

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

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Facility 67005	Service: LPD	Call	W10DD-D	Channel:
ID:		Sign:		
10 (High VHF)	File 000	0083944		
	Number:			
FRN: 0003716198	Eligibility	Eligible	Date	06/10
	Status:		Submitted:	/2021

Applicant Name, Type, and Contact Information

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 Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information				
Contact Information	Applicant	Address	Phone	Email	
	Samuel Hariton Secretary Widelity	Samuel Hariton PO Box 220 Ste 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widelity.com	

Broadcaster	Question	Response
Information and Transition Plan	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 and antenna.

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

Primary	Existing Transmitter Information				
Transmitter	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			
	Manufacturer and Type	Model	ACT-5XU- 140		
		Year	2015		
		Туре	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power Capacity	.14 kW		

Existing Transmitter Information

Primary	New Transmitter Costs				
Transmitter	Section	Question	Response		
	New Transmitter	Use	Primary (Main)		
		Change Type	Purchase New		
		Is this a request for upgraded equipment?	Yes		
		Manufacturer			
		Model	TRN-5X-4- VIII-C		
		Transmitter Type	Solid State		
		Solid State Cooling	Air Cooled		
		Solid State Power capacity	620 W		
		Justification for New Transmitter	Converting from UHF to VHF.		

Primary	Other Transmitter Costs				
Transmitter	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		

	Туре	Heating and Cooling
	Size	Other
	Other Size	2 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 Primary Transmitter - Installation Primary Transmitter - Installation

Antennas Section		Question	Response
Antenna Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary	Existing Antenna Information				
Antenna	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	Mounting	Side Mount		
	Manufacturer and Type	Antenna position in stack	Not in Stack		
		Polarization	Circular		
		Туре	Other		
		Other Antenna Type	Hellical		
		ERP: (Effective Radiated Power)	3.0 kW		
		Manufacturer			
		Model	ACB16D		
		Year	1998		

Existing Antenna Information

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?	Yes	
		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	
		Туре	Other	
		Other Antenna Type	Panel	
		ERP: (Effective Radiated Power)	3.0 kW	
		Manufacturer		
		Model	DRV	
		Year	2019	
		Justification for New Antenna	Moving from UHF to VHF.	

Primary Antenna	Other Antenna Costs	
	Section	Question
	Elbow Complex	Do you require the separate purchase of the Elbow Complex?
	Side Mount Brackets	Do you require the separate purchase of

side mount brackets for a high power

antenna?

Response

No

Yes

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
AntennaOther Antenna Cost Not ListedInformation not provided.

Transmissior	n Seffien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary Existing Transmission Line Transmission Line

n Line Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	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	
	Туре	Flexible Foam
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	200 feet per run

Primary Transmissio	New Transmission Line		
	n Line Section	Question	Response
	New Transmission Line Costs	Use	Primary (Main)
		Change Type	Purchase New
		Is this a request for upgraded equipment?	No
		Туре	Flexible Foam
		Diameter	7/8 inches
		Number of parallel runs	1
		Length	200 feet per run
		Justification for New Transmission Line	Existing line would not function on displacement channel
	Interior RF Systems	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

Other Transmission Line Expenses Not Listed Other Transmission Transmission

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

marv	Existing Tower	
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Primary	Existing Tower			
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?	Yes	
		One or more FM, AM or TV radio broadcaster(s)	Yes	
		Others Types of Users	No	
		Is tower documented for structural analysis?	Unknown	
		Is tower compliant with Rev G?	Unknown	
	Existing Tower Structure Registration	Do you have a tower registration number?	No	
	Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	18° 17' 30.8" N-	
		Longitude (NAD83)	099° 09' 59.6" W-	
		Overall Structure Height	125.00 feet	
		Support Structure Height	125.00 feet	
		Ground Elevation Above Mean Sea Level (AMSL)	1739.00 feet	

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Wanda Rolon
Date Constructed	12/01/1998

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
48239	WSJN-CD	DTV

Primary Tower Modification Costs

Tower

Tower

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 Rigging Costs

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

PrimaryOther Tower Expenses Not ListedTowerInformation not provided.

Outside	Section	Question	Response
Professional	Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
		Number of Hours	194
		Explanation	W10DD-D 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. W10DD-D 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	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 Services	Prepare and file Form FCC Construction Permit Application	No
	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	No

Other Professional Services Expenses Not Listed Professional Services roostsided.

Other	Section	Question	Response
Expenses	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 Not Listed

Expenses

Name	Description
Travel to site	Travel to site.
399 Preparation	399 Preparation
Displacement Application	Displacement Application

Transmitters

Cost Information

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 TRN-5X-4-VIII-C	\$35,500.00	\$21,165.36		\$7,567.68	
High VHF - Air Cooled Solid State Transmitter 400 - 1000 Watts	\$30,000.00	\$15,665.36	see Anywave Quote 7005-01-6- 14-2018	\$7,567.68	N/A
Primary Transmitter - Installation	\$2,500.00	\$2,500.00	Please see Peek Enterprises quote 2020033	\$0.00	N/A
Other HVAC Service Type: H Size:2 (Other)	\$3,000.00	\$3,000.00	N/A	N/A	N/A
Sub-total	\$35,500.00	\$21,165.36	N/A	\$7,567.68	N/A
Total for all systems	\$135,282.54	\$58,746.21	N/A	\$29,437.53	N/A

Actual Information Description	File Name	
High VHF - Air Cooled Solid State Transmitter 400 - 1000 Watts	Component Description: Amount:	Transmitter VHF BIII \$7,567.68

Installation	Component Description:	W10DD-D-110 Primary
		Transmitter -
		Installation
	Amount:	\$2,500.00
Other HVAC Service Type: H Size:2 (Other)	Information not provided.	

