

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility 73363-27 Service: DRT Call WNYT Channel: 27 (UHF)

Sign:

ID:

File **0000089351**

Number:

FRN: **0005828736** Eligibility **Eligible** Date **11/13**

Status: Submitted: /2019

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|----------------------|-------------------------|---------------------------------|
| WNYT-TV, LLC Doing Business As: WNYT-TV, LLC | Ryan Vandewiele 3415 University Ave., West St. Paul, MN 55114 United States | +1 (651) 642-4334 | RVandewiele@hbi. com | Limited Liability Company |

Reimbursement Contact Name and Information Reimbursement Contact Information

| Applicant | Address | Phone | Email | |
|----------------|---------|-------|-------|--|
| [Confidential] | | | | |

Preparer Contact Information

Preparer Contact Name and Information

| 1 | Applicant | Address | Phone | Email |
|---|--|--|-----------------------|--------------------------------|
| • | Charles R. Naftalin Legal Counsel Holland & Knight LLP | 800 17th Street, N. W. Suite #1100 Washington, DC 20006 United States | +1 (202) 457- 7040 | charles.naftalin@hklaw. 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 | WNYT will install a new transmitter, transmission line, and antenna to replace its existing facility. |

Transmitters

| rs | 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 | |
| Manufacturer and Type | Model | MAGNUM DTT2.5KSU |
| | Year | 2001 |
| | Туре | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power Capacity | 2500 W |

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 | UAXTE-4R |
| | Transmitter Type | Solid State |
| | Solid State Cooling | Air Cooled |
| | Solid State Power capacity | 2400 W |
| | Justification for New Transmitter | The existing transmitter is channel specific and cannot be retuned. The model is discontinued and the manufacturer is defunct. |

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 | Yes |
| | | |

| | Size | 1 inches |
|---|--|---|
| | Length | 150.0 feet |
| | Other Electrical Service | Yes |
| | Description | Circuit Breaker, Flexible Conduit, Disconnect Panel |
| 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 leashold improvement? | No |

Primary Transmitter

Other Transmitter Cost Not Listed

| Name | Description |
|----------------|--------------------------|
| Remote Control | Remote Control Interface |

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? | No |
| Existing Antenna | Mounting | Side Mount |
| Manufacturer and Type | Antenna position in stack | Not in Stack |
| | Polarization | Horizontal |
| | Туре | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | AL8-O |
| | Year | 2010 |

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 | Mounting | Side Mount |
| Manufacturer and Types | Antenna position in stack | Not in Stack |
| | Polarization | Elliptical |
| | Туре | Slotted Coaxial |
| | ERP: (Effective Radiated Power) | 15.0 kW |
| | Manufacturer | |
| | Model | TLP-12B/VP |
| | Year | 2019 |
| | Justification for New Antenna | Existing antenna is channel specific. The translator is moving to a new channel. |

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? | 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? | Yes |

Primary Antenna

Other Antenna Cost Not Listed

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

Primary Transmission

Existing Transmission Line

| Line Section | Question | Response |
|--|--|---------------------|
| Existing Transmission Line Description | Type of change | Utilize Existing |
| | 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 | MYAT |
| | Туре | Rigid |
| | Diameter | 4 1/16 inches |
| | Segment Length | 20 inches |
| | Number of parallel runs | 1 |
| | Length | 690 feet per run |

Other Transmission Line Expenses Not Listed

| Primary | Other Transmission Line Expenses No | t Listed |
|-------------|-------------------------------------|--|
| Transmissio | n Line Name | Description |
| | Station Load | Transmission Load |
| | Extension | Extension of Existing Transmission Line |
| | Jumpers | Flexible Transmission Line Jumper from Existing Transmission Line to New Antenna |

| Reducers | Reducing Adapter |
|-------------|--|
| Patch Panel | 3-Port Patch Panel for Transmitter Testing to Station Load |

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? | Yes |
| | One or more FM, AM or TV radio broadcaster(s) | Yes |
| | Others Types of Users | Yes |
| | Is tower documented for structural analysis? | Yes |
| | Is tower compliant with Rev G? | Unknown |
| Existing Tower Structure Registration | Do you have a tower registration number? | Yes |
| | ASR Number | 1004249 |
| Coordinates (NAD83 (North American Datum of 1983)) | Latitude (NAD83) | 42° 47' 09.0" N- |
| | Longitude (NAD83) | 073° 37' 41.0" W- |
| | Overall Structure Height | 737.52 feet |
| | Support Structure Height | 693.56 feet |
| | Ground Elevation Above Mean Sea Level (AMSL) | 950.12 feet |

| Structure Type | TOWER - Free Standing or Guyed Structure |
|------------------|--|
| Tower Owner | WNYT-TV, LLC |
| Date Constructed | 01/01/1978 |

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 |
|-------------|-----------|---------|
| 20922 | W254DA | FX |
| 6613 | WQBK-FM | FM |

Other Types of Users

| Users | |
|---------------|--|
| Public Safety | |
| Land Mobile | |

Primary Tower

Tower Modification Costs

| Section | Question | Response |
|----------------------|--|---|
| Engineering Study | Please what type of engineering study is required, if any: | Study need for guyed or free-standing tower |
| Tower Reinforcements | Please select whether tower reinforcements are needed: | No reinforcements needed |

Primary Tower

Tower Rigging Costs

| Response |
|----------|
| |

| Tower Rigging Costs | Complex Tower | N/A |
|---------------------------------|-----------------------------------|-----|
| Helicopter Services Required | Are helicopter services required? | No |

Primary Tower

Other Tower Expenses Not Listed

Outside Professional

| Section | Question | Response |
|--|---|---|
| Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | Number of Hours | 80 |
| | Explanation | WNYT intends to consult the antenna and transmitter manufacturers for installation of their respective equipment. |
| 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 | No |
| | Prepare Form 601 | No |
| 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 |
| | 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 | Yes |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |

Other Professional Services Expenses Not Listed
Professional Services Costsided.

