



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **56213** | Service: **LPD** | Call **WTSJ-LP** | Channel: **25 (UHF)** |
ID:
File **0000086706**
Number:
FRN: **0019866425** | Eligibility **Eligible** | Date **02/19**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
DTV AMERICA CORPORATION	RENEE ILHARDT 450 PARK AVENUE 29TH FLOOR NEW YORK, NY 10022 United States	+1 (954) 606-5486	RILHARDT@HC2BROADCASTING.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
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	This displaced facility is currently in the process of complying with its new displacement construction permit as part of the repack program.

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
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	RohdeSchwarz
	Model	TMU9/TMUV
	Year	2015
	Type	Solid State

	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.14 kW

Primary Transmitter

Retuning Transmitter Costs

Section	Question	Response
New Mask Filter	Does the transmitter require a new mask filter?	No
New Exciter	Is a new exciter needed?	No

Primary Transmitter

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	Yes
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	No
	Rigid Conduit and Wiring	No
	Other Electrical Service	No
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
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UHF inside RF system including switching	UHF inside RF system including switching
Additional Field Engineering Time	Additional Field Engineering Time

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)
	Ownership	Owned
	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	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Other
	Other Antenna Type	Panel UHF
	ERP: (Effective Radiated Power)	13.4 kW
	Manufacturer	Dielectric
	Model	SWLP- CP24BRS /38
	Year	2015

**Primary
Antenna**

Adjustment to Existing Antenna

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

**Primary
Antenna**

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	
	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?	Yes

Primary Transmission Line	Existing Transmission Line		
	Section	Question	Response
	Existing Transmission Line Description	Type of change	Utilize Existing
		Use	Primary (Main)
		Ownership	Owned
		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	RFS
		Type	Flexible Air
		Diameter	3 inches
		Number of parallel runs	1
		Length	683 feet per run

Primary Transmission Line	Other Transmission Line Expenses Not Listed		
	Information not provided.		

**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	Modify Existing
	Tower Use	Primary (Main)
	Ownership	Leased
	Is this tower consider Complex?	
	Is this tower currently shared with any other stations?	No
	Is tower documented for structural analysis?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1057482
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	43° 05' 46.2" N-
	Longitude (NAD83)	087° 54' 15.0" W-
	Overall Structure Height	1212.91 feet
	Support Structure Height	1098.74 feet
	Ground Elevation Above Mean Sea Level (AMSL)	627.95 feet
	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes

	Tower Owner	Milwaukee Area Technical College District Board
	Date Constructed	05/27/2015

**Primary
Tower**

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study need for guyed or free-standing tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary
Tower**

Tower Rigging Costs

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

**Primary
Tower**

Other Tower Expenses Not Listed

Information not provided.

**Outside
Professional**

Section	Question	Response
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	150
	Explanation	Outside consulting engineering, legal work, and accounting services, as well as project management for regional and comprehensive repack execution.
Outside RF consulting Engineering Services	Perform engineering study for displacement application	No
	Prepare engineering section of Form FCC Construction Permit Application	No
	Prepare engineering section of Form FCC License to Cover Application	No
	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	Yes

	Form 399 assistance or other program management costs	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	No
	RF exposure measurements	No
	Additional Field Engineering Service	No

Outside Other Professional Services Expenses Not Listed
Professional Services Costs Services not provided.

**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	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)?	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
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

Information not provided.

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 TMU9/TMUV	\$47,573.38	\$7,933.09		\$6,323.38	
5 Ton system	\$20,250.00	\$1,609.71	N/A	\$0.00	N/A
Additional Field Engineering Time	\$992.57	\$992.57	N/A	\$992.57	N/A
UHF inside RF system including switching	\$5,330.81	\$5,330.81	N/A	\$5,330.81	N/A
Transmitter Building Site Survey /Installation	\$10,000.00	\$0.00	N/A	N/A	N/A
Retune - UHF and VHF - minor re-channel issues	\$11,000.00	\$0.00	N/A	N/A	N/A
Sub-total	\$47,573.38	\$7,933.09	N/A	\$6,323.38	N/A
Total for all systems	\$113,542.01	\$66,401.72	N/A	\$41,395.24	N/A

