

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 21149 Service: DCA Call KAJN-CD Channel: 19 (UHF)

Sign:

File **0000028886**

Number:

ID:

FRN: **0003756145** Date **02/08**

Submitted: /2019

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
AGAPE BROADCASTERS, INC. Doing Business As: AGAPE BROADCASTERS, INC.	David Thompson P.O. BOX 1469 CROWLEY, LA 70527 United States	+1 (337) 783- 1560	davidt@familyvisiontv. com	Corporation

Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email	
[Confidential]				

Preparer Contact Information

Preparer Contact Name and Information

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	THIS AMENDMENT REFLECTS THE STATION DECISION TO INSTALL A SINGLE CHANNEL ANTENNA FOR CH 19 TO REDUCE COST BY \$137,610.00 AND CONTROL TPO REQUIREMENT. EXISTING XMTR AND ANTENNA NOT

Transmitters Section

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

RETUNABLE. STATION FEEDS CABLE

HEAD ENDS OFF AIR.

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	
Manufacturer and Type	Model	AT7800
	Year	2009
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1 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	TMU9
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.8 kW
	Justification for New Transmitter	Current transmitter not supported by manufacturer for parts availability.

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
	Туре	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
TBD-Transmitter	FIVE DAYS INSTALLING AND TESTING TRANSMITTER. PROOF

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

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?	No
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
Existing Antenna	Class	Class A
Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	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)	15.0 kW

Manufacturer	
Model	SHI2010-32
Year	2000

New Antenna Costs

Section	Question	Response
New Antenna	Use	Primary (Main)
Description	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Class	Class A
Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Туре	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	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	5.0 kW
	Manufacturer	
	Model	PSILPD24OM- 19-EP

Year	2018
Justification for New Antenna	OLD ANTENNA CAN NOT BE RETUNED.

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Туре	
	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?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	3 1/8 inches inches
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

Other Antenna Cost Not Listed

Information not provided.

Transmission	n ^s entien	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

Existing Tower

Section	Question	Response
Existing Tower	Type of change	Move Equipment
Description	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?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower	Do you have a tower registration number?	Yes
Structure Registration	ASR Number	1020854
Coordinates (Latitude (NAD83)	30° 02' 55.0" N-
NAD83 (North American Datum	Longitude (NAD83)	091° 59' 49.0" W-
of 1983))	Overall Structure Height	583.98 feet
	Support Structure Height	583.98 feet

Ground Elevation Above Mean Sea Level (AMSL)	20.01 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	CALS COMMUNICATIONS SERVICE INC
Date Constructed	10/15/1992

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

Name	Description
TOWER RIGGING	EXPENSE TO REMOVE EXISTING SHIVELY 32 SLOT AND INSTALL NEW 24 SLOT

Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
Services	Number of Hours	695
	Explanation	
Outside RF consulting	Perform engineering study for new channel assignment and antenna development	STATION HAS CONTRACT ENGINEER WHO WILL REQUIRE ADDITIONAL HOURS TO SUPERVISE CREW AND MANAGE ALL ASPECTS OF PROJECT INCLUDING COORDINATION WITH CABLE COMPANIES. STATION WILL ALSO HIRE AN OUTSIDE FIRM TO FACILITATE TRANSITION TASKS. Yes No Yes No Yes
Engineering Services	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	Prepare and file Form FCC Construction Permit Application	Yes
Services	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	Yes
	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	5

Justification	TRANSMITTER
	INSTALLATION,
	PROOF AND
	TESTING

Outside
Professional Services Expenses Not Listed
Professional Services ©qstsided.

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	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	Yes
	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 Not Listed

Expenses 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 Primary Transmitter TMU9	Predetermined Cost Estimate \$126,000.00	Estimated Cost \$83,530.65	Estimated Cost Justification	Actual Cost \$83,530.65	Actual Cost Justification
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$126,000.00	\$83,530.65	SJ Ramer Associates Quote. Estimated cost increased to match actual invoices received. Tony Evans Invoice #7341	\$83,530.65	N/A
TBD- Transmitter	\$0.00	\$0.00	N/A	N/A	N/A
Sub-total	\$126,000.00	\$83,530.65	N/A	\$83,530.65	N/A
Total for all systems	\$599,515.00	\$344,090.80	N/A	\$148,127.00	N/A

Components

Actual Information		
Description	File Name	

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	Component Description:	Contract
	Component Description.	Engineering
		Services
	Amount:	\$10,925.00
	Amount	ψ10,923.00
	Component Description:	Installation of
		transmitter and
		other equipment
		for Repack
	Amount:	\$4,365.00
	Component Description:	Repack related
		invoice for KAJN
		post transition
		Channel 19.
	Amount:	\$30,743.65
	Component Description:	FCC Repack
	Component Description.	Related Invoice,
		Broadcast
		Transmitter
		System TMU9-3,
		1800W UHF
		transmitter.
	Amount:	\$37,497.00
		4 0.,.000

Information not provided.

