



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **68433-23** | Service: **DRT** | Call **WXMI** | Channel: **23 (UHF)** |  
ID: | Sign:  
File **0000089772**  
Number:  
FRN: **0002710192** | Eligibility **Eligible** | Date **08/12**  
Status: | 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>Ray Thurber</b> <i>Scripps Broadcasting Holdings LLC</i>	Ray Thurber 312 Walnut St. Suite 2800 Cincinnati, OH 45202 United States	+1 (513) 898- 4050	ray.thurber@scripps. 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	Equipment planned to be installed in July 2019 but delay to Nov 5, 2019, due to Protected Bird Species Nest on the tower. By That Date, WXMI (TV) was in service on channel 23.

**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
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	Comark Hitachi
	Model	AT73-1K5
	Year	2012

	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.5 kW

**Primary  
Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New Mask Filter</b>	Does the transmitter require a new mask filter?	Yes
	Mask Filter Type	Full Service
	Power	1.1-2kW
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
<b>Electrical Service</b>	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
MASK FILTER	MASK FILTER INSTALLER FOR CH 23

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna**

**Existing Antenna Information**

Section	Question	Response
<b>Existing Antenna Description</b>	Type of change	Purchase New
	Antenna Use	Primary (Main)
	Ownership	Owned
	Is the existing antenna shared with another station or stations?	No
	Is the existing antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	No
<b>Existing Antenna Manufacturer and Type</b>	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	JA/LS-16 /23 SHC
	Year	2012

**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<b>New Antenna Description</b>	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
<b>New Antenna Manufacturer and Types</b>	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power) .....	15.0 kW
	Manufacturer	
	Model	JA/LS-16 /23 SHC
	Year	2018
	Justification for New Antenna	OLD ANTENA WAS FOR CHANNEL 17.

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	No

<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	No

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

Information not provided.



**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?	Yes

**Primary Tower****Existing Tower**

Section	Question	Response
Existing Tower Description	Type of change	Move Equipment
	Tower Use	Primary (Main)
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	Unknown
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1268774
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	42° 17' 19.8" N-
	Longitude (NAD83)	085° 09' 12.2" W-
	Overall Structure Height	197.83 feet
	Support Structure Height	195.86 feet
	Ground Elevation Above Mean Sea Level (AMSL)	868.76 feet

	Structure Type	LTOWER - Lattice Tower
	Tower Owner	SBA Towers IX, LLC
	Date Constructed	06/24/2009

**Primary  
Tower**

**Tower Rigging Costs**

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

**Primary  
Tower**

**Other Tower Expenses Not Listed**

Name	Description
<b>ANTENNA CHANGE</b>	CLIMB AND WORK FOR ANTENNA CHANGE

**Outside  
Professional**

Section	Question	Response
<b>Services Costs Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	194
	Explanation	WXMI does not have sufficient resource capacity and expertise in house to handle all activities necessary for completion of the station's build by the construction deadline. WXMI will hire an outside firm to facilitate a timely transition.
<b>Outside RF consulting Engineering Services</b>	Perform engineering study for displacement application	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	Prepare engineering section of Form FCC License to Cover Application	No
	Prepare request for Special Temporary Authority	No
	Prepare Form 601	No
<b>Attorney and Other Outside Consulting Services</b>	Prepare and file Form FCC Construction Permit Application	No
	Prepare and file Form FCC License to Cover Application	No

	Prepare request for Special Temporary Authority	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	No
	Form 399 assistance or other program management costs	No
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

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

**Other  
Expenses**

Section	Question	Response
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Permit and Filing Costs</b>	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	Yes
	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
<b>Point to Point Microwave (STL/ICR)</b>	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**

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
Primary Transmitter AT73-1K5	\$21,602.38	\$27,835.58		\$0.00	
MASK FILTER	\$6,552.38	\$6,552.38	N/A	\$0.00	N/A
1.1-2kW w mask filter Full Service	\$4,050.00	\$6,552.38	FILTER	\$0.00	INCLUDE SHIPPING
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$14,730.82	TRANSMITTER RETUNE FROM CH 17 TO CH 23	\$0.00	INCLUDE SHIPPING AND TRAVEL
Sub-total	\$21,602.38	\$27,835.58	N/A	\$0.00	N/A
Total for all systems	\$126,189.38	\$91,092.58	N/A	\$1,623.20	N/A

Components

Actual Information	
Description	File Name
MASK FILTER	Information not provided.
1.1-2kW w mask filter Full Service	<div>Component Description: Invoice to be resubmitted</div> <div>Amount: N/A</div>
Retune - UHF and VHF - minor re-channel issues	<div>Component Description: Invoice to be resubmitted</div> <div>Amount: N/A</div>



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 JA/LS-16/23 SHC	\$22,500.00	\$22,500.00		\$0.00	
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal	<i>\$22,500.00</i>	\$22,500.00	ANTENNA CHANGE	\$0.00	INCLUDE SHIPPING AND TAX
Sub-total	\$22,500.00	\$22,500.00	N/A	\$0.00	N/A
Total for all systems	\$126,189.38	\$91,092.58	N/A	\$1,623.20	N/A

Components

Actual Information	
Description	File Name
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal	<div>Component Description: Invoice to be resubmitted</div> <div>Amount: N/A</div>



Cost Information

Transmission Line

Information not provided.

Cost Information

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 LTOWER	\$60,510.00	\$8,640.00		\$0.00	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$4,320.00	CLIMB	\$0.00	N/A
ANTENNA CHANGE	\$4,320.00	\$4,320.00	N/A	N/A	N/A
Sub-total	\$60,510.00	\$8,640.00	N/A	\$0.00	N/A
Total for all systems	\$126,189.38	\$91,092.58	N/A	\$1,623.20	N/A

Components

Actual Information	
Description	File Name
Tower Rigging Short Tower (less than 500')	<div>Component Description: Invoice to be resubmitted</div> <div>Amount: N/A</div>
ANTENNA CHANGE	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	\$20,467.00	\$32,010.00		\$1,623.20	
Project management of the transition	\$20,467.00	\$32,010.00	Please see Widelity strategic support quote	\$1,623.20	N/A
Sub-total	\$20,467.00	\$32,010.00	N/A	\$1,623.20	N/A
Total for all systems	\$126,189.38	\$91,092.58	N/A	\$1,623.20	N/A

Components

Actual Information Description	File Name
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Project management of the transition		
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$834.75
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$483.75
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$90.00
	<b>Component Description:</b>	Project Management
	<b>Amount:</b>	\$214.70

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	\$1,110.00	\$107.00		\$0.00	
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$107.00	N/A	N/A	N/A
Sub-total	\$1,110.00	\$107.00	N/A	\$0.00	N/A
Total for all systems	\$126,189.38	\$91,092.58	N/A	\$1,623.20	N/A

Components

Information not provided.

<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>	\$126,189.38	\$91,092.58
			\$1,623.20

<b>Reimbursement Status</b>	<b>Question</b>	<b>Response</b>
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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> </ol>	

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.

<p>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.</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</b>  <i>Senior Director, General Accounting</i></p> <p>08/12/2020</p>



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 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).	
		<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> </ol>	

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.

<p>8. The above-named entity acknowledges that overpayments or payments in error 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</b>  <i>Senior Director, General Accounting</i></p> <p>08/12/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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 and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>2. 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> </ol>	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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**  
*Senior Director, General Accounting*

08/12/2020

**Attachments**