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 | 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 |
| 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

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 UAXTE-4R | \$102,616.00 | \$95,186.77 | | \$0.00 | |
| UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW | \$84,000.00 | \$68,740.77 | N/A | N/A | N/A |
| Remote Control | \$5,916.00 | \$5,916.00 | Estimated cost based on attached quote. | N/A | N/A |
| Transmitter Building Site Survey /Installation | \$10,000.00 | \$17,830.00 | The estimated cost is based on a quote for survey and installation provided by the equipment manufacturer. | N/A | N/A |
| Other Electrical Service: Circuit Breaker, Flexible Conduit, Disconnect Panel | \$1,500.00 | \$1,500.00 | N/A | N/A | N/A |
| 1" Rigid Conduit and Wiring | \$1,200.00 | \$1,200.00 | N/A | N/A | N/A |
| Sub-total | \$102,616.00 | \$95,186.77 | N/A | \$0.00 | N/A |
| Total for all systems | \$404,415.50 | \$297,309.77 | N/A | \$0.00 | N/A |

Components

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 TLP- 12B/VP | \$23,131.00 | \$20,992.00 | | \$0.00 | |
| UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Elliptical | \$12,776.00 | \$12,776.00 | The propose antenna is an upgrade from an existing 8-bay antenna to a 12-bay elliptically-polarized antenna. We are requesting reimbursement only for the equivalent cost of the 8-bay horizontally polarized antenna. Quotes for both antennas are attached. | N/A | N/A |
| Side Mount antenna brackets | \$4,625.00 | \$1,816.00 | N/A | N/A | N/A |
| Sweep test of transmission line and antenna | \$5,730.00 | \$6,400.00 | Estimated cost is based on attached antenna manufacturer's quote. | N/A | N/A |
| Sub-total | \$23,131.00 | \$20,992.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$404,415.50 | \$297,309.77 | N/A | \$0.00 | N/A |

Components

Transmission Line

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 | \$16,866.00 | \$16,866.00 | | \$0.00 | |
| Patch Panel | \$2,098.00 | \$2,098.00 | This estimated cost covers a patch panel to switch the transmitter from the antenna to the station load for testing. | N/A | N/A |
| Station Load | \$5,190.00 | \$5,190.00 | This estimate covers a station load for off-air transmitter testing. | N/A | N/A |
| Reducers | \$992.00 | \$992.00 | N/A | N/A | N/A |
| Extension | \$7,470.00 | \$7,470.00 | This cost is to extend an existing rigid transmission line to the height of the proposed antenna. | N/A | N/A |
| Jumpers | \$1,116.00 | \$1,116.00 | N/A | N/A | N/A |
| Sub-total | \$16,866.00 | \$16,866.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$404,415.50 | \$297,309.77 | N/A | \$0.00 | N/A |

Components

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 | \$166,450.00 | \$100,000.00 | | \$0.00 | |
| Tower Rigging Tall Tower (greater than 500') | \$157,750.00 | \$92,000.00 | N/A | N/A | N/A |
| Study needed for guyed or free-standing tower | \$8,700.00 | \$8,000.00 | N/A | N/A | N/A |
| Sub-total | \$166,450.00 | \$100,000.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$404,415.50 | \$297,309.77 | N/A | \$0.00 | N/A |

Components

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 | \$89,407.50 | \$58,625.00 | | \$0.00 | |
| Comprehensive coverage verification via field study, if needed | \$52,600.00 | \$25,000.00 | N/A | N/A | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$1,577.50 | \$1,575.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$2,102.50 | \$2,100.00 | N/A | N/A | N/A |
| Perform engineering study for displacement application | \$1,800.00 | \$1,800.00 | N/A | N/A | N/A |
| Form 399 assistance or other Program Management costs | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| Prepare/ Review 399 reimbursement form | \$1,710.00 | \$1,700.00 | N/A | N/A | N/A |
| RF Exposure Measurements | \$12,100.00 | \$9,000.00 | 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 | \$1,050.00 | N/A | N/A | N/A |
| Project management of the transition | \$8,440.00 | \$8,400.00 | N/A | N/A | N/A |
| Sub-total | \$89,407.50 | \$58,625.00 | N/A | \$0.00 | N/A |
| Total for all | \$404,415.50 | \$297,309.77 | N/A | \$0.00 | N/A |

Components

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 | \$5,945.00 | \$5,640.00 | | \$0.00 | |
| 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 | \$805.00 | N/A | N/A | N/A |
| Equipment Storage | \$1,000.00 | \$1,000.00 | 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) | \$1,500.00 | \$1,500.00 | N/A | N/A | N/A |
| Sub-total | \$5,945.00 | \$5,640.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$404,415.50 | \$297,309.77 | N/A | \$0.00 | N/A |

Components

Grand Total

| | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
|-----------------------|--------------------------------|----------------|-------------|
| Total for all systems | \$404,415.50 | \$297,309.77 | \$0.00 |

| Reimbursem | entestiatus | Response |
|------------|--|----------|
| | The facility has ceased operating on its pre- auction channel. | |
| | 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. Ryan Vandewiele Vice President

11/13/2019

Attachments