Antennas

Cost Information

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

Description Primary Antenna DRV	Predetermined Cost Estimate \$12,948.04	Estimated Cost \$8,558.00	Estimated Cost Justification	Actual Cost \$5,297.00	Actual Cost Justification
Side Mount antenna brackets	\$4,625.00	\$234.96	Please see Estimated Cost Justification W10DD-D- 210- Primary Antenna - Side Mount Antenna Brackets v0	\$234.96	N/A
High VHF-Low Power, Side Mount, Other, 3.0kW input, Horizontal	\$8,323.04	\$8,323.04	see Estimated Cost Justification W10DD-D- 210- Primary Antenna - High VHF Low Power Side Mount, H- POL V0	\$5,062.04	N/A
Sub-total	\$12,948.04	\$8,558.00	N/A	\$5,297.00	N/A
Total for all systems	\$135,282.54	\$58,746.21	N/A	\$29,437.53	N/A

Actual Information	
Description	File Name

Side Mount antenna brackets		
	Component Description:	Pipe to Pipe
		Adapter
	Amount:	\$234.96
High VHF-Low Power, Side Mount, Other, 3.0kW input, Horizontal	Component Description: Amount:	Kathrein-Scala DRV VHF-TV Panel Antenna \$5,062.04

Transmission Line

Cost Information

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

Description	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Transmission Line	\$2,200.00	\$2,000.00		\$0.00	
Flexible Foam Transmission Line - dielectric, 7/8"	\$2,200.00	\$2,000.00	N/A	\$0.00	N/A
Sub-total	\$2,200.00	\$2,000.00	N/A	\$0.00	N/A
Total for all systems	\$135,282.54	\$58,746.21	N/A	\$29,437.53	N/A

Components

Information not provided.

Tower Equipment and Rigging Costs

Cost Information

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	\$56,190.00	\$5,000.00		\$0.00	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$5,000.00	N/A	\$0.00	N/A
Sub-total	\$56,190.00	\$5,000.00	N/A	\$0.00	N/A
Total for all systems	\$135,282.54	\$58,746.21	N/A	\$29,437.53	N/A

Actual Information Description	File Name	
Tower Rigging Short Tower	Component Description:	Deployment
(less than 500')	Amount:	\$2,750.00

Outside Professional Services

Cost Information

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	\$23,319.50	\$16,897.85		\$16,572.85	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$75.00	Please see Peek Enterprises quote 2020038Q	\$0.00	N/A
Perform engineering study for displacement application	\$1,800.00	\$512.50	The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time.	\$262.50	Please see submitted invoices.
Project management of the transition	\$20,467.00	\$16,310.35	The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time.	\$16,310.35	N/A
Sub-total	\$23,319.50	\$16,897.85	N/A	\$16,572.85	N/A
Total for all systems	\$135,282.54	\$58,746.21	N/A	\$29,437.53	N/A

Components

Actual Information
Description File Name

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Component Description:	W10DD-D-530- Engineer - Prepare License to Cover
	Amount:	Application \$75.00
Perform engineering study for displacement application	Component Description: Amount:	Investigation for possible UHF displacement \$262.50
	Component Description: Amount:	Interference study and application preparation \$250.00
Project management of the transition	Component Description: Amount:	Project Management \$2,108.05
	Component Description: Amount:	Project Management \$518.40
	Component Description: Amount:	Project Management \$1,179.80
	Component Description: Amount:	Project Management \$1,369.45
	Component Description: Amount:	Project Management \$702.90

Component Description: Amount:	Project Management \$3,017.85
Component Description: Amount:	Project management \$177.05
Component Description: Amount:	Project Management \$1,062.30
Component Description: Amount:	Project Management \$1,380.55
Component Description: Amount:	Project Management \$2,836.50
Component Description: Amount:	Project Management \$471.55
Component Description: Amount:	Project Management \$1,485.95

Other Expenses

Cost Information

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	\$5,125.00	\$5,125.00		\$0.00	
Travel to site	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Displacement Application	\$50.00	\$50.00	The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time.	\$0.00	N/A
399 Preparation	\$75.00	\$75.00	The estimated cost has been adjusted to include all invoices submitted for reimbursement at this time.	\$0.00	N/A
Sub-total	\$5,125.00	\$5,125.00	N/A	\$0.00	N/A
Total for all systems	\$135,282.54	\$58,746.21	N/A	\$29,437.53	N/A

Actual Information Description	File Name
Travel to site	Information not provided.

Displacement Application		
	Component Description:	W10DD-D-610-
		Displacement
	Amount:	Application \$50.00
	Amount.	φ00.00
399 Preparation		
	Component Description:	W10DD-D-610-
		Form 399
		Preparation:
	Amount:	\$75.00

Cost Information	Grand Total				
		Predetermined Cost Estimate	Estimated Cost	Actual Cost	
	Total for all systems	\$135,282.54	\$58,746.21	\$29,437.53	

Reimbursem	envestiatus	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	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.	
		 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. 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).
- 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.	Daniel Peek , Peek . <i>RF</i> <i>Engineer</i> 06/10/2021

Certification	Section	Question	Response
Certification	Submission of Actual Cost Documentation Statements	WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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).	
		 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).
- 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.

	8.	The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.	
	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.	
-	I declare, under penalty of perjury, that I am an authorized representative of the above- named applicant for the Authorization(s) specified above.		Daniel Peek , Peek . <i>RF</i> <i>Engineer</i> 06/10/2021

Attachments

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