



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **68851** | Service: **DTV** | Call **WWNY-TV** | Channel:
ID: | Sign:
8 (High VHF) | File **0000025399**
Number:
FRN: **0018223693** | Date **07/13**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC	4370 PEACHTREE ROAD, NE ATLANTA, GA 30319 United States	+1 (404) 504-9828	Robert.Folliard@gray.tv	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
Samuel Hariton <i>Widely, Inc</i>	4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widely.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	(Per attached plan) Station will operate one of its 2 transmitter amplifiers on channel 7 at 3kw (serving 95% of the population) while retuning the other to channel 8. It will then switch to channel 8 and retune and combine the other amplifier.

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	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	Larcan
	Model	DTT4M

Year	2008
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	6.5 kW

Primary Transmitter Retuning Transmitter Costs

Section	Question	Response
New IOT Tubes	Number of Tubes (including accessories) needed	N/A
New Mask Filter	Power	Other
	Other Power	7.5 kW
New Exciter	Is a new exciter needed?	No

Primary 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	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Type	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 leasehold 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 Transmitter

Other Transmitter Cost Not Listed

Name	Description
Retune Transmitter	(Per Attached Plan) Services per quote to retune transmitter.

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	Owned
	Owner	N/A
	Site	N/A
	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 Manufacturer and Type	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	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	12-Bay Batwing
ERP: (Effective Radiated Power)	42.0 kW
Manufacturer	Harris
Model	TAB-12HS
Year	2008

**Primary
Antenna**

Adjustment to Existing Antenna

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

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

**Primary
Antenna**

Other Antenna Cost Not Listed

Name	Description
Fine Matching Antenna	(Per attached plan) Fine matching power divider, antenna.

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?	No

Outside Professional Services Costs

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	40
	Explanation	A project manager was retained to assist with developing the transition plan, keeping the project on schedule and assisting with antenna matching and the proof of performance documentation. 40hrs @ \$150 /hr.
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	Yes
	Quantity	2
	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	Yes
	Quantity	2
	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
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**
Information not provided.

Other Expenses

Section	Question	Response
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	Yes
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**

Other Expenses Not Listed

Name	Description
Inside RF System	Splitting amplifiers for operation on both channel 7 and retuning to channel 8. Then combining retuned channel 8 amplifiers.
Site Survey- Transition Assessment	Site Survey to determine transition plan.

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 DTT4M	\$139,800.00	\$55,000.00		\$0.00	
Retune Transmitter	<i>\$24,000.00</i>	\$24,000.00	N/A	N/A	N/A
Other 7.5 kW mask filter	<i>\$10,600.00</i>	\$10,600.00	N/A	\$0.00	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$20,400.00	N/A	N/A	N/A
Sub-total	\$139,800.00	\$55,000.00	N/A	\$0.00	N/A
Total for all systems	\$224,830.50	\$224,360.50	N/A	\$29,950.00	N/A

Components

Information not provided.

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 TAB-12HS	\$12,730.00	\$12,400.00		\$0.00	
Fine Matching Antenna	<i>\$6,000.00</i>	\$6,000.00	Estimate for a 2 man tower crew to assist with fine tuning lines and antenna.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$12,730.00	\$12,400.00	N/A	\$0.00	N/A
Total for all systems	\$224,830.50	\$224,360.50	N/A	\$29,950.00	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
Outside Professional Services	\$37,500.00	\$131,315.00		\$27,500.00	
Project management of the transition	\$6,320.00	\$105,675.00	see Estimated Cost Justification WWNY-TV-510-Project Management v0	\$14,787.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$3,500.00	Attorney fees for the filing of up to 2 STA's.	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

Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$4,323.00	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$3,000.00	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$0.00	N/A
Prepare request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,390.00	see Estimated Cost Justification WWNY-TV-550-Attorney - Construction Permit Application (Main) v0	\$5,390.00	N/A
Sub-total	\$37,500.00	\$131,315.00	N/A	\$27,500.00	N/A
Total for all systems	\$224,830.50	\$224,360.50	N/A	\$29,950.00	N/A

Components

Actual Information**Description****File Name**

Project management of the transition

Component Description: Project Management
Amount: \$2,545.15

Component Description: Project management
Amount: \$3,594.75

Component Description: Project Management
Amount: \$4,423.70

Component Description: Project Management
Amount: \$1,935.90

Component Description: Re-submission of WWNY170701 invoice, explanation, study & plan that project mgmt hrs went towards.
Amount: \$1,350.00

Component Description: Re-submission of WWNY170421 with explanation and study/plan that project mgmt hrs went towards.
Amount: \$937.50

Component Description: 6.25hrs Project management reimbursement
Amount: \$937.50

	<p>Component Description: Project Mgmt Amount: \$1,350.00</p> <p>Component Description: 6.25hrs of project mgmt Amount: \$937.50</p>
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>
<p>Perform engineering study for new channel assignment and antenna development</p>	<p>Component Description: Explanation of work & services conducted by duTreil, Lundin and Rackley, Inc.. This is in response to the 2/15 email seeking additional information for reimbursement on Invoices 240712 & 240380. Amount: N/A</p> <p>Component Description: This is an explanation of work & services covered by Invoice WWNY170421, responding to FCC email 2/15. Amount: \$3,323.00</p>

Component Description: First installment /initial Engineering study for channel assignment and antenna development.

