



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **35908** | Service: **DTV** | Call **WVLT-TV** | Channel: **34 (UHF)**  
ID: | Sign:  
File **0000028735**  
Number:  
FRN: **0018223693** | Date **07/13**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>GRAY TELEVISION LICENSEE, LLC</b> Doing Business As: WVLT-TV	Robert Folliard 4370 Peachtree Road Atlanta, GA 30319 United States	+1 (202) 750-1585	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
<b>Samuel Hariton</b> <i>Widely</i>	Samuel Hariton 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.	Yes
Briefly describe transition plan	The station will continue to use the existing broadband antenna and transmission line and replacing the existing transmitter with a new transmitter. Interim facilities are not needed.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

<b>Section</b>	<b>Question</b>	<b>Response</b>
<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	Sigma DD, 3200P2CFUPG
	Year	2002
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	50 kW

**Primary  
Transmitter**

**New Transmitter Costs**

Section	Question	Response
<b>New Transmitter</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Manufacturer	
	Model	ULXTE100
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	62.9 kW
	Justification for New Transmitter	Transmitter cannot be retuned and must be replaced.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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	The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Heating and Cooling
	Size	25 tons
	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**  
Information not provided.

<b>Antennas</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
		<b>Antenna Related Expenses</b>	Do you have antenna related expenses?

<b>Transmission Line</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
		<b>Transmission Line Related Expenses</b>	Do you have transmission line related expenses?

<b>Tower Equipment And Rigging Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
		<b>Tower Equipment or Rigging Costs Changes</b>	Do you have tower equipment or rigging costs changes?

<b>Outside Professional Services Costs</b>	<b>Section</b>	<b>Question</b>	<b>Response</b>
	<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
		Number of Hours	450
		Explanation	Strategic Support
	<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	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
	Quantity	N/A
	NEPA Section 106 environmental review	No
	Environmental Assessment	No
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	No
Prepare or Review FCC Form 399 for Reimbursement	Yes	
Address transition timing and coordination issues w/ other stations and wireless providers	Yes	
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	Yes
	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
<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	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	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
	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
<b>Combiner</b>	Anticipated 1/3 expense on new combiner TBD by American Tower
<b>Security</b>	On site security during equipment storage period

**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 ULXTE100</b>	<b>\$2,083,768.00</b>	<b>\$2,083,768.00</b>		<b>\$0.00</b>	
UHF - Liquid Cooled Solid State Transmitter 62.9 kW	<i>\$1,932,141.00</i>	\$1,932,141.00	N/A	N/A	N/A
Other -- HVAC Service Type: H Size:25 (Other)	<i>\$31,627.00</i>	\$31,627.00	N/A	N/A	N/A
Other Electrical Service: The new transmitter will require reconfiguration of the electrical service on site. The electrical work cost has been estimated based on verbal guidance from local electrical contractors.	<i>\$120,000.00</i>	\$120,000.00	GRAYBAR Electric Funderburk Electric	N/A	N/A
<b>Sub-total</b>	<b>\$2,083,768.00</b>	<b>\$2,083,768.00</b>	N/A	<b>\$0.00</b>	N/A
<b>Total for all systems</b>	<b>\$2,479,786.00</b>	<b>\$2,478,028.63</b>	N/A	<b>\$0.00</b>	N/A

**Components**

Information not provided.

**Cost Information** **Antennas**  
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>\$184,490.00</b>	<b>\$191,460.13</b>		<b>\$0.00</b>	
Prepare and or review reimbursement form	\$2,630.00	\$2,731.25	State and Local Taxes included	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,731.25	State and local taxes included	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,647.00	State and local taxes included	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,277.50	State and local taxes included	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,638.75	State and local taxes included	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,462.50	State and local taxes included	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,458.13	State and local taxes included	N/A	N/A
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,185.00	State and local taxes included	N/A	N/A

Comprehensive coverage verification via field study, if needed	\$84,200.00	\$87,400.00	Allen Dick antenna system has no documentation, will require coverage verification for new channel.	N/A	N/A
Project management of the transition	\$71,100.00	\$73,743.75	State and local taxes included	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,185.00	State and local taxes included	N/A	N/A
<b>Sub-total</b>	\$184,490.00	\$191,460.13	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,479,786.00	\$2,478,028.63	N/A	\$0.00	N/A

## Components

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>\$211,528.00</b>	<b>\$202,800.50</b>		<b>\$0.00</b>	
DTV Medical Facility Notification	\$11,550.00	\$2,877.50	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$18,138.00</i>	\$18,138.00	N/A	N/A	N/A
Equipment Storage	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,200.00</i>	\$1,200.00	N/A	N/A	N/A
Combiner	<i>\$80,000.00</i>	\$80,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$65,000.00</i>	\$65,000.00	N/A	N/A	N/A

Develop and air announcement of upcoming channel change	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Security	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$211,528.00	\$202,800.50	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,479,786.00	\$2,478,028.63	N/A	\$0.00	N/A

### 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>	\$2,479,786.00	\$2,478,028.63	\$0.00

**Reimbursement Status**

<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
	<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.

<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>Robert Folliard</b> <i>Assistant Secretary</i></p> <p>07/13/2017</p>

**Attachments**

Information not provided.