

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

| Facility | 57832 | Service: DTV | Call | WTVR-TV | Channel: 23 (UHF) |
|-----------------|---------|--------------|-------|---------|-------------------|
| ID: | | | Sign: | | |
| File 0000028059 | | | | | |
| Number: | | | | | |
| FRN: 000 | 2710192 | Date | 05/18 | | |
| | | Submitted: | /2020 | | |

Applicant Name, Type, and Contact Information

Information

| Applicant | Address | Phone | Email | Applicant Type |
|--|---|-----------------------------|--------------------------------|---------------------------------|
| SCRIPPS BROADCASTING HOLDINGS LLC Doing Business As: SCRIPPS BROADCASTING HOLDINGS LLC | 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 Name and Information Reimbursement Contact Information

| Applicant | Address | Phone | Email |
|----------------|---------|-------|-------|
| [Confidential] | | | |

Preparer Preparer Contact Name and Information

| Contact Information | Applicant | Address | Phone | Email |
|------------------------|--|---|-----------------------|---------------------------------|
| | Dan Perschke Assistant Controller The E.W. Scripps Company | Dan Perschke 312 Walnut Street 2800 Scripps Center CINCINNATI, OH 45202 United States | +1 (513) 898- 4050 | daniel. perschke@scripps.com |

| Broadcaster | Question | Response |
|--|--|--|
| Information and Transition Plan | 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 | American tower is replacing the shared combiner system to accommodate the repacked stations. Replace the WTVR Transmitter |

| Transmitters | Section | Question | Response |
|--------------|---------------------------------|---|----------|
| | Transmitter Related Expenses | Do you have transmitter related expenses? | Yes |

| Auxiliary | Add Transmitter Information | | | | | |
|------------|-------------------------------------|--|-----------------------|--|--|--|
| ransmitter | Section | Question | Response | | | |
| | Existing Transmitter Description | Type of change | Purchase New | | | |
| | | Use | Auxiliary (Backup) | | | |
| | | Description of Use | Backup | | | |
| | | 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 | | | |
| | Existing Transmitter | Manufacturer | | | | |
| | Manufacturer and Type | Model | Inovator HU5000BD | | | |
| | | Year | 2008 | | | |
| | | Туре | Solid State | | | |
| | | Solid State Cooling | Air Cooled | | | |
| | | Solid State Power Capacity | 5 kW | | | |

Add Transmitter Information

| Auxiliary | New Transmitter Costs | | | | | |
|-------------|-----------------------|---|---|--|--|--|
| Transmitter | Section | Question | Response | | | |
| | New Transmitter | Use | Auxiliary (Backup) | | | |
| | | Change Type | Purchase New | | | |
| | | Is this a request for upgraded equipment? | Yes | | | |
| | | Manufacturer | | | | |
| | | Model | UAXTE-8 | | | |
| | | Transmitter Type | Solid State | | | |
| | | Solid State Cooling | Air Cooled | | | |
| | | Solid State Power capacity | 4500 kW | | | |
| | | Justification for New Transmitter | Current transmitter is not supported by manufacturer see justification. | | | |

| Auxiliary | Other Transmitter Costs | | | | | |
|-------------|-------------------------|---------------------------------------|----------|--|--|--|
| Transmitter | Section | Question | Response | | | |
| | Electrical Service | 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 | 100 Amp 208 service |
|---|--|------------------------|
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Туре | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | 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 |

Auxiliary Other Transmitter Cost Not Listed

Transmitter Information not provided.

| Primary | Existing Transmitter Information | | | | | |
|-------------|-------------------------------------|--|--------------------------|--|--|--|
| Transmitter | Section | Question | Response | | | |
| | Existing Transmitter Description | 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 | | | |
| | Existing Transmitter | Manufacturer | | | | |
| | Manufacturer and Type | Model | DCX-1 | | | |
| | | Year | 2002 | | | |
| | | Туре | Inductive Output Tube | | | |
| | | IOT Power Type | Single | | | |
| | | Power Capacity | 25 kW | | | |

