



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **42116** | Service: **DTV** | Call **WCIX** | Channel: **11 (High VHF)**  
ID:  
File **0000028514**  
Number:  
FRN: **0009961889** | Date **06/11**  
Submitted: **/2020**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>Nexstar Broadcasting, Inc.</b>	Elizabeth Ryder 545 E. John W. Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv	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
<b>Elizabeth Ryder</b> <i>General Counsel</i> <i>Nexstar Broadcasting, Inc.</i>	Elizabeth Ryder 545 E. John Carpenter Freeway Suite 700 Irving, TX 75062 United States	+1 (972) 373-8800	eryder@nexstar.tv

**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	See the attached WCIX Transition Plan.

**Transmitters**

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

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<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	DTT3M
	Year	2008
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	3.5 kW

**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	VAXTE-4R37
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	4 kW
	Justification for New Transmitter	Existing transmitter cannot be converted to repacked channel and manufacturer is no longer in business.

**Primary  
Transmitter**

**Other Transmitter Costs**

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	3 inches
	Length	50.0 feet

	Other Electrical Service	No
	Description	N/A
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	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**

Name	Description
<b>Additional Transmitter Costs</b>	Additional Transmitter Costs
<b>Transmitter Site Survey</b>	Transmitter Site Survey
<b>Transmitter Electrical and Installation</b>	Transmitter Electrical and Installation

**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	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	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 Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	1
	Number of Panels	6
	Design power capacity in use	50.0 %
	Lower Limit	170.00 MHz

Upper Limit	216.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power)	100.0 kW
Manufacturer	MCI
Model	954131
Year	2008

**Primary  
Antenna**

**Adjustment to Existing Antenna**

Section	Question	Response
<b>Sweep Test of Existing Antenna</b>	Do you need a sweep test of existing antenna?	Yes

**Primary  
Antenna**

**Other Antenna Costs**

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	

**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?	No

**Tower Equipment And Rigging Costs**

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

**Outside Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	295
	Explanation	Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. Internal accounting and Project management.



<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	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
<b>RF Field Engineering Services</b>	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

**Outside Other Professional Services Expenses Not Listed**  
**Professional Services Costs** Services 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	Yes
	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	No
<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?	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**

**Other Expenses Not Listed**

Name	Description
Sales Tax	Sales and use tax on goods and services.

## 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 VAXTE-4R37</b>	<b>\$234,610.02</b>	<b>\$183,711.20</b>		<b>\$91,933.82</b>	
Additional Transmitter Costs	<i>\$1,834.57</i>	\$1,834.57	See GatesAir quote Q-87039	N/A	N/A
Transmitter Electrical and Installation	<i>\$21,024.45</i>	\$21,024.45	See GatesAir quote Q-86098	\$21,024.45	N/A
Transmitter Site Survey	<i>\$4,051.00</i>	\$4,051.00	See GatesAir quote Q-84617	\$4,051.00	N/A
3" Rigid Conduit and Wiring (Cost per foot)	\$2,600.00	\$2,450.00	N/A	N/A	N/A
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	\$152,500.00	\$104,351.18	See GatesAir quotes Q-84363 and Q-85463	\$66,858.37	N/A
Service entrance 3 phase/800 amp/208 volt	\$14,400.00	\$13,700.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$36,300.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$234,610.02</b>	<b>\$183,711.20</b>	N/A	<b>\$91,933.82</b>	N/A

<b>Total for all systems</b>	\$348,465.02	\$288,306.20	N/A	\$104,306.72	N/A
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## Components

Actual Information		
Description	File Name	
Additional Transmitter Costs	Information not provided.	
Transmitter Electrical and Installation	<b>Component Description:</b>  <b>Amount:</b>	Transmitter electrical and installation  \$21,024.45
Transmitter Site Survey	<b>Component Description:</b>  <b>Amount:</b>	Transmitter site survey  \$4,051.00
3" Rigid Conduit and Wiring (Cost per foot)	Information not provided.	
High VHF - Air Cooled Solid State Transmitter 1.1 . 4.4 kW	<b>Component Description:</b>  <b>Amount:</b>	Transmitter, installment #1  \$32,074.64
	<b>Component Description:</b>  <b>Amount:</b>	Transmitter, installment #2  \$34,783.73
Service entrance 3 phase /800 amp/208 volt	Information not provided.	
Switchgear - industrial 800 amp	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 954131	\$6,730.00	\$6,400.00		\$2,300.00	
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	\$2,300.00	N/A
Sub-total	\$6,730.00	\$6,400.00	N/A	\$2,300.00	N/A
Total for all systems	\$348,465.02	\$288,306.20	N/A	\$104,306.72	N/A

Components

Actual Information Description	File Name
Sweep test of existing antenna	Component Description: Sweep test Amount: \$2,300.00