TBD-Transmitter

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 PSILPD24OM- 19-EP	\$40,630.00	\$52,485.15		\$46,485.10	
Elbow complex, single channel, at antenna input, per 3 1 /8. feedline (if needed)	\$7,600.00	\$3,000.00	N/A	\$3,000.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$43,485.15	SEE ATTACHED QUOTE. THE EXISTING SHIVELY ANTENNA IS A 32 SLOT. THIS IS A REDUCTION TO A 24 SLOT ANTENNA. LRC Wireless invoice 21185	\$43,485.10	N/A
Sweep test of existing antenna	\$6,730.00	\$6,000.00	N/A	N/A	N/A
Sub-total	\$40,630.00	\$52,485.15	N/A	\$46,485.10	N/A
Total for all systems	\$599,515.00	\$344,090.80	N/A	\$148,127.00	N/A

Components

Actual Information Description	File Name	
Elbow complex, single channel, at antenna input, per 3 1/8. feedline (if needed)	Component Description: Amount:	New Primary Antenna, Elbow Complex \$3,000.00
UHF - Lower Power Side Mount, Class A One Station antenna basic	Component Description: Amount:	MYAT 301-064 Reducer MYAT 301-010 Bullet \$1,028.73
	Component Description:	Agape Broadcasting KAJN Antenna Replacement
	Amount: Component Description:	\$7,806.37 24-Bay UHF Digital Slot Antenna for
	Amount:	Channel 19 \$34,650.00
Sweep test of existing antenna	Information not provided.	

Cost Transmission Line

Information 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	\$235,500.00	\$25,000.00		\$0.00	
TOWER RIGGING	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Tall Tower (greater than 500')	\$210,500.00	\$0.00	RIGGING	N/A	N/A
Sub-total	\$235,500.00	\$25,000.00	N/A	\$0.00	N/A
Total for all systems	\$599,515.00	\$344,090.80	N/A	\$148,127.00	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).

			Estimated		
Description	Predetermined Cost Estimate	Estimated Cost	Cost Justification	Actual Cost	Actual Cost Justification
Outside Professional Services	\$146,500.00	\$134,750.00		\$17,016.80	
Additional Field Engineering Service, 5 Days	\$7,500.00	\$7,500.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	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	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$1,500.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$1,750.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$2,500.00	N/A	N/A	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	\$109,810.00	\$105,750.00	N/A	\$15,516.80	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,000.00	N/A	N/A	N/A
Sub-total	\$146,500.00	\$134,750.00	N/A	\$17,016.80	N/A
Total for all systems	\$599,515.00	\$344,090.80	N/A	\$148,127.00	N/A

Components

Actual Information Description	File Name
Additional Field Engineering Service, 5 Days	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.

Information not provided.	
Information not provided.	
Component Description: Amount:	Coordination with client, Antenna manufacture, Local engineer, Transmitter installation engineer \$1,500.00
Information not provided.	
Information not provided.	
Information not provided.	
	Information not provided. Component Description: Amount: Information not provided. Information not provided.

Project management of the transition		
transition	Component Description:	Project
		Management
	Amount:	\$3,341.80
	Component Description:	Project
		Management
	Amount:	\$1,944.60
	Component Description:	Project manager
		for the repack of
		KAJN
	Amount:	\$7,500.00
	Component Description:	Project
		management
	Amount:	\$1,063.75
	Component Description:	Cost
		Reconciliation
	Amount:	\$1,666.65
Prepare and or review reimbursement form	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	\$50,885.00	\$48,325.00		\$1,094.45	
MVPD Notification of Channel Change	\$9,000.00	\$9,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$3,500.00	\$3,500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$12,000.00	\$12,000.00	N/A	\$1,094.45	N/A
DTV Medical Facility Notification	\$11,550.00	\$9,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Non-zoning permits	\$3,500.00	\$3,500.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$7,500.00	\$7,500.00	N/A	N/A	N/A
Equipment Storage	\$3,500.00	\$3,500.00	N/A	N/A	N/A

Sub-total	\$50,885.00	\$48,325.00	N/A	\$1,094.45	N/A
Total for all systems	\$599,515.00	\$344,090.80	N/A	\$148,127.00	N/A

Components

Actual Information Description	File Name	
MVPD Notification of Channel Change	Information not provided.	
Develop and air announcement of upcoming channel change	Information not provided.	
Equipment Delivery and Handling Charges	Component Description: Amount:	New Primary Antenna, Freight \$1,094.45
DTV Medical Facility Notification	Information not provided.	
FCC Filing Fees - Form 2100 license to cover application	Information not provided.	
Non-zoning permits	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
Equipment Storage	Information not provided.	

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$599,515.00	\$344,090.80	\$148,127.00

Reimbursem	envestiatus	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

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 abovenamed applicant for the Authorization(s) specified above. David Thompson Station Manager

02/08/2019

Attachments