Existing Transmitter Information

| Primary | New Transmitter Costs | | | | | |
|-------------|-----------------------|---|--|--|--|--|
| Transmitter | Section | Question | Response | | | |
| | New Transmitter | Use | Primary (Main) | | | |
| | | Change Type | Purchase New | | | |
| | | Is this a request for upgraded equipment? | Yes | | | |
| | | Manufacturer | | | | |
| | | Model | ULXTE-50 | | | |
| | | Transmitter Type | Solid State | | | |
| | | Solid State Cooling | Liquid Cooled | | | |
| | | Solid State Power capacity | 32 kW | | | |
| | | Justification for New Transmitter | Current transmitter can not be re- tuned as stated by the manufacturer. One step up from minimum size is ULXTE-50 | | | |

Primary Other Transmitter Costs

| Transmitter | Section | Question | Response |
|-------------|--------------------|---------------------------------------|------------|
| | Electrical Service | Service Entrance (3 phases 800A 208V) | Yes |
| | | Switchgear (industrial 800 amp) | Yes |
| | | Transformer (480V) | No |
| | | Power | N/A |
| | | Rigid Conduit and Wiring | Yes |
| | | Size | 2 inches |
| | | Length | 200.0 feet |

| | Other Electrical Service | No |
|---|--|-----|
| | Description | N/A |
| HVAC Service | Does the replacement transmitter require HVAC Service? | No |
| | Туре | N/A |
| | Size | N/A |
| | Other Size | N/A |
| Transmitter Building Addition/Modification or Leasehold Improvement | Does the Transmitter Building require an addition, modification, other leashold improvement? | No |
| | Size | N/A |
| Channel 14 Costs | 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 | |
|------------------------|-----------------------------------|--------------------------------|
| | Name | Description |
| | Ice Bridge | Ice Bridge over cooling system |

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

Existing Antenna Information

Primary

| Antenna | Section | Question | Response |
|---------|---|--|--------------------|
| | Existing Antenna Description | Type of change | Retune Existing |
| | | Antenna Use | Primary (Main) |
| | | Description of Use | N/A |
| | | Ownership | Leased |
| | | Owner | American Tower |
| | | Site | N/A |
| | | Is the existing antenna shared with another station or stations? | Yes |
| | | 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 Manufacturer and Type | Class | Full Power |
| | | Mounting | Top Mount |
| | | Antenna position in stack | Тор |
| | | Polarization | Horizontal |
| | | Туре | Broadband Panel |
| | | Number of Stations Supported | 2 |
| | | Number of Panels | 14 |
| | | Design power capacity in use | 90.0 % |

| Lower Limit | 470.00 MHz |
|---------------------------------|-----------------------|
| Upper Limit | 700.00 MHz |
| Other Antenna Type | N/A |
| ERP: (Effective Radiated Power) | 1500.0 kW |
| Manufacturer | Dielectric |
| Model | TUD-05-14 /70H-1-B |
| Year | 2002 |

Facility ID's and Call Signs of all stations with whom the antenna is shared.

| Facility ID | Call Sign |
|-------------|-----------|
| 74416 | WRIC-TV |

Primary Adjustment to Existing Antenna

| Antenna | Section | Question | Response |
|---------|-----------------------------------|---|----------|
| | Sweep Test of Existing Antenna | Do you need a sweep test of existing antenna? | Yes |

Primary Other Antenna Costs

| | IIIIC | uу |
|---|-------|-----|
| A | nter | nna |

| Section | Question | Response |
|--------------------------------|--|------------|
| Combiner for Shared Antenna | Do you need a Combiner for a Shared Antenna? | Yes |
| | Туре | New |
| | Number of channels supported | 2 |
| | Frequencies of channels supported | RF channel |
| | Frequency | N/A |

Enter a list of RF channel numbers.

