



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **57832** | Service: **DTV** | Call **WTVR-TV** | Channel: **23 (UHF)** |  
ID: | Sign:  
File **0000028059**  
Number:  
FRN: **0002710192** | Date **02/14**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>SCRIPPS BROADCASTING HOLDINGS LLC</b>	DAVE GILES 312 WALNUT STREET 28TH FLOOR CINCINNATI, OH 45202 United States	+1 (513) 977- 3000	DAVE. GILES@SCRIPPS. COM	Limited Liability Company

## 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
<b>Bill Vanduyndhoven , Vanduyndhov .</b> <i>Director of Engineering operations Tribune Broadcasting</i>	Bill Vanduyndhoven 2211 Rabbit Hill Cir Dacula, GA 30019 United States	+1 (404) 312- 8693	BillV@Tribunemedia. 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.	Yes
Briefly describe transition plan	American tower is replacing the shared combiner system to accommodate the repacked stations. Replace the WTVR Transmitter

**Transmitters**

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

**Auxiliary  
Transmitter****Add Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Backup
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Inovator HU5000BD
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	5 kW

**Auxiliary  
Transmitter****New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	UAXTE-8
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	4500 kW
	Justification for New Transmitter	Current transmitter is not supported by manufacturer see justification.

**Auxiliary  
Transmitter****Other Transmitter Costs**

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	Yes

	Description	100 Amp 208 service
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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

**Auxiliary Transmitter**      **Other Transmitter Cost Not Listed**  
Information not provided.

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	DCX-1
	Year	2002
	Type	Inductive Output Tube
	IOT Power Type	Single
	Power Capacity	25 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?	Yes
	Manufacturer	
	Model	ULXTE-50
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	32 kW
	Justification for New Transmitter	Current transmitter can not be re-tuned as stated by the manufacturer. One step up from minimum size is ULXTE-50

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	Yes
	Switchgear (industrial 800 amp)	Yes
	Transformer (480V)	No
	Power	N/A
	Rigid Conduit and Wiring	Yes
	Size	2 inches
	Length	200.0 feet

	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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 Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
Ice Bridge	Ice Bridge over cooling system



**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	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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 Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	14
	Design power capacity in use	90.0 %

Lower Limit	470.00 MHz
Upper Limit	700.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	1500.0 kW
Manufacturer	Dielectric
Model	TUD-05-14 /70H-1-B
Year	2002

**Facility ID's and Call Signs of all stations with whom the antenna is shared.**

Facility ID	Call Sign
74416	WRIC-TV

**Primary Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A

**Enter a list of RF channel numbers.**

RF Channel Number
28
23

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.

**Transmission Line**

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

**Tower Equipment And Rigging Costs**

Section	Question	Response
<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?	No

**Outside Professional Services Costs**

Section	Question	Response
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	200
	Explanation	Landlord management services for shares antenna system modification
<b>Outside RF consulting Engineering Services</b>	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
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	Prepare and file Form FCC License to Cover Application	No
	For Auxiliary Facility	N/A
	For Main Facility	N/A
	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	No
	Address transition timing and coordination issues w/ other stations and wireless providers	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A

	Justification	N/A
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**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services not provided.

## Other Expenses

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	Local Zoning	No
	Non-zoning permits	No
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
<b>Other Miscellaneous Expenses</b>	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
	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	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
<b>Primary Transmitter ULXTE-50</b>	<b>\$1,065,223.00</b>	<b>\$1,062,423.00</b>		<b>\$516,977.11</b>	
Ice Bridge	<i>\$36,000.00</i>	\$36,000.00	N/A	\$35,104.52	N/A
2" Rigid Conduit and Wiring (Cost per foot)	\$5,200.00	\$5,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 32 kW	<i>\$971,423.00</i>	\$971,423.00	N/A	\$481,872.59	N/A
<b>Auxiliary Transmitter UAXTE-8</b>	<b>\$141,000.00</b>	<b>\$141,000.00</b>		<b>\$0.00</b>	
UHF - Air Cooled Solid State Transmitter 4500 kW	<i>\$136,000.00</i>	\$136,000.00	N/A	N/A	N/A
Other Electrical	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A

