Approved by OMB (Office of Management and Budget) 3060-1178

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID: **18795** | Service: **DTV** | Call Sign: **WNET** | Channel: **13 (High VHF)** | File Number: **0000025445** | FRN: **0018265660** | Date Submitted: **05/15/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
WNET Doing Business As: WNET	Robert A. Feinberg 825 EIGHTH AVENUE ATTN: GENERAL COUNSEL NEW YORK, NY 10019 United States	+1 (212) 560-6981	FEINBERG@WNET.ORG	Not-for-Profit

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
The Preparer is same as the reimbursement contact.			

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.	Yes
Briefly describe transition plan	The WNET Four Times Square Auxiliary location with a shared (WABC) antenna will be modified by changing the filter and combiner module and placed on air. Similar work will then be done at WNET's One WTC facility which will then become the Primary location

Transmitters

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

Auxiliary Transmitter

Add Transmitter Information

Section	Question	Response
Existing Transmitter Description	Type of change	Purchase New
	Use	Auxiliary (Backup)
	Description of Use	Backup Aux Transmitter
	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 and Type	Manufacturer	
	Model	TTU
	Year	2002
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	6.0 kW

Auxiliary Transmitter

New Transmitter Costs

Section	Question	Response
New Transmitter	Use	Auxiliary (Backup)
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Manufacturer	
	Model	THV9
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	5 kW
	Justification for New Transmitter	Existing Larcan is not longer in business

Auxiliary Transmitter

Other Transmitter Costs

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
	Type	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 Transmitter

Other Transmitter Cost Not Listed

Information not provided.

Primary Transmitter

Existing Transmitter Information

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 and Type	Manufacturer	
	Model	TVU
	Year	2001
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	6.0 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	THV9
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	5 kW
	Justification for New Transmitter	Existing Larcan Transmitter is no longer supported. Manufacturer Larcan is out of business.

Primary Transmitter

Other Transmitter Costs

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
	Type	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
Exisiting Transmitter Removal	Removal of existing Channel 13 Larcan main and standby transmitters.

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?	Yes

Primary Transmission Line

Existing Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is the existing transmission line shared with another station or stations?	No
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Myat
	Type	Rigid
	Diameter	4 1/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1

	Length	300 feet per run

Primary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Replacement Primary Mask Filter	Replacement of existing channel 13 Mask filter with a Channel 12 Mask Filter.
Re-Tune Primary Combiner	Re-tune the Existing Channel 13 Primary Combiner input modules to Channel 12.

Auxiliary Transmission Line

Add Transmission Line

Section	Question	Response
Existing Transmission Line Description	Type of change	Utilize Existing
	Use	Auxiliary (Backup)
	Description of Use	Auxiliary Transmission line
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmission currently shared with any other stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	Myat
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	Broadband

Other Segment Length	N/A
Number of parallel runs	1
Length	300 feet per run

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

Facility ID	Call Sign
1328	WABC-TV

Auxiliary Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Replacement Aux Mask Filter	Replacement of existing channel 13 Mask filter with a Channel 12 Mask Filter.
Replacement of Combiner Input Module	Replacement of existing Channel 13 Combiner Input Module with a Channel 12 Combiner Input Module.

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?	No
	Number of Hours	N/A
	Explanation	N/A
Outside RF consulting Engineering Services	Perform engineering study for new channel assignment and antenna development	No
	Prepare engineering section of Form FCC Construction Permit Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare engineering section of Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	Yes
	For Main Facility	Yes

	Prepare and file Form FCC License to Cover Application	Yes
	For Auxiliary Facility	Yes
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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

Outside Professional Services Costs

Other Professional Services Expenses Not Listed

Information not provided.

Other Expenses

Section	Question	Response
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)?	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
Internal Project Management	See attached.

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 THV9	**$314,770.00**	**$208,959.98**		**$208,959.98**	
Exisiting Transmitter Removal	***$65,270.00***	$65,270.00	N/A	$65,270.00	Larcan Transmitter removal - Empire State Building - (We acknowledge that we are not submitting for the full amount of the invoice.) This invoice includes costs from the overall larger project.