RF Channel Number

28

23

PrimaryOther Antenna Cost Not ListedAntennaInformation not provided.

| Transmission ^{Seffien} | Question | Response |
|---------------------------------------|---|----------|
| Transmission Line Related Expenses | Do you have transmission line related expenses? | No |

| Tower | Section | Question | Response |
|--------------------------------------|---|---|----------|
| Equipment And Rigging Costs | Tower Equipment or Rigging Costs Changes | Do you have tower equipment or rigging costs changes? | No |

| Outside | Section | Question | Response |
|--------------|--|--|---|
| Professional | Services Costs Outside Project Management Services | Do you require outside project management services? | Yes |
| | | Number of Hours | 200 |
| | | Explanation | Landlord management services for shares antenna system modification |
| | Outside RF consulting Engineering Services | 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 |
| Attorney and Other Outside Consulting | Prepare and file Form FCC Construction Permit Application | No |
| Services | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | Prepare and file Form FCC License to Cover Application | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | NEPA Section 106 environmental review | No |
| | Environmental Assessment | No |
| | ASR Modification | No |
| | FAA Consultation (including preparation of FAA Form 7460) | No |
| | Negotiation of Lease and other Matter for Shared Locations | No |
| | Prepare or Review FCC Form 399 for Reimbursement | No |
| | Address transition timing and coordination issues w/ other stations and wireless providers | No |
| RF Field Engineering Services | Comprehensive coverage verification via field study | No |
| | RF exposure measurements | Yes |
| | Additional Field Engineering Service | No |
| | Number of Days | N/A |

Outside Other Professional Services Expenses Not Listed

Professional Services Costsided.

| Other | Section | Question | Response |
|----------|---------------------------------|--|----------|
| Expenses | AM Pattern Disturbance | Is an Impact Study needed? | No |
| | | Is Remediation needed? | No |
| | Facility Expenses | 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 |
| | Permit and Filing Costs | Local Zoning | No |
| | | Non-zoning permits | No |
| | | BLM or NFS Coordination | 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)? | 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 |
| | | 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 Not Listed

Expenses Information not provided.

Transmitters

Cost Information

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 ULXTE-50 | \$1,065,223.00 | \$1,062,423.00 | | \$516,977.11 | |
| Ice Bridge | \$36,000.00 | \$36,000.00 | N/A | \$35,104.52 | N/A |
| 2" Rigid Conduit and Wiring (Cost per foot) | \$5,200.00 | \$5,000.00 | N/A | N/A | N/A |
| Switchgear - industrial 800 amp | \$38,200.00 | \$36,300.00 | N/A | N/A | N/A |
| Service entrance 3 phase/800 amp/208 volt | \$14,400.00 | \$13,700.00 | N/A | N/A | N/A |
| UHF - Liquid Cooled Solid State Transmitter 32 kW | \$971 <i>,4</i> 23.00 | \$971,423.00 | N/A | \$481,872.59 | N/A |
| Auxiliary Transmitter UAXTE-8 | \$141,000.00 | \$141,000.00 | | \$0.00 | |
| Other Electrical Service: 100 Amp 208 service | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| UHF - Air Cooled | \$136,000.00 | \$136,000.00 | N/A | N/A | N/A |

| Solid State Transmitter 4500 kW | | | | | |
|---------------------------------------|----------------|----------------|-----|--------------|-----|
| Sub-total | \$1,206,223.00 | \$1,203,423.00 | N/A | \$516,977.11 | N/A |
| Total for all systems | \$1,378,448.00 | \$1,426,998.00 | N/A | \$526,298.91 | N/A |

Components

| Actual Information Description | File Name | |
|--|-----------------------------------|--|
| Ice Bridge | Component Description: Amount: | Ice Shield \$35,104.52 |
| 2" Rigid Conduit and Wiring (Cost per foot) | Information not provided. | |
| Switchgear - industrial 800 amp | Information not provided. | |
| Service entrance 3 phase /800 amp/208 volt | Information not provided. | |
| UHF - Liquid Cooled Solid State Transmitter 32 kW | Component Description: Amount: | site survey \$5,823.90 |
| | Component Description: Amount: | 2nd payment ULXTE-50 \$238,613.47 |
| | Component Description: Amount: | ULXTE-50 Transmitter - deposit \$237,435.22 |
| Other Electrical Service: 100 Amp 208 service | Information not provided. | |
| UHF - Air Cooled Solid State | Information not provided. | |

Antennas

Cost Information

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 TUD-05-14 /70H-1-B | \$90,930.00 | \$86,400.00 | | \$0.00 | |
| New combiner, cost per channel (without antenna) | \$84,200.00 | \$80,000.00 | N/A | \$0.00 | N/A |
| Sweep test of existing antenna | \$6,730.00 | \$6,400.00 | N/A | N/A | N/A |
| Sub-total | \$90,930.00 | \$86,400.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$1,378,448.00 | \$1,426,998.00 | N/A | \$526,298.91 | N/A |

Components

Information not provided.

