



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **25738-19** | Service: **DRT** | Call **WESH** | Channel: **19 (UHF)**  
ID: | Sign:  
File **0000084788**  
Number:  
FRN: **0002538445** | Eligibility **Eligible** | Date **08/18**  
Status: | Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>HEARST PROPERTIES INC.</b> Doing Business As: <b>HEARST PROPERTIES INC.</b>	S. Hartzell C/O BROOKS, PIERCE ET AL. P.O. BOX 1800 RALEIGH, NC 27602 United States	+1 (919) 839- 0300	shartzell@brookspierce. com	Corporation

## 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
The Preparer is same as the reimbursement contact.			

**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	Remove old antenna Install new antenna Sweep the transmission line and antenna Re-tune the transmitter to new channel Install new channel mask filter Perform transmitter proof

**Transmitters**

Section	Question	Response
<b>Transmitter Related Expenses</b>	Do you have transmitter related expenses?	Yes

**Primary Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	GatesAir
	Model	UAX-1000AT
	Year	2010

Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	1 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	1kW
<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**      **Other Transmitter Cost Not Listed**  
**Transmitter**    Information not provided.

**Antennas**

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

**Primary  
Antenna**

**Existing Antenna Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	7.0 kW
	Manufacturer	
	Model	ALP8L2- HSER-24
	Year	2010

**Primary  
Antenna**

**New Antenna Costs**

Section	Question	Response
<p><b>New Antenna Description</b></p>	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
<p><b>New Antenna Manufacturer and Types</b></p>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	4.3 kW
	Manufacturer	
	Model	ALP8L2- HSB-19
	Year	2018
Justification for New Antenna	Existing antenna is single frequency channel 24. Replace with single frequency antenna channel 19 for channel change.	

**Primary  
Antenna**

**Other Antenna Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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?	Yes

**Primary  
Antenna**

**Other Antenna Cost Not Listed**

<b>Name</b>	<b>Description</b>
<b>Freight</b>	antenna shipping
<b>Sales Tax</b>	antenna sales tax



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	Modify Existing	
	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	1210038	
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	29° 13' 47.0" N-	
	Longitude (NAD83)	082° 09' 08.0" W-	
	Overall Structure Height	517.71 feet	
	Support Structure Height	499.99 feet	
	Ground Elevation Above Mean Sea Level (AMSL)	70.87 feet	

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Estate of Annie Marie Stevens
Date Constructed	11/30/1984

**Primary Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary Tower**

**Tower Rigging Costs**

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

**Primary Tower**

**Other Tower Expenses Not Listed**

Information not provided.

**Outside Professional Services Costs**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<b>Outside Project Management Services</b>	Do you require outside project management services?	No
<b>Outside RF consulting Engineering Services</b>	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
<b>Attorney and Other Outside Consulting Services</b>	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
	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

**Other Professional Services Expenses Not Listed**

**Outside  
Professional  
Services  
Costs**

Information not 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	Yes
	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
<b>Primary Transmitter UAX-1000AT</b>	<b>\$14,350.00</b>	<b>\$13,008.27</b>		<b>\$13,008.27</b>	
1kW w mask filter Full Service	\$3,350.00	\$3,630.27	per invoice - See "Costs for initial 399. pdf" in attachments	\$3,630.27	N/A
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$9,378.00	per invoice - See "Costs for initial 399. pdf" in attachments	\$9,378.00	N/A
<b>Sub-total</b>	<b>\$14,350.00</b>	<b>\$13,008.27</b>	N/A	<b>\$13,008.27</b>	N/A
<b>Total for all systems</b>	<b>\$207,995.18</b>	<b>\$47,453.70</b>	N/A	<b>\$41,914.70</b>	N/A

**Components**

Actual Information	
Description	File Name
1kW w mask filter Full Service	<p><b>Component Description:</b> WESH mask filter</p> <p><b>Amount:</b> \$3,630.27</p>
Retune - UHF and VHF - minor re-channel issues	<p><b>Component Description:</b> WESH transmitter retune and proof</p> <p><b>Amount:</b> \$9,378.00</p>

