

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

Facility 8661-33-53163 Service: DRT Call WOI-DT Channel:

ID: Sign:

**33 (UHF)** File **0000089581** 

Number:

FRN: 0028358455 Eligibility Eligible Date 11/14

Status: Submitted: /2019

# Applicant Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
TEGNA BROADCAST HOLDINGS, LLC	Denise Branson 8350 BROAD STREET SUITE 2000 TYSONS, VA 22102 United States	+1 (703) 873- 6606	DBRANSON@TEGNA.	Corporation

## Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email	
[Confidential]				

#### Preparer Contact Information

#### **Preparer Contact Name and Information**

Gary Davis  Regional Head of Technology and Operat TEGNA, Inc.  Gary Davis  +1 (404) 873- gadavis@tegna.  9199  com  Tysons, VA 22102 United States	า	Applicant	Address	Phone	Email
	-	Regional Head of Technology and Operat	8350 Broad Street, Suite 2000 Tysons, VA 22102	` ,	0

#### 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	Replace transmitter and mask filter, replace antenna with rigging for installation, and map tower

### **Transmitters**

rs	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	Purchase New
	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	
Manufacturer and Type	Model	Ranger
	Year	2009
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	235 W

## Primary Transmitter

#### **New Transmitter Costs**

Section	Question	Response
New Transmitter	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	UAXTE-1-P2
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	400 W
	Justification for New Transmitter	To accommodate change in channel from 50 to 33

## Primary Transmitter

#### **Other Transmitter Costs**

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

**Other Transmitter Cost Not Listed** 

Primary

Transmitter Information not provided.

#### **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	Purchase New
	Antenna Use	Primary (Main)
	Ownership	Owned
	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	Mounting	Side Mount
Manufacturer and Type	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	ERP: (Effective Radiated Power)	3.2 kW
	Manufacturer	
	Model	TLP-8B
	Year	2008

### Primary Antenna

#### **New Antenna Costs**

Section	Question	Response
New Antenna	Use	Primary (Main)
Description	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	No
	Is antenna directional?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Mounting	Side Mount
Manufacturer and Types	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Туре	Slotted Coaxial
	ERP: (Effective Radiated Power)	3.2 kW
	Manufacturer	
	Model	TLP-8B
	Year	2019
	Justification for New Antenna	To accommodate change in channel from 50 to 33

### Primary Antenna

#### **Other Antenna Costs**

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No
Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	Yes

Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	No

## Primary Antenna

### **Other Antenna Cost Not Listed**

Transmission	n <sup>Sertien</sup>	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?	No
Coordinates (NAD83 ( North American Datum of	Latitude (NAD83)	41° 35' 14.9" N-
1983))	Longitude (NAD83)	093° 37' 43.7" W-
	Overall Structure Height	652.00 feet
	Support Structure Height	652.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	824.00 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	TEGNA
Date Constructed	01/01/2009

### Primary Tower

#### **Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Tower mapping and report for structural engineer
Tower Reinforcements	Please select whether tower reinforcements are needed:	Minor 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

### Outside Professional

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	12
	Explanation	Review progress, prepare and submit Form 387 quarterly, as well as three special FCC required reports
Outside RF consulting Engineering Services	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	Yes
	Quantity	1
	Prepare Form 601	No
Attorney and Other Outside Consulting	Prepare and file Form FCC Construction Permit Application	Yes
Services	For Auxiliary Facility	No
	For Main Facility	Yes

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	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	1
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Form 399 assistance or other program management costs	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

### Outside Professional

## Other Professional Services Expenses Not Listed

I Services Costs	Description
ASR	ASR Amendment
FAA	FAA 7460-1 Notification of height and/or location as well as frequency and power changes
Other Engineering Services	Engineering services not specifically listed in Form 399

# Other Expenses

Section	Question	Response
AM Pattern Disturbance	Is an Impact Study needed?	No
	Is Remediation needed?	No
Permit and Filing Costs	FCC Construction Permit Major Change	No
	FCC Construction Permit Minor Change	No
	FCC License to Cover Application	No
	FCC Special Temporary Authority Application	No
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
Point to Point Microwave (STL/ICR)	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

# **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 UAXTE-1-P2	\$66,300.00	\$66,300.00		\$0.00	
UHF - Air Cooled Solid State Transmitter 320 - 700 Watts	\$28,100.00	\$28,100.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$38,200.00	N/A	N/A	N/A
Sub-total	\$66,300.00	\$66,300.00	N/A	\$0.00	N/A
Total for all systems	\$426,823.50	\$426,823.50	N/A	\$0.00	N/A

#### Components

# **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 TLP-8B	\$24,625.00	\$24,625.00		\$0.00	
UHF-Low Power, Side Mount, Slotted Coaxial, 3.2kW input, Horizontal	\$20,000.00	\$20,000.00	N/A	N/A	N/A
Side Mount antenna brackets	\$4,625.00	\$4,625.00	N/A	N/A	N/A
Sub-total	\$24,625.00	\$24,625.00	N/A	\$0.00	N/A
Total for all systems	\$426,823.50	\$426,823.50	N/A	\$0.00	N/A

#### Components

## Cost

#### **Transmission Line**

**Information** 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 TOWER	\$278,750.00	\$278,750.00		\$0.00	
Tower mapping and report for structural engineer	\$21,000.00	\$21,000.00	N/A	N/A	N/A
Minor tower reinforcement /modifications	\$100,000.00	\$100,000.00	N/A	N/A	N/A
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$157,750.00	N/A	N/A	N/A
Sub-total	\$278,750.00	\$278,750.00	N/A	\$0.00	N/A
Total for all systems	\$426,823.50	\$426,823.50	N/A	\$0.00	N/A

#### Components

# **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	\$37,148.50	\$37,148.50		\$0.00	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A
Other Engineering Services	\$10,000.00	\$10,000.00	N/A	N/A	N/A
FAA	\$550.00	\$550.00	N/A	N/A	N/A
ASR	\$550.00	\$550.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$2,235.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A

Prepare engineering	\$1,052.50	\$1,052.50	N/A	N/A	N/A
section of FCC Form 2100 (main), License to Cover Application					
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,280.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,800.00	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Project management of the transition	\$1,266.00	\$1,266.00	N/A	N/A	N/A
Sub-total	\$37,148.50	\$37,148.50	N/A	\$0.00	N/A
Total for all systems	\$426,823.50	\$426,823.50	N/A	\$0.00	N/A

## Components

# **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	\$20,000.00	\$20,000.00		\$0.00	
Disposal Costs (for equipment and other waste, net of any salvage value)	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Sub-total	\$20,000.00	\$20,000.00	N/A	\$0.00	N/A
Total for all systems	\$426,823.50	\$426,823.50	N/A	\$0.00	N/A

#### Components

# Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$426,823.50	\$426,823.50	\$0.00

Reimbursem	entestiatus	Response
	The facility has ceased operating on its pre- auction channel.	
	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

Section Question Response

# Submission of Estimated Expenses Statements

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.

- 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 abovenamed applicant for the Authorization(s) specified above. Akin S.
Harrison,
Esq..
Secretary

11/14/2019

#### **Attachments**