Cost Transmission Line

Information Information not provided.

Cost Tower Equipment and Rigging Costs

Information Information not provided.

Outside Professional Services

Cost Information

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 | \$64,745.00 | \$121,175.00 | | \$5,571.80 | |
| Project management of the transition | \$31,600.00 | \$99,675.00 | see Estimated Cost Justification WTVR-TV- 510-Project Management v0 | \$5,571.80 | N/A |
| RF Exposure Measurements | \$21,050.00 | \$10,000.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | \$1,580.00 | \$1,500.00 | N/A | N/A | N/A |
| Prepare engineering section of FCC Form 2100 (main), | \$3,155.00 | \$3,000.00 | N/A | N/A | N/A |

| Construction Permit Application | | | | | |
|--|----------------|----------------|-----|--------------|-----|
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$7,000.00 | N/A | N/A | N/A |
| Sub-total | \$64,745.00 | \$121,175.00 | N/A | \$5,571.80 | N/A |
| Total for all systems | \$1,378,448.00 | \$1,426,998.00 | N/A | \$526,298.91 | N/A |

Components

| Actual Information Description | File Name | |
|--------------------------------------|-----------------------------------|-------------------------------------|
| Project management of the transition | Component Description: Amount: | Project Management \$28.75 |
| | Component Description: Amount: | Project Management \$681.25 |
| | Component Description: Amount: | Project Management \$2,021.40 |
| | Component Description: Amount: | Project Management \$36.05 |
| | Component Description: Amount: | Project Management \$64.95 |

| | Component Description: Amount: | Project Management \$1,859.55 |
|---|-----------------------------------|--|
| | Component Description: Amount: | Project Management \$369.55 |
| | Component Description: Amount: | Project Management \$182.80 |
| | Component Description: Amount: | Project Management \$57.50 |
| | Component Description: Amount: | Preparation of 387 Quarterly \$75.00 |
| | Component Description: Amount: | Project Management \$195.00 |
| RF Exposure Measurements | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), License to Cover Application | Information not provided. | |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Information not provided. | |
| Perform engineering study for new channel assignment and antenna development | Information not provided. | |

Other Expenses

Cost Information

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 | \$16,550.00 | \$16,000.00 | | \$3,750.00 | |
| MVPD Notification of Channel Change | \$5,000.00 | \$5,000.00 | N/A | N/A | N/A |
| Develop and air announcement of upcoming channel change | \$0.00 | \$0.00 | N/A | N/A | N/A |
| DTV Medical Facility Notification | \$11,550.00 | \$11,000.00 | N/A | \$3,750.00 | N/A |
| Sub-total | \$16,550.00 | \$16,000.00 | N/A | \$3,750.00 | N/A |
| Total for all systems | \$1,378,448.00 | \$1,426,998.00 | N/A | \$526,298.91 | N/A |

Components

| Actual Information Description | File Name | |
|---|-----------------------------------|-------------------------------|
| MVPD Notification of Channel Change | Information not provided. | |
| Develop and air announcement of upcoming channel change | Information not provided. | |
| DTV Medical Facility Notification | Component Description: Amount: | medical testing \$3,750.00 |

| Cost | Grand Total | | | |
|-------------|-----------------------|--------------------------------|----------------|--------------|
| Information | | Predetermined Cost Estimate | Estimated Cost | Actual Cost |
| | Total for all systems | \$1,378,448.00 | \$1,426,998.00 | \$526,298.91 |

| Reimbursem | enrestanus | Response |
|------------|--|----------|
| | 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 |
|---------------|---|---|----------|
| Certification | Section Submission of Actual Cost Documentation Statements | Question WILLFUL FALSE, FRAUDULENT, OR FICTITIOUS STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND /OR IMPRISIONMENT (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). 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. 2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct. 3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 4. The above-named entity acknowledges the submission of the information herein | Kesponse |
| | | | |

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).
- 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. | Sravan Reddy , Reddy . Senior Director, General Accounting |
| | 05/18/2020 |

Attachments