**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
<b>Primary Antenna ALP8L2-HSB-19</b>	<b>\$24,892.68</b>	<b>\$21,106.68</b>		<b>\$21,012.68</b>	
Sales Tax	<i>\$1,071.00</i>	\$1,071.00	per ERI invoice	\$1,071.00	N/A
Freight	<i>\$1,074.68</i>	\$1,074.68	per ERI invoice	\$1,074.68	N/A
UHF-Low Power, Side Mount, Slotted Coaxial, 4.3 kW input, Horizontal	<i>\$17,017.00</i>	\$17,017.00	per ERI invoices and quote	\$17,017.00	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$1,944.00	per invoice - See "Costs for initial 399. pdf" in attachments	\$1,850.00	N/A
<b>Sub-total</b>	\$24,892.68	\$21,106.68	N/A	\$21,012.68	N/A
<b>Total for all systems</b>	\$207,995.18	\$47,453.70	N/A	\$41,914.70	N/A

**Components**

Actual Information	
Description	File Name
Sales Tax	<p><b>Component Description:</b> WESH antenna sales tax</p> <p><b>Amount:</b> \$1,071.00</p>

Freight	<p><b>Component Description:</b> WESH antenna shipping</p> <p><b>Amount:</b> \$1,074.68</p>
UHF-Low Power, Side Mount, Slotted Coaxial, 4.3kW input, Horizontal	<p><b>Component Description:</b> WESH antenna final</p> <p><b>Amount:</b> \$8,508.50</p> <p><b>Component Description:</b> WESH antenna deposit</p> <p><b>Amount:</b> \$8,508.50</p>
Sweep test of transmission line and antenna	<p><b>Component Description:</b> WESH antenna sweep rev</p> <p><b>Amount:</b> \$1,850.00</p>



**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
<b>Primary Tower TOWER</b>	<b>\$157,750.00</b>	<b>\$4,800.00</b>		<b>\$4,800.00</b>	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$4,800.00	per invoice - See "Costs for initial 399. pdf" in attachments	\$4,800.00	N/A
<b>Sub-total</b>	\$157,750.00	\$4,800.00	N/A	\$4,800.00	N/A
<b>Total for all systems</b>	\$207,995.18	\$47,453.70	N/A	\$41,914.70	N/A

**Components**

Actual Information	
Description	File Name
Tower Rigging Tall Tower (greater than 500')	<p><b>Component Description:</b> WESH translator antenna replacement</p> <p><b>Amount:</b> \$4,800.00</p>

**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>\$9,557.50</b>	<b>\$7,093.75</b>		<b>\$3,093.75</b>	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$0.00	N/A	\$0.00	N/A
Perform engineering study for displacement application	\$1,800.00	\$3,093.75	per invoices	\$3,093.75	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,500.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$2,500.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$0.00	N/A	N/A	N/A
<b>Sub-total</b>	\$9,557.50	\$7,093.75	N/A	\$3,093.75	N/A
<b>Total for all systems</b>	\$207,995.18	\$47,453.70	N/A	\$41,914.70	N/A

### Components

Actual Information	
Description	File Name
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	<p><b>Component Description:</b> WESH RF consulting for construction permit</p> <p><b>Amount:</b> N/A</p>
Perform engineering study for displacement application	<p><b>Component Description:</b> WESH RF consulting for displacement application</p> <p><b>Amount:</b> \$1,062.50</p> <p><b>Component Description:</b> WESH RF consulting for displacement application</p> <p><b>Amount:</b> \$2,031.25</p>
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.

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

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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
<b>Other Expenses</b>	<b>\$1,445.00</b>	<b>\$1,445.00</b>		<b>\$0.00</b>	
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,110.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$1,445.00</b>	<b>\$1,445.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$207,995.18</b>	<b>\$47,453.70</b>	<b>N/A</b>	<b>\$41,914.70</b>	<b>N/A</b>

**Components**

Information not provided.

**Cost Information** **Grand Total**

	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Actual Cost</b>
<b>Total for all systems</b>	\$207,995.18	\$47,453.70	\$41,914.70

**Reimbursement Status**

<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
	<p><b>Submission of Estimated Expenses Statements</b></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"> <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.



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.

**John Drain**  
*Hearst  
Television  
SVP Chief  
Financial  
Officer*

08/18/2020

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

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.

**Douglas  
Durkee**  
*Hearst  
Television  
Manager of  
Spectrum  
Repack*

08/18/2020

Certification	Section	Question	Response
	<b>Submission of Final Allocation or Accounting Information Statements</b>	<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 data-bbox="758 772 1037 1456">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 data-bbox="758 1478 1037 1758">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.

**Douglas Durkee**  
*Hearst Television  
Manager of Spectrum Repack*

08/18/2020

## Attachments