

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility	24570	Service: DCA		K27LF-D	Channel: 25 (UHF)
ID:			Sign:		
File	000002	5848			
Number:					
FRN: 002	6907345	Date	06/20		
		Submitted:	/2018		

Applicant Name, Type, and Contact Information

Applicant Information

Applicant	Address	Phone	Email	Applicant Type
HC2 STATION GROUP, INC.	RENEE ILHARDT 450 PARK AVENUE 30TH FLOOR NEW YORK, NY 10022 United States	+1 (646) 431- 8489	RILHARDT@HC2BROADCASTING. COM	Corporation

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
	Bill Zema HC2 Broadcasting Holdings Inc.	450 Park Avenue 30th Floor New York, NY 10022	+1 (703) 853- 5914	bzema@hc2broadcasting. com
		United States		

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.	No
	Briefly describe transition plan	Go off air, install new mask filter, and retune transmitter to repacked channel, and begin operation on repacked channel.

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

Existing Transmitter Information

Primary	Existing Transmitter Information					
Transmitter	Section	Question	Response			
	Existing Transmitter Description	Type of change	Retune Existing			
		Use	Primary (Main)			
		Ownership	Owned			
		Owner	N/A			
		Is this transmitter currently shared with another station?	No			
		Is this transmitter currently in operating condition?	Yes			
	Existing Transmitter	Manufacturer	Anywave			
	Manufacturer and Type	Model	TX-2X-1000			
		Year	2015			
		I contraction of the second				

Туре	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	1 kW

Primary Transmitter	Retuning Transmitter Costs					
	Section	Question	Response			
	New IOT Tubes	Number of Tubes (including accessories) needed	N/A			
	New Mask Filter	Power	1.5 kW			
		Other Power	N/A			
	New Exciter	Is a new exciter needed?	No			

Primary Other Transmitter Costs

Primary 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	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

Other Transmitter Cost Not Listed

PrimaryOther Transmitter CoTransmitterInformation not provided.

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	Owned
		Owner	N/A
		Site	N/A
		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?	No
	Existing Antenna Manufacturer and Type	Class	Class A
		Mounting	Side Mount
		Antenna position in stack	Not in Stack
		Polarization	Horizontal
		Туре	Broadband Panel
		Number of Stations Supported	1
		Number of Panels	4
		Design power capacity in use	25.0 %
		Lower Limit	470.00 MHz

	Upper Limit	700.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	14.0 kW
	Manufacturer	SWR
	Model	SWDP4
	Year	2015

Primary Antenna Section Questi

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

Primary Other Antenna Costs

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

Primary Antenna	Other Antenna Cost Not Listed		
	Name	Description	
	CABLE SUBSTITUTION	Distribution cables likely to need replacement.	

Transmission Seffien	Question	Response
Transmission Line Related Expenses	Do you have transmission line related expenses?	No

Tower	Section	Question	Response
Equipment And Rigging	Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes
Costs			

Primary Tower	Existing Tower			
	Section	Question	Response	
	Existing Tower Description	Type of change	Move Equipment	
		Tower Use	Primary (Main)	
		Description of Use	N/A	
		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	Do you have a tower registration number?	Yes	
	Registration	ASR Number	1206963	
	Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	29° 16' 29.8" N-	
		Longitude (NAD83)	098° 15' 53.0" W-	

Overall Structure Height	1514.09 fee
Support Structure Height	1514.09 fee
Ground Elevation Above Mean Sea Level (AMSL)	535.10 feet
Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Tichenor License Corp
Date Constructed	01/01/1984

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
34977	KSMG	FM
34976	KISS-FM	FM
67064	KXTN-FM	FM
67071	KROM	FM

Primary Tower Rigging Costs

Tower

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

Other Tower Expenses Not Listed Primary Tower

Outside Professional	Section	Question	Response
	Services Costs Outside Project Management Services	Do you require outside project management services?	No
		Number of Hours	N/A
		Explanation	N/A
	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 Services	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	Yes
	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	No
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

Other Professional Services Expenses Not Listed Professional Services roopstsided.

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	Yes
		FCC License to Cover Application	Yes
		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?	No

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 TX- 2X-1000	\$108,230.00	\$102,800.00		\$0.00	
UHF and VHF - minor banding issues	\$105,200.00	\$100,000.00	N/A	N/A	N/A
1.5 kW mask filter	\$3,030.00	\$2,800.00	N/A	N/A	N/A
Sub-total	\$108,230.00	\$102,800.00	N/A	\$0.00	N/A
Total for all systems	\$395,645.00	\$181,145.00	N/A	\$0.00	N/A

Components

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 SWDP4	\$40,070.00	\$13,200.00		\$0.00	
UHF - Lower Power Side Mount, Class A broadband panel (cost per panel)	\$5,040.00	\$4,800.00	N/A	N/A	N/A
UHF - Lower Power Side Mount, Class A One Station antenna basic	\$26,300.00	\$0.00	N/A	N/A	N/A
CABLE SUBSTITUTION	\$2,000.00	\$2,000.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Sub-total	\$40,070.00	\$13,200.00	N/A	\$0.00	N/A
Total for all systems	\$395,645.00	\$181,145.00	N/A	\$0.00	N/A

Components

Cost Transmission Line

Information Information not provided.

Tower Equipment and Rigging Costs

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 Tower TOWER	\$210,500.00	\$30,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$30,000.00	Cost only for cable substitution	N/A	N/A
Sub-total	\$210,500.00	\$30,000.00	N/A	\$0.00	N/A
Total for all systems	\$395,645.00	\$181,145.00	N/A	\$0.00	N/A

Components

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	\$22,350.00	\$21,250.00		\$0.00	
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), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	\$0.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$0.00	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$0.00	N/A
Sub-total	\$22,350.00	\$21,250.00	N/A	\$0.00	N/A
Total for all systems	\$395,645.00	\$181,145.00	N/A	\$0.00	N/A

Components

Actual Information Description	File Name	
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), License to Cover Application	Information not provided.	
Prepare and or review reimbursement form	Information not provided.	
Perform engineering study for new channel assignment and antenna development	Component Description: Amount:	K27LF Engineering Study \$160.00

Component Description: Amount:	Engineering review \$233.33
Component Description: Amount:	FCC 399 update \$160.00
Component Description: Amount:	Form 399 filing \$65.62
Component Description: Amount:	CP preparation \$262.50
Component Description:	FCC 399 Update Preparation of CP
Amount:	\$180.00
	Amount:Component Description: Amount:Component Description: Amount:Component Description: Amount:Component Description: Amount:Component Description: Amount:

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	\$14,495.00	\$13,895.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$11,000.00	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
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$1,500.00	\$1,500.00	N/A	N/A	N/A
Sub-total	\$14,495.00	\$13,895.00	N/A	\$0.00	N/A
Total for all systems	\$395,645.00	\$181,145.00	N/A	\$0.00	N/A

Components

Cost	Grand Total			
Information		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$395,645.00	\$181,145.00	\$0.00

Reimbursem	entestiatus	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
	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.	
		 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. 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).
- 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.	LES LEVI CHIEF OPERATING OFFICER 06/20/2018

Attachments