High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW	$249,500.00	$143,689.98	N/A	$143,689.98	The submitted cost includes a redundant amplifier which provide overhead to maintain licensed TPO in the event of a failure. WNET currently has this capability in its existing system.
Auxiliary Transmitter THV9	**$249,500.00**	**$109,999.88**		**$124,114.97**	
High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW	$249,500.00	$109,999.88	N/A	$124,114.97	Information was entered incorrectly for the estimated amount.
Sub-total	$564,270.00	$318,959.86	N/A	$333,074.95	N/A
Total for all systems	$684,920.00	$437,194.86	N/A	$333,074.95	N/A

Components

Actual Information Description	File Name

Exisiting Transmitter Removal	**Component Description:**	Larcan Transmitter removal - Empire State Building - (We acknowledge that we are not submitting for the full amount of the invoice.)
	Amount:	$65,270.00
High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW	**Component Description:**	OWTC Transmitter Final Payment
	Amount:	$8,500.00
	Component Description:	OWTC Transmitter - Milestone Payment
	Amount:	$101,564.36
	Component Description:	OWTC Transmitter Down Payment
	Amount:	$33,625.62
High VHF - Liquid Cooled Solid State Transmitter 3.3 . 6.5 kW	**Component Description:**	4TS Transmitter Milestone Payment
	Amount:	$81,989.36
	Component Description:	4TS Transmitter Final Payment
	Amount:	$8,500.00
	Component Description:	4TS Transmitter Down Payment
	Amount:	$33,625.61

Cost Information

Antennas

Information not provided.

Cost Information

Transmission Line

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 Transmission Line	**$25,250.00**	**$25,250.00**		**$0.00**	
Re-Tune Primary Combiner	***$15,000.00***	$15,000.00	Primary Combiner Input Module must be Re-Tuned on site by manufacturer.	N/A	N/A
Replacement Primary Mask Filter	***$10,250.00***	$10,250.00	Primary Transmitter Channel 13 Mask Filter must be replaced with a Channel 12 Filter. Cost is on the Rhode and Schwarz Proposal.	N/A	N/A
Auxiliary Transmission Line	**$33,250.00**	**$33,250.00**		**$0.00**	
Replacement of Combiner Input Module	***$23,000.00***	$23,000.00	Auxiliary Combiner Input Module must be replaced to transition from Channel 13 to Channel 12.	N/A	N/A

Replacement Aux Mask Filter	***$10,250.00***	$10,250.00	Primary Transmitter Channel 13 Mask Filter must be replaced with a Channel 12 Filter. Cost is on the Rhode and Schwarz Proposal.	N/A	N/A
Sub-total	$58,500.00	$58,500.00	N/A	$0.00	N/A
Total for all systems	$684,920.00	$437,194.86	N/A	$333,074.95	N/A

Components

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	**$28,615.00**	**$26,750.00**		**$0.00**	
Attorney Fees - Prepare and File request for Special Temporary Authorization	$3,680.00	$3,500.00	N/A	$0.00	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 - Aux Antenna, prepare and File Form 2100 Construction Permit or License Application	$4,210.00	$4,000.00	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	$2,050.00	$1,500.00	N/A	N/A	N/A
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, License to Cover Application	$1,580.00	$1,500.00	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
RF Consulting Engineer Fees- Aux Antenna: Prepare engineering section of FCC Form 2100, Construction Permit Application	$2,105.00	$2,000.00	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

Prepare and or review reimbursement form	$2,630.00	$2,500.00	N/A	N/A	N/A
Sub-total	$28,615.00	$26,750.00	N/A	$0.00	N/A
Total for all systems	$684,920.00	$437,194.86	N/A	$333,074.95	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
Other Expenses	**$33,535.00**	**$32,985.00**		**$0.00**	
Internal Project Management	***$12,000.00***	$12,000.00	See attached Exhibit.	N/A	N/A
MVPD Notification of Channel Change	***$1,500.00***	$1,500.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	***$4,985.00***	$4,985.00	See attached estimate.	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	***$3,500.00***	$3,500.00	N/A	N/A	N/A
DTV Medical Facility Notification	$11,550.00	$11,000.00	N/A	N/A	N/A
Sub-total	$33,535.00	$32,985.00	N/A	$0.00	N/A
Total for all systems	$684,920.00	$437,194.86	N/A	$333,074.95	N/A

Components

Information not provided.

Cost Information

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	$684,920.00	$437,194.86	$333,074.95

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	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.	
	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.	**Frank Graybill** *Senior Director Engineering* 05/15/2019

Certification

Section	Question	Response
Submission of Actual Cost Documentation Statements	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 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.

	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.	**Frank Graybill** *Senior Director Engineering* 05/15/2019

Attachments