Amount: \$1,000.00

Component Description: Field study and line sweeps related to study for new channel assignment and antenna development.

Amount: \$3,323.00

Component Description: Re-submission of Invoice WWNY170421 Study work and plan for Channel Re-assignment, explanation of charges and plan.

Amount: \$3,323.00

Component Description: Invoice for Engineering study work for new channel assignment and antenna work.

Amount: \$1,000.00

Component Description: 2nd installment on Engineering study for channel assignment and antenna development.

Amount: \$1,500.00

	<p>Component Description: 4/10 Re-submission of Engineering Study for channel relocation reimbursable expenses.</p> <p>Amount: \$3,323.00</p> <p>Component Description: This is an Invoice for a retainer and letter explaining the scope of work conducted by the duTreil, Lundin and Rackley firm. This total document should help explain the total costs and how the retainer was applied.</p> <p>Amount: \$4,000.00</p>
<p>Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: Prepare engineering section of FCC Form 2100 (main), Construction Permit Application</p> <p>Amount: \$3,000.00</p>

<p>Prepare engineering section of FCC Form 2100 (main), License to Cover Application</p>	<p>Component Description: While invoice is labeled as "Engineering study work for new channel assignment and antenna development", some work performed was putting that information into the Form 2100 application.</p> <p>Amount: \$1,500.00</p>
<p>Prepare request for Special Temporary Authorization</p>	<p>Information not provided.</p>
<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<p>Component Description: 1.6hrs of Legal counsel prep work for Form 2100 application filing.</p> <p>Amount: \$560.00</p> <p>Component Description: 13.8hrs of legal work for preparation and filing of Form 2100 application.</p> <p>Amount: \$4,830.00</p> <p>Component Description: The attached is an explanation of the charges on invoice 12572 in response to the 2/15 email regarding reimbursement.</p> <p>Amount: \$4,830.00</p>

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	\$34,800.50	\$25,645.50		\$2,450.00	
DTV Medical Facility Notification	\$11,550.00	\$2,450.00	N/A	\$2,450.00	N/A
Inside RF System	<i>\$6,500.00</i>	\$6,500.00	(Per transition plan) split the transmitter to operate one of the 2 amplifiers on channel 7 while retuning the other amplifier to channel 8. Then to combine the amplifiers after both are retuned to channel 8.	N/A	N/A
MVPD Notification of Channel Change	<i>\$100.00</i>	\$100.00	2 hours @ \$25/hr to compose, compile, print and prepare for mailing 7 MVPD letters, plus Registered mailing of said letters.	N/A	N/A

Develop and air announcement of upcoming channel change	<i>\$7,900.00</i>	\$7,900.00	ROS schedule of 60 spots @ \$150ea and \$400 of production charges to create spots. (Noted in attachments)	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$2,500.00</i>	\$2,500.00	Per attached proposal.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$350.00</i>	\$350.00	WWNY now estimates minimal disposal costs. A 30cu /ft dumpster and 55ton of rubbish removal costs approximately \$350. (See attached).	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	Anticipated fee, per Legal Counsel's conversation with Joyce Bernstein, filing fees were not waived in the Report & Order.	N/A	N/A

FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	Fee already paid.	N/A	N/A
Site Survey-Transition Assessment	\$4,260.50	\$4,260.50	Site Survey to inspect, test existing equipment and determine a transition plan. Invoice attached.	N/A	N/A
Sub-total	\$34,800.50	\$25,645.50	N/A	\$2,450.00	N/A
Total for all systems	\$224,830.50	\$224,360.50	N/A	\$29,950.00	N/A

Components

Actual Information	
Description	File Name
DTV Medical Facility Notification	<p>Component Description: WWNY FCC ID 189863 Medical Notification Mailing</p> <p>Amount: \$2,450.00</p>
Inside RF System	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
Equipment Delivery and Handling Charges	Information not provided.
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.

FCC Filing Fees - Special Temporary Authorization request	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
Site Survey- Transition Assessment	Information not provided.

Cost Information **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$224,830.50	\$224,360.50	\$29,950.00

Reimbursement Status

Question	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
	<p>Submission of Estimated Expenses Statements</p>	<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.

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.

**Robert
Folliard , III**
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*Assistant
Secretary*

07/13/2020

Certification	Section	Question	Response
	<p>Submission of Actual Cost Documentation Statements</p>	<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"> 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.

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.

**Robert
Folliard , III**
.
*Assistant
Secretary*

07/13/2020

Attachments