Service:  
100 Amp  
208 service

<b>Sub-total</b>	\$1,206,223.00	\$1,203,423.00	N/A	\$516,977.11	N/A
<b>Total for all systems</b>	\$1,378,448.00	\$1,426,998.00	N/A	\$525,290.16	N/A

## Components

Actual Information	
Description	File Name
Ice Bridge	<b>Component Description:</b> Ice Shield <b>Amount:</b> \$35,104.52
2" Rigid Conduit and Wiring (Cost per foot)	Information not provided.
Switchgear - industrial 800 amp	Information not provided.
Service entrance 3 phase /800 amp/208 volt	Information not provided.
UHF - Liquid Cooled Solid State Transmitter 32 kW	<b>Component Description:</b> site survey <b>Amount:</b> \$5,823.90  <b>Component Description:</b> 2nd payment ULXTE-50 <b>Amount:</b> \$238,613.47  <b>Component Description:</b> ULXTE-50 Transmitter - deposit <b>Amount:</b> \$237,435.22
UHF - Air Cooled Solid State Transmitter 4500 kW	Information not provided.
Other Electrical Service: 100	Information not provided.

Amp 208 service

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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 TUD-05-14 /70H-1-B	\$90,930.00	\$86,400.00		\$0.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	N/A	\$0.00	N/A
Sub-total	\$90,930.00	\$86,400.00	N/A	\$0.00	N/A
Total for all systems	\$1,378,448.00	\$1,426,998.00	N/A	\$525,290.16	N/A

Components

Information not provided.

**Cost Information**      **Transmission Line**  
Information not provided.

**Cost Information**      **Tower Equipment and Rigging Costs**  
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
<b>Outside Professional Services</b>	<b>\$64,745.00</b>	<b>\$121,175.00</b>		<b>\$4,563.05</b>	
Project management of the transition	\$31,600.00	\$99,675.00	see Estimated Cost Justification WTVR-TV-510-Project Management v0	\$4,563.05	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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
Prepare engineering	\$1,580.00	\$1,500.00	N/A	N/A	N/A

section of  
FCC Form  
2100 (main),  
License to  
Cover  
Application

RF Exposure Measurements	\$21,050.00	\$10,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$64,745.00	\$121,175.00	N/A	\$4,563.05	N/A
<b>Total for all systems</b>	\$1,378,448.00	\$1,426,998.00	N/A	\$525,290.16	N/A

## Components

Actual Information	
Description	File Name
Project management of the transition	<b>Component Description:</b> Project Management <b>Amount:</b> \$28.75
	<b>Component Description:</b> Project Management <b>Amount:</b> \$1,859.55
	<b>Component Description:</b> Project Management <b>Amount:</b> \$2,021.40
	<b>Component Description:</b> Project Management <b>Amount:</b> \$182.80
	<b>Component Description:</b> Project Management <b>Amount:</b> \$36.05

	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$369.55
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$64.95
Perform engineering study for new channel assignment and antenna development	Information not provided.	
Prepare engineering section of 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.	
RF Exposure Measurements	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	\$16,550.00	\$16,000.00		\$3,750.00	
MVPD Notification of Channel Change	\$5,000.00	\$5,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$0.00	\$0.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	N/A	\$3,750.00	N/A
Sub-total	\$16,550.00	\$16,000.00	N/A	\$3,750.00	N/A
Total for all systems	\$1,378,448.00	\$1,426,998.00	N/A	\$525,290.16	N/A

Components

Actual Information	
Description	File Name
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
DTV Medical Facility Notification	Component Description: medical testing Amount: \$3,750.00





<b>Cost Information</b>	<b>Grand Total</b>		
		<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>
			<b>Actual Cost</b>
	<b>Total for all systems</b>	\$1,378,448.00	\$1,426,998.00
			\$525,290.16

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> <li>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</li> </ol>	

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.

**Sravan  
Reddy ,  
Reddy .**  
*Senior  
Director,  
General  
Accounting*



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"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>4. The above-named entity acknowledges the submission of the information herein</li> </ol>	

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.
8. The above-named entity acknowledges that overpayments or payments in error

<p>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><b>Sravan Reddy , Reddy .</b>  <i>Senior Director, General Accounting</i></p> <p>02/14/2020</p>

## Attachments