**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
Outside Professional Services	\$66,330.00	\$63,000.00		\$7,658.50	
Project management of the transition	\$46,610.00	\$44,250.00	Schedule and coordinate multiple vendors, complete progress reports, and update Schedule 399. Station does not have available personnel or personnel trained in project management for such complex projects. Internal accounting and Project management.	\$4,496.00	N/A



Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	\$625.00	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$2,537.50	N/A
<b>Sub-total</b>	\$66,330.00	\$63,000.00	N/A	\$7,658.50	N/A
<b>Total for all systems</b>	\$348,465.02	\$288,306.20	N/A	\$104,306.72	N/A

## Components

Actual Information	Description		File Name
Project management of the transition	<b>Component Description:</b>		Project management services 3.2.19 through 3.29.19
	<b>Amount:</b>		\$75.00
	<b>Component Description:</b>		Project management services 5.26.18 through 6.29.18
	<b>Amount:</b>		\$600.00
	<b>Component Description:</b>		Project management services 9.30.17 through 5.25.18
	<b>Amount:</b>		\$1,605.00
	<b>Component Description:</b>		Project management services
	<b>Amount:</b>		\$79.00
	<b>Component Description:</b>		Project management services
	<b>Amount:</b>		\$70.00
	<b>Component Description:</b>		Project management services
	<b>Amount:</b>		\$150.00

<b>Component Description:</b>	Project management services Apr 2019
<b>Amount:</b>	\$84.50

<b>Component Description:</b>	Project management services
<b>Amount:</b>	\$150.00

<b>Component Description:</b>	Project management services
<b>Amount:</b>	\$150.00

<b>Component Description:</b>	Project management services 3.30.19 through 4.26.19
<b>Amount:</b>	\$150.00

<b>Component Description:</b>	Project management services 7.28.18 through 9.28.18
<b>Amount:</b>	\$375.00

<b>Component Description:</b>	Project management services 10.27.18 through 12.31.18
<b>Amount:</b>	\$225.00

<b>Component Description:</b>	Project management services 1.1.19 through 1.31.19
<b>Amount:</b>	\$225.00

	<p><b>Component Description:</b> Project management services 9.29.18 through 10.26.18</p> <p><b>Amount:</b> \$225.00</p>
	<p><b>Component Description:</b> Project management services 6.30.18 through 7.27.18</p> <p><b>Amount:</b> \$225.00</p>
	<p><b>Component Description:</b> Project management services 2.1.19 through 3.1.19</p> <p><b>Amount:</b> \$75.00</p>
	<p><b>Component Description:</b> Project management services Mar 2019</p> <p><b>Amount:</b> \$32.50</p>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	<p><b>Component Description:</b> License to Cover Application</p> <p><b>Amount:</b> \$625.00</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.
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.

Perform engineering study  
for new channel assignment  
and antenna development

**Component Description:**

Service through  
end of April 2017.  
Information  
gathering, creation  
of transition plan  
with definition of  
initial equipment  
and service  
needs. Further  
research  
regarding MCI  
panel antenna  
patterns.

**Amount:**

\$1,050.00

**Component Description:**

Through 7-14-17.  
Revise Storyboard  
if needed,  
interference study,  
create CP and  
recalculate ERP if  
COR changed,  
transition plan  
document, create  
399, coverage  
maps, and upload  
documents to  
ASANA

**Amount:**

\$350.00

**Component Description:**

Repack plan and  
revision, 399 form  
info, MCI panel  
analysis

**Amount:**

\$1,137.50

## 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>\$40,795.00</b>	<b>\$35,195.00</b>		<b>\$2,414.40</b>	
Sales Tax	<i>\$17,000.00</i>	\$17,000.00	Sales and use tax on goods and services based on IL state rates.	N/A	N/A
MVPD Notification of Channel Change	<i>\$6,000.00</i>	\$6,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$3,500.00</i>	\$3,500.00	Develop and produce crawls and spots for viewer notification.	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	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
DTV Medical Facility Notification	\$11,550.00	\$6,000.00	N/A	\$2,414.40	N/A

Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$800.00</b>	\$800.00	N/A	N/A	N/A
Local Zoning	<b>\$500.00</b>	\$500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$40,795.00	\$35,195.00	N/A	\$2,414.40	N/A
<b>Total for all systems</b>	\$348,465.02	\$288,306.20	N/A	\$104,306.72	N/A

## Components

Actual Information	
Description	File Name
Sales Tax	Information not provided.
MVPD Notification of Channel Change	Information not provided.
Develop and air announcement of upcoming channel change	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.
FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
DTV Medical Facility Notification	<b>Component Description:</b> Notification of medical facilities <b>Amount:</b> \$2,414.40
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.
Local Zoning	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>	\$348,465.02	\$288,306.20	\$104,306.72

**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
	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.

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.

**Elizabeth  
Ryder**  
*General  
Counsel*

06/11/2020

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<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.

<p>8. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.</p> <p>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.</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>Elizabeth Ryder</b> <i>General Counsel</i></p> <p>06/11/2020</p>

## Attachments