



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **20007** | Service: **LPD** | Call **K40FJ** | Channel: **17 (UHF)** |
ID: | Sign:
File **0000083982**
Number:
FRN: **0003716198** | Eligibility **Eligible** | Date **04/06**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
THREE ANGELS BROADCASTING NETWORK, INC. Doing Business As: THREE ANGELS BROADCASTING NETWORK, INC.	MOSES PRIMO PO BOX 220 WEST FRANKFORT, IL 62896 United States	+1 (618) 627-4651	TECH@3ABN.ORG	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</i>	Samuel Hariton PO Box 220 Ste 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widelity.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, antenna and air conditioner.

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	830A
	Year	1998
	Type	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	TMU9evo-3
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.5 kW
	Justification for New Transmitter	Old transmitter used obsolete devices.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
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?	Yes

	Type	Heating and Cooling
	Size	Other
	Other Size	3 tons
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	No

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Retune Mask Filter	Tune mask filter to channel 17

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?	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	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	21.7 kW
	Manufacturer	
	Model	JA/LS-AM- 16
	Year	2001

**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?	No
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	1
	Number of Panels/Bays	16
	Lower Limit	470.00 MHz
	Upper Limit	632.00 MHz
	Design power capacity in use	50.0 %
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	JA-SS-16
	Year	2018
	Justification for New Antenna	Channel Change

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
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?	No

**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?	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	Owned
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	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	1257620
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	32° 01' 30.0" N-
	Longitude (NAD83)	101° 58' 06.4" W-
	Overall Structure Height	298.88 feet
	Support Structure Height	298.88 feet
	Ground Elevation Above Mean Sea Level (AMSL)	2774.90 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	Three Angels Broadcasting Network
	Date Constructed	03/19/2007

Primary Tower

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Tower mapping and report for structural engineer
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor 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**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	100
	Explanation	K17MP-D does not have sufficient resource capacity and expertise in house to handle all of the reimbursement filing, expense tracking, vendor coordination, progress reporting, budget creation, budget review, budget tracking, and all other activities
Outside RF consulting Engineering Services	Perform engineering study for displacement application	Yes
	Prepare engineering section of Form FCC Construction Permit Application	No
	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
	Prepare Form 601	No
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	No

Services	Prepare and file Form FCC License to Cover Application	No
	Prepare request for Special Temporary Authority	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	No
	Form 399 assistance or other program management costs	No
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	Engineer supervision required during installation of antenna and transmitter

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

If none, enter 0 or N/A.

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	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)?	No
	Does this relocation require Equipment Delivery or Handling Charges not otherwise included in individual item costs?	No
	Does this relocation require Equipment Storage?	No
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

Name	Description
File Displacement Application	File Displacement Application
Form 399 Preparation	Form 399 Preparation completed by non-attorney and non-engineer entities

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 TMU9evo-3	\$89,300.00	\$38,718.03		\$33,418.03	
Retune Mask Filter	<i>\$300.00</i>	\$300.00	Please see K17MP-D Retune Mask Filter Budget Justification Cover Letter	\$0.00	N/A
Other -- HVAC Service Type: H Size:3 (Other)	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$33,418.03	Please see Rohde & Schwarz quote 339415.0	\$33,418.03	N/A
Sub-total	\$89,300.00	\$38,718.03	N/A	\$33,418.03	N/A
Total for all systems	\$221,794.50	\$112,945.03	N/A	\$49,287.88	N/A

Components

Actual Information	
Description	File Name
Retune Mask Filter	Information not provided.
Other -- HVAC Service Type: H Size:3 (Other)	Information not provided.

UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<table><tr><td data-bbox="711 94 1145 349">Component Description:</td><td data-bbox="1145 94 1430 349">Advance Invoice</td></tr><tr><td data-bbox="711 94 1145 349"></td><td data-bbox="1145 94 1430 349">TMU9evo-3</td></tr><tr><td data-bbox="711 94 1145 349">Amount:</td><td data-bbox="1145 94 1430 349">\$33,418.03</td></tr></table>	Component Description:	Advance Invoice		TMU9evo-3	Amount:	\$33,418.03
Component Description:	Advance Invoice						
	TMU9evo-3						
Amount:	\$33,418.03						

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 JA- SS-16	\$15,022.00	\$15,022.00		\$12,207.00	
UHF-Low Power, Side Mount, Broadband Slot, 16 bay, 15.0kW input, Horizontal	<i>\$15,022.00</i>	\$15,022.00	Please see Estimated Cost Justification K17MP-D- 210- Primary Antenna - UHF-Low Power Side Mount, H- POL v0	\$12,207.00	N/A
Sub-total	\$15,022.00	\$15,022.00	N/A	\$12,207.00	N/A
Total for all systems	\$221,794.50	\$112,945.03	N/A	\$49,287.88	N/A

Components

Actual Information	
Description	File Name

UHF-Low Power, Side Mount, Broadband Slot, 16 bay, 15.0kW input, Horizontal	Component Description:		Jampro JA-SS-16 Super Slot Low Power Horizontally Polarized Broadband
	Amount:		\$3,746.67
	Component Description:		Jampro JA-SS-16 Super Slot Low Power, plus freight
	Amount:		\$8,460.33

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 Justification
	Primary Tower TOWER	\$97,190.00	\$42,000.00		\$0.00
	Tower Rigging Short Tower (less than 500')	\$56,190.00	\$10,000.00	N/A	N/A
	Tower mapping and report for structural engineer	\$21,000.00	\$12,000.00	N/A	N/A
	Minor tower reinforcement /modifications	<i>\$20,000.00</i>	\$20,000.00	N/A	N/A
	Sub-total	\$97,190.00	\$42,000.00	N/A	\$0.00
	Total for all systems	\$221,794.50	\$112,945.03	N/A	\$49,287.88

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	\$20,157.50	\$17,080.00		\$3,662.85	
Project management of the transition	\$10,550.00	\$10,000.00	N/A	\$3,662.85	N/A
Additional Field Engineering Service, 5 Days	\$6,755.00	\$6,755.00	Please see Peek Enterprises quote 2020021Q	\$0.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$75.00	Please see Peek Enterprises quote 2020042Q	\$0.00	N/A
Perform engineering study for displacement application	\$1,800.00	\$250.00	Please see Peek Enterprises quote 2020042Q	\$0.00	N/A
Sub-total	\$20,157.50	\$17,080.00	N/A	\$3,662.85	N/A
Total for all systems	\$221,794.50	\$112,945.03	N/A	\$49,287.88	N/A

Components

Actual Information Description	File Name
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Project management of the transition	Component Description:	Project Management
	Amount:	\$823.55
	Component Description:	Project Management
	Amount:	\$1,042.30
	Component Description:	Project Management
	Amount:	\$314.05
	Component Description:	Project Management
	Amount:	\$963.40
	Component Description:	Project management
	Amount:	\$519.55
Additional Field Engineering Service, 5 Days	Component Description:	Deployment
	Amount:	\$6,755.00
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Component Description:	K17MP-D-530-Engineering section of License to Cover Application
	Amount:	\$75.00
Perform engineering study for displacement application	Component Description:	Interference study and application
	Amount:	\$250.00

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	\$125.00	\$125.00		\$0.00	
Form 399 Preparation	<i>\$75.00</i>	\$75.00	Please see Peek Enterprises quote 2020042Q	\$0.00	N/A
File Displacement Application	<i>\$50.00</i>	\$50.00	Please see Peek Enterprises quote 2020042Q	\$0.00	N/A
Sub-total	\$125.00	\$125.00	N/A	\$0.00	N/A
Total for all systems	\$221,794.50	\$112,945.03	N/A	\$49,287.88	N/A

Components

Actual Information Description	File Name
Form 399 Preparation	<div>Component Description: K17MP-D-610-Form 399 Preparation</div> <div>Amount: \$75.00</div>
File Displacement Application	<div>Component Description: K17MP-D-610-File Displacement Application</div> <div>Amount: \$50.00</div>

Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$221,794.50	\$112,945.03
			\$49,287.88

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	Yes
	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>Daniel Peek , Peek . RF Engineer</p> <p>04/06/2021</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	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).	
		<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>Daniel Peek , Peek . <i>RF Engineer</i></p> <p>04/06/2021</p>

Attachments