



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **989** | Service: **LPD** | Call **WHVD-LD** | Channel: **35 (UHF)** |
ID: | Sign:
File **0000089363**
Number:
FRN: **0001843697** | Eligibility **Eligible** | Date **01/22**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WORD OF GOD FELLOWSHIP, INC.	3901 HIGHWAY 121 SOUTH BEDFORD, TX 76021 United States	+1 (817) 799-2138	arnold. torres@DAYSTAR. COM	Not-for-Profit

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
Samuel Hariton <i>Widely, Inc.</i>	Samuel Hariton 4031 University Drive Ste 100 Fairfax, VA 22030 United States	+1 (339) 222- 8107	sam.hariton@widely. 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		WHVD will transition from channel 34 to channel 35 by changing its antenna and utilizing a mask filter.

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)
	Ownership	Owned
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	AT75-2k5
	Year	2012
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	2.5 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	EKA TXUD2700ACD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	2.7 kW
	Justification for New Transmitter	New transmitter is required because the previous transmitter could not be retuned.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	Yes
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	No

Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
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Primary Transmitter

Other Transmitter Cost Not Listed

Name		Description
Primary Transmitter Mask Filter		Primary Transmitter Mask Filter

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)
	Ownership	Owned
	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?	Yes
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	SWL16OI /34
	Year	2012

**Primary
Antenna**

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	Yes
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Elliptical
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	SWEDL8MLS /35
	Year	2019
	Justification for New Antenna	Existing antenna cannot accommodate channel 35 operations.

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes

	Broadband or Single Channel?	Single Channel
	Feed Line Size	1 5/8 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

Primary Antenna

Other Antenna Cost Not Listed

Name	Description
Antenna removal and installation	Antenna removal and installation

Transmission Line

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

Tower Equipment And Rigging Costs

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

Primary Tower**Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Modify Existing
	Tower Use	Primary (Main)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	No
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1041008
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	34° 44' 12.8" N-
	Longitude (NAD83)	086° 31' 58.9" W-
	Overall Structure Height	1001.96 feet
	Support Structure Height	899.92 feet

	Ground Elevation Above Mean Sea Level (AMSL)	1552.15 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
	Tower Owner	American Towers, LLC
	Date Constructed	12/01/1977

**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
28119	WZDX	DTV
57292	WAAY-TV	DTV
3086	WTZT-CD	DTV
67020	W34EY-D	DTV
60414	WCEH-FM	FM
67953	WNAL-LD	LPT

**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
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	254
	Explanation	WHVD-LD does not have sufficient resource capacity and expertise in house to handle all activities necessary for completion of the station's build by the construction deadline. WHVD-LD will hire an outside firm to facilitate a timely transition.
Outside RF consulting Engineering Services	Perform engineering study for displacement application	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
	Prepare Form 601	No
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
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

Services provided.

**Other
Expenses**

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
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
Point to Point Microwave (STL/ICR)	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	No
	New Point to Point Microwave System	No

**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 EKA TXUD2700ACD	\$124,499.00	\$89,162.76		\$89,162.76	
Transmitter Building Site Survey /Installation	\$10,000.00	\$1,525.76	Please see WHVD-LD Primary Transmitter - Site Survey /Installation Budget Revision Justification Letter	\$1,525.76	N/A
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	\$106,300.00	\$79,438.00	Please see Elettronika America estimate 6562	\$79,438.00	N/A
Primary Transmitter Mask Filter	<i>\$8,199.00</i>	\$8,199.00	Please see Elettronika America estimate 6562	\$8,199.00	N/A
Sub-total	\$124,499.00	\$89,162.76	N/A	\$89,162.76	N/A
Total for all systems	\$388,108.50	\$186,629.66	N/A	\$97,839.96	N/A

Components

Actual Information Description	File Name
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Transmitter Building Site Survey/Installation	Component Description: Travel Expenses Amount: \$1,525.76
UHF - Air Cooled Solid State Transmitter 2.501 - 3.999 kW	Component Description: EKA TXUD2700AC_D UHF Digital TV Transmitter Amount: \$79,438.00
Primary Transmitter Mask Filter	Component Description: WHVD-LD-110- Primary Transmitter - Mask Filter Amount: \$8,199.00

Cost
Information

Antennas

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna SWEDL8MLS /35	\$38,430.00	\$32,300.00		\$0.00	
Antenna removal and installation	\$0.00	\$0.00	Moved to Tower Rigging category	N/A	N/A
Elbow complex, single channel, 1 5 /8" input (if needed)	\$6,900.00	\$1,500.00	N/A	N/A	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$5,000.00	N/A	N/A	N/A
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Elliptical	\$25,800.00	\$25,800.00	N/A	N/A	N/A
Sub-total	\$38,430.00	\$32,300.00	N/A	\$0.00	N/A
Total for all systems	\$388,108.50	\$186,629.66	N/A	\$97,839.96	N/A

Components

Information not provided.

Cost Information

Transmission Line

Information not provided.

Cost Information

Tower Equipment and Rigging Costs

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Tower GTOWER	\$157,750.00	\$25,000.00		\$0.00	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$25,000.00	Previously approved antenna removal and installation budget moved to appropriate category	N/A	N/A
Sub-total	\$157,750.00	\$25,000.00	N/A	\$0.00	N/A
Total for all systems	\$388,108.50	\$186,629.66	N/A	\$97,839.96	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	\$54,679.50	\$27,426.90		\$7,491.90	
RF Exposure Measurements	\$12,100.00	\$5,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$2,235.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,000.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,200.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,500.00	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	\$1,000.00	\$1,000.00	N/A	N/A	N/A
Project management of the transition	\$26,797.00	\$7,491.90	The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time.	\$7,491.90	see submitted invoices
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,500.00	N/A	N/A	N/A
Sub-total	\$54,679.50	\$27,426.90	N/A	\$7,491.90	N/A
Total for all systems	\$388,108.50	\$186,629.66	N/A	\$97,839.96	N/A

Components

Actual Information Description	File Name
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RF Exposure Measurements	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.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Prepare request for Special Temporary Authorization	Information not provided.
Perform engineering study for displacement application	Information not provided.
Form 399 assistance or other Program Management costs	Information not provided.

Project management of the transition	Component Description: Amount:	Project Management \$759.40
	Component Description: Amount:	Project Management \$1,153.70
	Component Description: Amount:	Project Management \$252.40
	Component Description: Amount:	Project management \$4,279.30
	Component Description: Amount:	Project Management \$82.50
	Component Description: Amount:	Project Management \$279.55
	Component Description: Amount:	Project Management \$685.05
Prepare/ Review 399 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	\$12,750.00	\$12,740.00		\$1,185.30	
Equipment Storage	<i>\$1,000.00</i>	\$1,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	N/A	\$1,185.30	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
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$305.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,100.00	N/A	N/A	N/A
Sub-total	\$12,750.00	\$12,740.00	N/A	\$1,185.30	N/A
Total for all systems	\$388,108.50	\$186,629.66	N/A	\$97,839.96	N/A

Components

Actual Information	
Description	File Name
Equipment Storage	Information not provided.
Equipment Delivery and Handling Charges	<div> <div>Component Description:</div> <div>Amount:</div> <div>Freight</div> <div>\$1,185.30</div> </div>
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$388,108.50	\$186,629.66	\$97,839.96

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.

**Arnold
Torres**
*Business
Administrator*

01/22/2021

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>Arnold Torres <i>Business Administrator</i></p> <p>01/22/2021</p>

Attachments