



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **191416** | Service: **LPD** | Call **WUMN-LD** | Channel:
ID: | Sign:
21 (UHF) | File **0000088859**
Number:
FRN: **0032881088** | Eligibility **Eligible** | Date **01/12**
Status: | Submitted: **/2021**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
MEDIA VISTA MINNEAPOLIS, LLC	Orlando Rosales 1110 Pine Ridge Road Suite 301 Naples, FL 34108 United States	+1 (239) 877- 8036	ORLANDO@MEDIAVISTA. TV	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
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.		No
Briefly describe transition plan		Purchase and install new antenna and transmitter to broadcast on displacement channel.

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	Purchase New
	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	
	Model	ACT-5XU-1500-A
	Year	2014
	Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	1.5 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	TMU9-2
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.2 kW
	Justification for New Transmitter	Existing transmitter not capable of broadcasting on displacement channel.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Other Transmitter Costs	Does the transmitter installation require a Transmitter Building Site Survey /Installation?	No
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?	No
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**
Information not provided.

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	Purchase New
	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?	Yes
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	SW8
	Year	2014

**Primary
Antenna****New Antenna Costs**

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Change Type	Purchase New
	Ownership	Owned
	Is antenna shared?	No
	Is antenna directional?	Yes
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	SWEDL16ECS /21
	Year	2019
	Justification for New Antenna	Existing antenna not capable of broadcasting on displacement channel.

**Primary
Antenna****Other Antenna Costs**

Section	Question	Response
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	No

Side Mount Brackets	Do you require the separate purchase of side mount brackets for a high power antenna?	No
Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes

**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?	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?	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?	Yes
	ASR Number	1243823
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	44° 58' 24.9" N-
	Longitude (NAD83)	093° 16' 13.8" W-
	Overall Structure Height	619.74 feet
	Support Structure Height	577.09 feet
	Ground Elevation Above Mean Sea Level (AMSL)	847.76 feet

Structure Type	BTWR - Building with Tower
Tower Owner	EBC Minneapolis, Inc
Date Constructed	06/04/2004

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

Information not provided.

**Outside
Professional Services Costs**

Section	Question	Response
Outside Project Management Services	Do you require outside project management services?	Yes
	Number of Hours	1000
	Explanation	Due to budget constraints the station does not have the necessary personnel to manage the project.
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	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
	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	Yes
	Number of Days	5
	Justification	Co-ordination of replacement of antenna and transmitter on site.

Outside Professional Services Costs **Other Professional Services Expenses Not Listed**

If provided, please provide details.

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)?	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
Equipment Delivery and Handling Charges	Shipping

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 TMU9-2	\$84,000.00	\$42,448.47		\$42,448.47	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$42,448.47	N/A	\$42,448.47	N/A
Sub-total	\$84,000.00	\$42,448.47	N/A	\$42,448.47	N/A
Total for all systems	\$421,495.25	\$385,281.22	N/A	\$115,927.47	N/A

Components

Actual Information Description	File Name
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	<div><div>Component Description:</div><div>Amount:</div><div>25% transmitter costs</div><div>\$9,823.75</div></div> <div><div>Component Description:</div><div>Amount:</div><div>Taxes for Transmitter</div><div>\$3,153.47</div></div> <div><div>Component Description:</div><div>Amount:</div><div>Instillation costs</div><div>N/A</div></div> <div><div>Component Description:</div><div>Amount:</div><div>75% of transmitter</div><div>\$29,471.25</div></div>

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 SWEDL16ECS /21	\$43,722.00	\$43,722.00		\$37,992.00	
UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal	<i>\$37,992.00</i>	\$37,992.00	N/A	\$37,992.00	See invoice
Sweep test of transmission line and antenna	\$5,730.00	\$5,730.00	N/A	N/A	N/A
Sub-total	\$43,722.00	\$43,722.00	N/A	\$37,992.00	N/A
Total for all systems	\$421,495.25	\$385,281.22	N/A	\$115,927.47	N/A

