Applicant

Туре

Limited



Federal Communications Commission

#### (REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

Facility	11559	Service: DCA	Call	WSPF-CD	Channel: 36 (UHF)
ID:	I		Sign:	1	
File	000002	5873			
Number:					
FRN: <b>000</b>	07202963	Date	08/27		
		Submitted:	/2019		

## Applicant Name, Type, and Contact Information

# InformationApplicantAddressPhoneEmailWSPF-CAMaria+1maria.STATION, LLCMartinez(305)martineDoing Business As:147903-netWSPF-CAAlhambra6507STATION, LLCStration, LLCCircleSuite 131

STATION, LLC	Martinez	(305)	martinez@primetimepartners.	Liability
Doing Business As:	147	903-	net	Company
WSPF-CA	Alhambra	6507		
STATION, LLC	Circle			
	Suite 131			
	Coral			
	Gables, FL			
	33134			
	United			
	States			

#### 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
	<b>Daniel Kirkpatrick</b> <i>Attorney</i> <i>Fletcher Heald</i> & <i>Hildreth</i>	1300 North 17th St. Arlington , VA 22209 United States	+1 (703) 812- 0400	kirkpatrick@fhhlaw. 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	WSPF will replace antenna and re-use existing transmission line. Replace emission mask filter and re-tune and proof transmitter.

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

## **Existing Transmitter Information**

Existing Transmitter Information			
Section	Question	Response	
Existing Transmitter Description	Type of change	Retune Existing	
	Use	Primary (Main)	
	Ownership	Owned	
	Owner	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	EL Marsden Wireless, Inc.	
	Section Existing Transmitter Description Existing Transmitter	SectionQuestionExisting Transmitter DescriptionType of changeUseUseOwnershipOwnerIs this transmitter currently shared with another station?Is this transmitter currently in operating condition?Existing TransmitterManufacturer	

Model	A5KST8U
Year	2013
Туре	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	5 kW

#### **Retuning Transmitter Costs** Primary Transmitter Section Response Question **New IOT Tubes** Number of Tubes (including accessories) N/A needed **New Mask Filter** Power Other Other Power 5 kW Is a new exciter needed? **New Exciter** No

#### Other Transmitter Costs

Primary Transmitter

Fransmitter	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 Other Transmitter Cost Not Listed

Transmitter Information not provided.

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)			
		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?	Yes			
	Existing Antenna	Class	Class A			
	Manufacturer and Type	Mounting	Side Mount			
		Antenna position in stack	Middle			
		Polarization	Circular			
		Туре	Other			
		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	16 Bay Circular Polarized			
		ERP: (Effective Radiated Power)	15.0 kW			

Manufacturer	
Model	TLP-M
Year	2013

Primary	New Antenna Costs			
Antenna	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?	Yes	
	New Antenna Manufacturer and Types	Class	Class A	
		Mounting	Side Mount	
		Antenna position in stack	Middle	
		Polarization	Circular	
		Туре	Other	
		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	16 Bay Circular Polarized Antenna	
		ERP: (Effective Radiated Power)	15.0 kW	
		Manufacturer		

Model	TLP-M
Year	2017
Justification for New Antenna	Current antenna will not tune to the new channel.

Primary	Other Antenna Costs			
Antenna	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?	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	

#### Other Antenna Costs

# Primary Other Antenna Cost Not Listed

Antenna Information not provided.

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

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

isting	Tower
	cisting

Primary	Existing Tower			
Tower	Section	Question	Response	
	Existing Tower Description	Type of change	Move Equipment	
		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?	Yes	
		One or more FM, AM or TV radio broadcaster(s)	Yes	
		Others Types of Users	No	
		Is tower documented for structural analysis?	Yes	
		Is tower compliant with Rev G?	Yes	
	Existing Tower Structure Registration	Do you have a tower registration number?	Yes	
		ASR Number	1030952	
	Coordinates (NAD83 ( North American Datum	Latitude (NAD83)	27° 49' 47.0" N-	
	of 1983))	Longitude (NAD83)	082° 15' 58.0" W-	
		Overall Structure Height	1574.78 feet	

Support Structure Height	1451.75 feet
Ground Elevation Above Mean Sea Level (AMSL)	74.80 feet
Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	American Tower, LLC
Date Constructed	01/01/1998

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
74112	WTOG	DTV

# Primary Tower Rigging Costs

Tower

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

# Primary Other Tower Expenses Not Listed

**Tower** Information not provided.

Outside Professional	Section	Question	Response
	Services Costs Outside Project Management Services	Do you require outside project management services?	No
		Number of Hours	N/A
		Explanation	N/A
	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	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 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	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	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	4
	Justification	On-site engineering for project management, to include scheduling and coordinating installation at shared transmitter facility.

