



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **68851** | Service: **DTV** | Call **WWNY-TV** | Channel:  
ID: | Sign:  
**8 (High VHF)** | File **0000025399**  
Number:  
FRN: **0018223693** | Date **07/21**  
Submitted: **/2017**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>UNITED COMMUNICATIONS CORPORATION</b> Doing Business As: UNITED COMMUNICATIONS CORPORATION	Thomas A. Yunt, COO 5800 7TH AVENUE KENOSHA, WI 53140 United States	+1 (703) 465-2361	tyunt@ucclocalmedia.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
<b>James C Corbin , Corbin .</b> <i>Program Director</i> <i>United Communications Corp - WWNY-TV</i>	James Corbin 120 Arcade St Watertown, NY 13601 United States	+1 (315) 788-3800	Jcorbin@wwnytv.net

**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	(Per attached plan) Station will operate one of its 2 transmitter amplifiers on channel 7 at 3kw (serving 95% of the population) while retuning the other to channel 8. It will then switch to channel 8 and retune and combine the other amplifier.

**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	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 and Type	Manufacturer	Larcan
	Model	DTT4M

Year	2008
Type	Solid State
Solid State Cooling	Air Cooled
Solid State Power capacity	6.5 kW

**Primary  
Transmitter**

**Retuning Transmitter Costs**

Section	Question	Response
<b>New IOT Tubes</b>	Number of Tubes (including accessories) needed	N/A
<b>New Mask Filter</b>	Power	Other
	Other Power	7.5 kW
<b>New Exciter</b>	Is a new exciter needed?	No

**Primary  
Transmitter**

**Other Transmitter Costs**

Section	Question	Response
<b>Electrical Service</b>	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
<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>Retune Transmitter</b>	(Per Attached Plan) Services per quote to retune transmitter.

**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	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Other
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A

	Upper Limit	N/A
	Other Antenna Type	12-Bay Batwing
	ERP: (Effective Radiated Power)	42.0 kW
	Manufacturer	Harris
	Model	TAB-12HS
	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**

Name	Description
<b>Fine Matching Antenna</b>	(Per attached plan) Fine matching power divider, antenna.

**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	40
	Explanation	A project manager was retained to assist with developing the transition plan, keeping the project on schedule and assisting with antenna matching and the proof of performance documentation. 40hrs @ \$150 /hr.
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	Yes
	Quantity	2
	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	Yes
	Quantity	2
	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 Professional Services Costs**

**Other Professional Services Expenses Not Listed**

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	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	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
	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
Inside RF System	Splitting amplifiers for operation on both channel 7 and retuning to channel 8. Then combining retuned channel 8 amplifiers.
Site Survey- Transition Assessment	Site Survey to determine transition plan.

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 DTT4M	\$139,800.00	\$55,000.00		\$0.00	
Other 7.5 kW mask filter	<i>\$10,600.00</i>	\$10,600.00	N/A	N/A	N/A
UHF and VHF - minor banding issues	\$105,200.00	\$20,400.00	N/A	N/A	N/A
Retune Transmitter	<i>\$24,000.00</i>	\$24,000.00	N/A	N/A	N/A
Sub-total	\$139,800.00	\$55,000.00	N/A	\$0.00	N/A
Total for all systems	\$224,830.50	\$124,295.50	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 TAB-12HS	\$12,730.00	\$12,400.00		\$0.00	
Fine Matching Antenna	<i>\$6,000.00</i>	\$6,000.00	Estimate for a 2 man tower crew to assist with fine tuning lines and antenna.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
High VHF - High Power Top Mount One Station horizontally polarized	<i>\$0.00</i>	\$0.00	N/A	N/A	N/A
Sub-total	\$12,730.00	\$12,400.00	N/A	\$0.00	N/A
Total for all systems	\$224,830.50	\$124,295.50	N/A	\$0.00	N/A

Components

Information not provided.

**Cost Information**      **Transmission Line**  
Information not provided.

**Cost Information**      **Tower Equipment and Rigging Costs**  
Information not provided.

<b>Cost Information</b>	<b>Outside Professional Services</b>					
	Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).					
	<b>Description</b>	<b>Predetermined Cost Estimate</b>	<b>Estimated Cost</b>	<b>Estimated Cost Justification</b>	<b>Actual Cost</b>	<b>Actual Cost Justification</b>
	<b>Outside Professional Services</b>	<b>\$37,500.00</b>	<b>\$31,250.00</b>		<b>\$0.00</b>	
	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), Construction Permit Application	\$3,155.00	\$3,000.00	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 request for Special Temporary Authorization	\$4,100.00	\$3,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$7,360.00	\$3,500.00	Attorney fees for the filing of up to 2 STA's.	N/A	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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	N/A	N/A
Project management of the transition	\$6,320.00	\$6,000.00	40hrs of consultant /project management @ \$150/hr. Hourly rate is noted in Site-survey and Transition Plan Development invoice.	N/A	N/A
<b>Sub-total</b>	\$37,500.00	\$31,250.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$224,830.50	\$124,295.50	N/A	\$0.00	N/A

## 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>\$34,800.50</b>	<b>\$25,645.50</b>		<b>\$0.00</b>	
Develop and air announcement of upcoming channel change	<i>\$7,900.00</i>	\$7,900.00	ROS schedule of 60 spots @ \$150ea and \$400 of production charges to create spots. (Noted in attachments)	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	Anticipated fee, per Legal Counsel's conversation with Joyce Bernstein, filing fees were not waived in the Report & Order.	N/A	N/A



Inside RF System	<b>\$6,500.00</b>	\$6,500.00	(Per transition plan) split the transmitter to operate one of the 2 amplifiers on channel 7 while retuning the other amplifier to channel 8. Then to combine the amplifiers after both are retuned to channel 8.	N/A	N/A
Equipment Delivery and Handling Charges	<b>\$2,500.00</b>	\$2,500.00	Per attached proposal.	N/A	N/A
MVPD Notification of Channel Change	<b>\$100.00</b>	\$100.00	2 hours @ \$25/hr to compose, compile, print and prepare for mailing 7 MVPD letters, plus Registered mailing of said letters.	N/A	N/A
Site Survey- Transition Assessment	<b>\$4,260.50</b>	\$4,260.50	Site Survey to inspect, test existing equipment and determine a transition plan. Invoice attached.	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	<b>\$1,110.00</b>	\$1,070.00	Fee already paid.	N/A	N/A

DTV Medical Facility Notification	\$11,550.00	\$2,450.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$350.00</b>	\$350.00	WWNY now estimates minimal disposal costs. A 30cu /ft dumpster and 55ton of rubbish removal costs approximately \$350. (See attached).	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
<b>Sub-total</b>	\$34,800.50	\$25,645.50	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$224,830.50	\$124,295.50	N/A	\$0.00	N/A

## Components

Information not provided.

**Cost  
Information**

**Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$224,830.50	\$124,295.50	\$0.00

**Reimbursement Status**

Question	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	<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>James C Corbin</b>  <i>Program Director</i></p> <p>07/21/2017</p>

## Attachments