



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **39884-7** | Service: **DRT** | Call **WFMZ-TV** | Channel:  
ID: | Sign:  
**7 (High VHF)** | File **0000090409**  
Number:  
FRN: **0007580152** | Eligibility **Eligible** | Date **05/06**  
Status: | Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>MARANATHA BROADCASTING COMPANY, INC.</b> Doing Business As: WFMZ-TV	Barry Fisher 300 E Rock Rd Allentown, PA 18103 Allentown, PA 18103 United States	+1 (610) 798-4080	barryf@wfmz. 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	We will be removing the Channel 45 transmission plant from the WPVI-TV tower and relocating to an American Tower site in the tower farm.

**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	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 and Type	Manufacturer	
	Model	ACT140
	Year	2015
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	250 W

**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?	No
	Manufacturer	
	Model	TRN-VII- 250-C
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	280 W
	Justification for New Transmitter	Moving from UHF to VHF band.

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Other Transmitter Costs</b>	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	Yes
<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
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**Primary Transmitter**      **Other Transmitter Cost Not Listed**  
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
<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?	Yes
<b>Existing Antenna Manufacturer and Type</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	2.0 kW
	Manufacturer	
	Model	UHF Slot Antenna
	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?	Yes
<b>New Antenna Manufacturer and Types</b>	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels/Bays	4
	Lower Limit	180.00 MHz
	Upper Limit	200.00 MHz
	Design power capacity in use	100.0 %
	ERP: (Effective Radiated Power)	1000.0 W
	Manufacturer	
	Model	PR2349-001
	Year	2019
	Justification for New Antenna	Moving from UHF to VHF



**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?	Yes
<b>Power Dividers</b>	Does the panel antenna require power dividers?	No
<b>Cable Harness</b>	Does the panel antenna require cable harness?	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?	Yes

Primary  
Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Purchase New
	Use	Primary (Main)
	Ownership	Owned
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	
	Type	Flexible Air
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	1100 feet per run

**Primary** **New Transmission Line**  
**Transmission Line**

Section	Question	Response
<b>New Transmission Line Costs</b>	Use	Primary (Main)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Flexible Air
	Diameter	1 5/8 inches
	Number of parallel runs	1
	Length	680 feet per run
	Justification for New Transmission Line	Moving to new tower
<b>Interior RF Systems</b>	Does the Installation of the Transmission Line require an additional or replacement Inside RF system including switching, patch panels, and dehydrators?	No

**Primary** **Other Transmission Line Expenses Not Listed**  
**Transmission Line**

Information not provided.

**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?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1023152
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	40° 02' 39.0" N-
	Longitude (NAD83)	075° 14' 25.0" W-
	Overall Structure Height	1116.13 feet
	Support Structure Height	1112.85 feet
	Ground Elevation Above Mean Sea Level (AMSL)	252.29 feet

	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	ABC INC DBA = WPVI-TV
	Date Constructed	01/01/1957

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
39884	WFMZ-TV	DTV
8616	WPVI-TV	DTV

**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**

Information not provided.

**Outside  
Professional**

Section	Question	Response
<b>Services Costs</b> <b>Outside Project</b> <b>Management Services</b>	Do you require outside project management services?	No
<b>Outside RF consulting</b> <b>Engineering Services</b>	Perform engineering study for displacement application	Yes
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	No
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	No
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	Prepare Form 601	No
<b>Attorney and Other</b> <b>Outside Consulting</b> <b>Services</b>	Prepare and file Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	No
	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	No
	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 Services Costs**      **Other Professional Services Expenses Not Listed**

If services 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	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?	No
<b>Point to Point Microwave (STL/ICR)</b>	Frequency Coordination for Unidirection System	No
	Frequency Coordination for Bi-Direction System	Yes
	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 TRN- VII-250-C	\$31,750.00	\$19,738.00		\$0.00	
Transmitter Building Site Survey/Installation	\$10,000.00	\$6,000.00	This is the estimated cost subject to change	\$0.00	This is the estimated cost of the structural study for the tower.
High VHF - Air Cooled Solid State Transmitter 150 - 350 Watts	\$21,750.00	\$13,738.00	Transmitter, Filter, Shipping Est	\$0.00	This is the cost of the transmitter plus the estimated cost of shipping
Sub-total	\$31,750.00	\$19,738.00	N/A	\$0.00	N/A
Total for all systems	\$247,745.00	\$83,158.00	N/A	\$0.00	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 PR2349-001	\$17,730.00	\$18,500.00		\$0.00	
High VHF-Low Power, Side Mount, Broadband Panel, 4 bay, 1000.0watt input, Circular	<i>\$12,000.00</i>	\$12,000.00	N/A	N/A	N/A
Sweep test of transmission line and antenna	\$5,730.00	\$6,500.00	Typical cost for proof of performance is 6500	N/A	N/A
Sub-total	\$17,730.00	\$18,500.00	N/A	\$0.00	N/A
Total for all systems	\$247,745.00	\$83,158.00	N/A	\$0.00	N/A

Components

Information not provided.

Cost  
Information

Transmission Line

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 Transmission Line	\$22,440.00	\$16,000.00		\$0.00	
Flexible Air Transmission Line - dielectric, 1 5/8"	\$22,440.00	\$16,000.00	N/A	\$0.00	N/A
Sub-total	\$22,440.00	\$16,000.00	N/A	\$0.00	N/A
Total for all systems	\$247,745.00	\$83,158.00	N/A	\$0.00	N/A

Components

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	\$157,750.00	\$13,500.00		\$0.00	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$13,500.00	N/A	N/A	N/A
Sub-total	\$157,750.00	\$13,500.00	N/A	\$0.00	N/A
Total for all systems	\$247,745.00	\$83,158.00	N/A	\$0.00	N/A

Components

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>\$8,225.00</b>	<b>\$5,680.00</b>		<b>\$0.00</b>	
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$2,235.00	\$500.00	Filing	N/A	N/A
Prepare request for Special Temporary Authorization	\$1,280.00	\$1,280.00	STA operation	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,500.00	Application	N/A	N/A
Form 399 assistance or other Program Management costs	<i>\$1,200.00</i>	\$1,200.00	Filing cost	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,200.00	Filing	N/A	N/A
<b>Sub-total</b>	<b>\$8,225.00</b>	<b>\$5,680.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$247,745.00</b>	<b>\$83,158.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

### 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>\$9,850.00</b>	<b>\$9,740.00</b>		<b>\$0.00</b>	
Point to Point Microwave (STL /ICR): Frequency Coordination for Bi-Direction System	\$1,100.00	\$1,000.00	Filing	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$5,000.00</i>	\$5,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$2,000.00</i>	\$2,000.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$305.00	\$305.00	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
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,100.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$9,850.00</b>	<b>\$9,740.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$247,745.00</b>	<b>\$83,158.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>

### 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>	\$247,745.00	\$83,158.00
			\$0.00

<b>Reimbursement Status</b>	<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
	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>Barry Fisher</b>  <i>President and General Manager</i></p> <p>05/06/2020</p>

## Attachments