 Outside
 Other Professional Services Expenses Not Listed

 Professional
 Services Costs
 Description

Attorney - Other Services	Outside Professional Services - Attorney -
	Other Services

Other	Section	Question	Response
Expenses	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	Yes
		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?	No
		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.

#### 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 A5KST8U	\$120,040.00	\$114,840.00		\$0.00	
UHF and VHF - minor banding issues	\$105,200.00	\$100,000.00	N/A	N/A	N/A
Other 5 kW mask filter	\$14,840.00	\$14,840.00	N/A	N/A	N/A
Sub-total	\$120,040.00	\$114,840.00	N/A	\$0.00	N/A
Total for all systems	\$414,545.00	\$295,385.00	N/A	\$44,802.35	N/A

#### Components

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	Predetermined Cost Estimate	Estimated Cost	Estimated Cost Justification	Actual Cost	Actual Cost Justification
Primary Antenna TLP- M	\$33,030.00	\$31,400.00		\$44,133.60	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$6,400.00	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$25,000.00	N/A	\$37,733.60	Quoted price from Dlelectric per order confirmation
Sub-total	\$33,030.00	\$31,400.00	N/A	\$44,133.60	N/A
Total for all systems	\$414,545.00	\$295,385.00	N/A	\$44,802.35	N/A

#### Components

Actual Information Description	File Name	
Sweep test of existing antenna	Component Description: Amount:	Repack Sweep \$6,400.00

UHF - Lower Power Side Mount, Class A One Station		
antenna basic	Component Description:	Custom mounts
		for WSPF-CD
		antenna
	Amount:	\$9,544.00
	Component Description:	UHF High Power
		Side Mount
		antenna
	Amount:	\$28,189.60

## Cost Transmission Line

Information 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 GTOWER	\$210,500.00	\$100,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$100,000.00	N/A	N/A	N/A
Sub-total	\$210,500.00	\$100,000.00	N/A	\$0.00	N/A
Total for all systems	\$414,545.00	\$295,385.00	N/A	\$44,802.35	N/A

#### Components

Information not provided.

#### **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	\$29,480.00	\$28,250.00		\$668.75	
Attorney - Other Services	\$2,500.00	\$2,500.00	Consultation on reimbursable expenses and compliance with legal requirements; filing of required reports	\$668.75	N/A
Additional Field Engineering Service, 4 Days	\$2,000.00	\$2,000.00	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

<b>D</b>		<b>#4 500 00</b>	N1/A	N1/A	N1/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	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$29,480.00	\$28,250.00	N/A	\$668.75	N/A
Total for all systems	\$414,545.00	\$295,385.00	N/A	\$44,802.35	N/A

## Components

Actual Information	
Description	File Name

Attorney - Other Services		
	Component Description:	Preparation and filing of quarterly transition status
	Amount:	report \$168.75
	Component Description:	Preparation and filing of quarterly transition status
	Amount:	report \$250.00
	Component Description:	Preparation and filing of quarterly transition status
	Amount:	report \$250.00
Additional Field Engineering Service, 4 Days	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.	
Perform engineering study for new channel assignment and antenna development	Information not provided.	
Address transition timing and coordination issues w/ other stations and wireless	Information not provided.	

Prepare and or review	Information not provided.
reimbursement form	

#### **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	\$21,495.00	\$20,895.00		\$0.00	
MVPD Notification of Channel Change	\$1,000.00	\$1,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$500.00	\$500.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$5,000.00	\$5,000.00	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
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A

Sub-total	\$21,495.00	\$20,895.00	N/A	\$0.00	N/A
Total for all systems	\$414,545.00	\$295,385.00	N/A	\$44,802.35	N/A

### Components

Information not provided.

Grand Total				
	Predetermined Cost Estimate	Estimated Cost	Actual Cost	
Total for all systems	\$414,545.00	\$295,385.00	\$44,802.35	
		Predetermined Cost Estimate	Predetermined Cost Estimate Estimated Cost	

Reimbursem	envestianus	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	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.	
		<ol> <li>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.</li> <li>The above-named</li> </ol>	
		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.	Jose Rodriguez Manager 08/27/2019

\_\_\_\_

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 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).	
		<ol> <li>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.</li> </ol>	
		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.	
an au name	are, under penalty of perjury, that I am thorized representative of the above- d applicant for the Authorization(s) ied above.	Jose Rodriguez Manager 08/27/2019

#### Attachments