Components

Actual Information	
Description	File Name

5 Ton system	<p>Component Description: HVAC costs - TX creates more heat than the previous unit. #117836</p> <p>Amount: \$1,609.71</p>
Additional Field Engineering Time	<p>Component Description: Engineering hours at TX site. #04012020 FM</p> <p>Amount: \$992.57</p>
UHF inside RF system including switching	<p>Component Description: UHF power divider. #19490</p> <p>Amount: \$3,510.50</p> <p>Component Description: EIA flange, connects, coax jumper. #22049</p> <p>Amount: \$1,820.31</p>
Transmitter Building Site Survey/Installation	Information not provided.
Retune - UHF and VHF - minor re-channel issues	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 SWLP- CP24BRS/38	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$113,542.01	\$66,401.72	N/A	\$41,395.24	N/A

Components

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	\$0.00	\$0.00		\$0.00	
Sub-total	\$0.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$113,542.01	\$66,401.72	N/A	\$41,395.24	N/A

Components

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 GTOWER	\$39,439.64	\$31,939.64		\$31,939.64	
Study needed for guyed or free-standing tower	\$8,700.00	\$1,200.00	N/A	\$1,200.00	N/A
Complex Tower (includes, e.g., towers with candelabras and/or stacked antennas)	\$30,739.64	\$30,739.64	N/A	\$30,739.64	N/A
Sub-total	\$39,439.64	\$31,939.64	N/A	\$31,939.64	N/A
Total for all systems	\$113,542.01	\$66,401.72	N/A	\$41,395.24	N/A

Components

Actual Information	
Description	File Name
Study needed for guyed or free-standing tower	<div>Component Description:Customer Structural. #A205141</div> <div>Amount:\$1,200.00</div>

Complex Tower (includes, e.
g., towers with candelabras
and/or stacked antennas)

Component Description:

Reassembled
antenna. #WCI-
HC2-111903

Amount:

\$4,483.38

Component Description:

Reassembled
antenna. #WCI-
HC2-121904

Amount:

\$6,202.82

Component Description:

Antenna
installation. #20-
50002

Amount:

\$20,053.44

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	\$20,035.00	\$20,035.00		\$1,630.86	
Project management of the transition	\$15,825.00	\$15,825.00	N/A	\$1,630.86	N/A
Form 399 assistance or other Program Management costs	\$2,500.00	\$2,500.00	N/A	N/A	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	N/A	N/A	N/A
Sub-total	\$20,035.00	\$20,035.00	N/A	\$1,630.86	N/A
Total for all systems	\$113,542.01	\$66,401.72	N/A	\$41,395.24	N/A

Components

Actual Information	
Description	File Name

Project management of the transition	<div data-bbox="726 168 1412 481"> <p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 22 stations. #191</p> <p>Amount: \$974.31</p> </div> <div data-bbox="726 582 1412 907"> <p>Component Description: Portion of general repack matter invoice attributable to this station - divided by 29 stations. #188</p> <p>Amount: \$656.55</p> </div>
Form 399 assistance or other Program Management costs	Information not provided.
Prepare/ Review 399 reimbursement form	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	\$6,493.99	\$6,493.99		\$1,501.36	
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,110.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$3,000.00	\$3,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$2,048.99	\$2,048.99	N/A	\$1,501.36	N/A
Sub-total	\$6,493.99	\$6,493.99	N/A	\$1,501.36	N/A
Total for all systems	\$113,542.01	\$66,401.72	N/A	\$41,395.24	N/A

Components

Actual Information	
Description	File Name
FCC Filing Fees - Form 2100 license to cover application	Information not provided.

FCC Filing Fees - Form 2100 minor change CP application	Information not provided.	
Disposal Costs (for equipment and other waste, net of any salvage value)	Information not provided.	
Equipment Delivery and Handling Charges	Component Description: UHF power divider shipping. #19490 Amount: \$520.96	
	Component Description: Filter shipping. #664008 Amount: \$101.04	
	Component Description: Sales tax for #662009 Amount: \$17.50	
	Component Description: Boxes and foamed inserts for filters. #662009 Amount: \$250.00	
	Component Description: Test equipment and box shipping. #6-971-98089 Amount: \$179.09	
	Component Description: EIA flange, connects, coax jumper shipping. #22049 Amount: \$980.40	

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$113,542.01	\$66,401.72	\$41,395.24

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"> 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.

<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>Kurt Hanson CTO</p> <p>02/19/2021</p>

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 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).	
		<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>Kurt Hanson CTO</p> <p>02/19/2021</p>

Attachments