> </table>	<p>Component Description:</p>	<p>WACS amount. Refer to GMP master summary invoice WACS with attached invoice. Refer to letter and attachments from GPB 8.2.18</p>	<p>Amount:</p>	<p>\$385.00</p>	<p>Component Description:</p>	<p>WACS amount. Refer to GMP master summary invoice WACS with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p>	<p>Amount:</p>	<p>\$1,155.00</p>
<p>Component Description:</p>	<p>WACS amount. Refer to GMP master summary invoice WACS with attached invoice. Refer to letter and attachments from GPB 8.2.18</p>								
<p>Amount:</p>	<p>\$385.00</p>								
<p>Component Description:</p>	<p>WACS amount. Refer to GMP master summary invoice WACS with attached invoice. Refer to letter and attachments uploaded by GPB 8.2.18</p>								
<p>Amount:</p>	<p>\$1,155.00</p>								
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</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>	<table> <tr> <td data-bbox="702 1391 1114 1668"> <p>Component Description:</p> </td><td data-bbox="1114 1391 1426 1668"> <p>Prepare engineering section of Form 2100 (main) construction permit application</p> </td></tr> <tr> <td data-bbox="702 1668 1114 1762"> <p>Amount:</p> </td><td data-bbox="1114 1668 1426 1762"> <p>\$2,500.00</p> </td></tr> </table>	<p>Component Description:</p>	<p>Prepare engineering section of Form 2100 (main) construction permit application</p>	<p>Amount:</p>	<p>\$2,500.00</p>				
<p>Component Description:</p>	<p>Prepare engineering section of Form 2100 (main) construction permit application</p>								
<p>Amount:</p>	<p>\$2,500.00</p>								
<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="702 1762 1114 2027"> <p>Component Description:</p> </td><td data-bbox="1114 1762 1426 2027"> <p>Perform engineering study for new channel assignment</p> </td></tr> <tr> <td data-bbox="702 2027 1114 2087"> <p>Amount:</p> </td><td data-bbox="1114 2027 1426 2087"> <p>\$3,500.00</p> </td></tr> </table>	<p>Component Description:</p>	<p>Perform engineering study for new channel assignment</p>	<p>Amount:</p>	<p>\$3,500.00</p>				
<p>Component Description:</p>	<p>Perform engineering study for new channel assignment</p>								
<p>Amount:</p>	<p>\$3,500.00</p>								

Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	
Prepare and or review reimbursement form	Component Description: KGA 554-705 v200213jgv1 Amount: \$450.00	
	Component Description: KGA 554-603 v190620pmv1 Amount: \$275.00	
	Component Description: KGA 554-680 v200213jgv1 Amount: \$725.00	
	Component Description: Prepare and review reimbursement form Amount: \$2,500.00	
Project management of the transition	Component Description: Project management Bob Gehman Amount: \$300.00	
	Component Description: KGA 554-659 v200213jgv1 Amount: \$150.00	
	Component Description: KGA 554-596 v190624pmv2 Amount: \$150.00	
	Component Description: KGA 554-710 v200213jgv1 Amount: \$150.00	

Component Description:	Form 387 3Q18
Amount:	\$150.00

Component Description:	Form 387 2Q18
Amount:	\$150.00

Component Description:	Project management Bob Gehman
Amount:	\$225.00

Component Description:	KGA 554-596 v190620pmv1
Amount:	\$150.00

Component Description:	Project management Bob Gehman
Amount:	\$225.00

Component Description:	Form 387 4Q18
Amount:	\$150.00

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	\$93,850.00	\$93,300.00		\$15,300.00	
System Design and Site Survey	<i>\$15,300.00</i>	\$15,300.00	See attached / uploaded file "Comark 12831 v190912jgv1.pdf"	\$15,300.00	N/A
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>\$16,000.00</i>	\$16,000.00	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>\$16,000.00</i>	\$16,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$33,000.00</i>	\$33,000.00	N/A	N/A	N/A

Sub-total	\$93,850.00	\$93,300.00	N/A	\$15,300.00	N/A
Total for all systems	\$2,097,360.00	\$1,717,305.00	N/A	\$151,561.00	N/A

Components

Actual Information Description	File Name
System Design and Site Survey	Component Description: Comark 12831 v190912jgv1 Amount: \$15,300.00
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Storage	Information not provided.
DTV Medical Facility Notification	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost Actual Cost
	Total for all systems	\$2,097,360.00	\$1,717,305.00 \$151,561.00

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.

<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>Jeffrey C Gehman <i>Engineering Associate</i></p> <p>02/13/2020</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"> 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>02/13/2020</p>

Attachments