



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **12793-30** | Service: **DRT** | Call **WAXN-TV** | Channel:
ID: | Sign:
30 (UHF) | File **0000089104**
Number:
FRN: **0001842491** | Eligibility **Eligible** | Date **09/09**
Status: | Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WSOC TELEVISION, LLC Doing Business As: WSOC TELEVISION, LLC	Director of Engineering 235 West 23rd Street CHARLOTTE, NC 28206 United States	+1 (704) 335-4700	ted. hand@cmg. com	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
Ted Hand <i>Director of Engineering</i> <i>WSOC-TV, LLC</i>	Ted Hand 235 West 23rd Street Charlotte, NC 28206 United States	+1 (704) 335- 4732	ted.hand@cmg. 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.	No
Briefly describe transition plan	Replace antenna, mask filter and transmitter

Transmitters

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	No

Antennas

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	No

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?	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?	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 1983))	Latitude (NAD83)	35° 35' 32.0" N-
	Longitude (NAD83)	080° 37' 44.0" W-
	Overall Structure Height	1022.00 feet
	Support Structure Height	1018.00 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1847.00 feet
	Structure Type	TOWER - Free Standing or Guyed Structure
	Tower Owner	American Tower
	Date Constructed	09/19/1997

**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
74074	WEND	FM

**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

Name	Description
American Tower	Modification to tower
SkyHi Communications	Remove and Install antenna
American Tower	Tower Structural Work

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	No
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	No
	Prepare Form 601	No
Attorney and Other Outside Consulting Services	Prepare and file Form FCC Construction Permit Application	No
	Prepare and file Form FCC License to Cover Application	No
	Prepare request for Special Temporary Authority	No
	Negotiation of Lease and other Matter for Shared Locations	No
	Prepare or Review FCC Form 399 for Reimbursement	No
	Form 399 assistance or other program management costs	No
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

Services Costs

Name		Description
American Tower Corp		Structural Study
American Tower Corp		Project Management
Merrill Weiss Group		Engineering Services for FCC appplication

**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)?	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
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

Name	Description
Chuck Britt ... Assoc	Retune...FCC Proof

Cost Information **Transmitters**
Information not provided.

Cost Information **Antennas**
Information not provided.

Cost Information **Transmission Line**
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	\$179,750.00	\$22,001.00		\$9,000.00	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$1.00	N/A	N/A	N/A
SkyHi Communications	<i>\$9,000.00</i>	\$9,000.00	based on actually invoice	\$9,000.00	N/A
American Tower	<i>\$13,000.00</i>	\$13,000.00	N/A	\$0.00	N/A
Sub-total	\$179,750.00	\$22,001.00	N/A	\$9,000.00	N/A
Total for all systems	\$220,660.00	\$57,959.00	N/A	\$44,890.75	N/A

Components

Actual Information Description	File Name
Tower Rigging Tall Tower (greater than 500')	Information not provided.

SkyHi Communications	<div> <div>Component Description:</div> <div>Antenna work on tower</div> </div> <div> <div>Amount:</div> <div>\$9,000.00</div> </div>
American Tower	<div> <div>Component Description:</div> <div>Capital Contribution Invoice</div> </div> <div> <div>Amount:</div> <div>\$2,500.00</div> </div> <div> <div>Component Description:</div> <div>Tower Work</div> </div> <div> <div>Amount:</div> <div>\$10,475.00</div> </div>

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	\$35,910.00	\$30,958.00		\$30,890.75	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$1.00	N/A	N/A	N/A
Perform engineering study for displacement application	\$1,800.00	\$1.00	N/A	N/A	N/A
American Tower Corp	\$22,455.00	\$22,455.00	Based on quotes from ATC	\$22,455.00	N/A
Merrill Weiss Group	\$8,500.00	\$8,500.00	N/A	\$8,435.75	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1.00	N/A	N/A	N/A
Sub-total	\$35,910.00	\$30,958.00	N/A	\$30,890.75	N/A
Total for all systems	\$220,660.00	\$57,959.00	N/A	\$44,890.75	N/A

Components

Actual Information	
Description	File Name
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Perform engineering study for displacement application	Information not provided.
American Tower Corp	<div> <div> Component Description: Amount: </div> <div> Project Management Fees \$9,480.00 </div> </div> <div> <div> Component Description: Amount: </div> <div> Structural Study \$10,475.00 </div> </div> <div> <div> Component Description: Amount: </div> <div> Project Management \$2,500.00 </div> </div>
Merrill Weiss Group	<div> <div> Component Description: Amount: </div> <div> Engineering Work \$8,435.75 </div> </div>
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	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
Other Expenses	\$5,000.00	\$5,000.00		\$5,000.00	
Chuck Britt ... Assoc	<i>\$5,000.00</i>	\$5,000.00	Retune of transmitter and FCC required proof of performance.	\$5,000.00	N/A
Sub-total	\$5,000.00	\$5,000.00	N/A	\$5,000.00	N/A
Total for all systems	\$220,660.00	\$57,959.00	N/A	\$44,890.75	N/A

Components

Actual Information	
Description	File Name
Chuck Britt ... Assoc	<div>Component Description: FCC Proof of Performance</div> <div>Amount: \$5,000.00</div>

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$220,660.00	\$57,959.00	\$44,890.75

Reimbursement Status	Question	Response
	The facility has ceased operating on its pre-auction channel.	Yes
	Construction of final facilities or all necessary modifications are complete.	Yes
	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"> 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 above-named applicant for the Authorization(s) specified above.

Ted Hand
*Director of
Engineering
/Operations*

09/09/2020

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"> 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 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>Ted Hand <i>Director of Engineering /Operations</i></p> <p>09/09/2020</p>

Certification	Section	Question	Response
	Submission of Final Allocation or Accounting Information 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"> 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. The above-named entity acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. 	

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

Ted Hand
*Director of
Engineering
/Operations*

09/09/2020

Attachments