Components

Actual Information Description	File Name
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<p>UHF-Low Power, Side Mount, Slotted Coaxial, 15.0 kW input, Horizontal</p>	<table> <tr> <td data-bbox="727 174 1034 208">Component Description:</td><td data-bbox="1169 174 1366 320">SWR Antenna Proforma 22010, Antenna side mount</td></tr> <tr> <td data-bbox="727 338 834 371">Amount:</td><td data-bbox="1169 338 1302 371">\$24,817.00</td></tr> <tr> <td data-bbox="727 477 1034 510">Component Description:</td><td data-bbox="1169 477 1366 544">New antenna set up.</td></tr> <tr> <td data-bbox="727 562 834 595">Amount:</td><td data-bbox="1169 562 1286 595">\$7,850.00</td></tr> <tr> <td data-bbox="727 701 1034 734">Component Description:</td><td data-bbox="1169 701 1366 813">Review of Rooftop Antenna Mast.</td></tr> <tr> <td data-bbox="727 819 834 853">Amount:</td><td data-bbox="1169 819 1286 853">\$5,325.00</td></tr> </table>	Component Description:	SWR Antenna Proforma 22010, Antenna side mount	Amount:	\$24,817.00	Component Description:	New antenna set up.	Amount:	\$7,850.00	Component Description:	Review of Rooftop Antenna Mast.	Amount:	\$5,325.00
Component Description:	SWR Antenna Proforma 22010, Antenna side mount												
Amount:	\$24,817.00												
Component Description:	New antenna set up.												
Amount:	\$7,850.00												
Component Description:	Review of Rooftop Antenna Mast.												
Amount:	\$5,325.00												
<p>Sweep test of transmission line and antenna</p>	<p>Information not provided.</p>												

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 BTWR	\$157,750.00	\$157,750.00		\$0.00	
Tower Rigging Tall Tower (greater than 500')	\$157,750.00	\$157,750.00	N/A	N/A	N/A
Sub-total	\$157,750.00	\$157,750.00	N/A	\$0.00	N/A
Total for all systems	\$421,495.25	\$385,281.22	N/A	\$115,927.47	N/A

Components

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	\$133,491.25	\$138,828.75		\$34,400.00	
Additional Field Engineering Service, 5 Days	<i>\$16,223.75</i>	\$16,223.75	Estimated 5 days X \$2750 /day.	\$16,138.75	tbd
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$1,577.50	\$1,577.50	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,052.50	\$1,052.50	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	N/A	N/A	N/A
Form 399 assistance or other Program Management costs	\$500.00	\$500.00	Assistance of consulting engineers in preparation of Form 399.	\$500.00	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$5,000.00	Obtaining, processing and organizing information regarding equipment and other displacement expenses, and to demonstrate eligibility.	N/A	N/A
Project management of the transition	\$105,500.00	\$105,500.00	N/A	\$17,761.25	N/A
Perform engineering study for displacement application	\$1,800.00	\$3,847.50	Included channel 14 land mobile radio study as channel 14 was one of the channel options.	N/A	N/A
Sub-total	\$133,491.25	\$138,828.75	N/A	\$34,400.00	N/A
Total for all systems	\$421,495.25	\$385,281.22	N/A	\$115,927.47	N/A

Components

Actual Information**Description****File Name**

Additional Field
Engineering Service, 5
Days

Component Description:

Field visit.

Amount:

\$4,892.50

Component Description:

National satellite
professional services

Amount:

\$1,125.00

Component Description:

Intellitech_w_number,
additional field
engineering services
excluding office
supplies

Amount:

\$720.00

Component Description:

Intellitech additional
field engineering.

Amount:

\$1,232.50

Component Description:

Intellitech.

Amount:

\$1,296.25

Component Description:

Intellitech additional
field engineering.
Updated.

Amount:

\$4,165.00

Component Description:

Intellitech
2_w_Number,
additional field
engineering services

Amount:

\$1,530.00

Component Description:

Intellitech additional
field engineering

Amount:

\$595.00

	Component Description: Intellitech additional field engineering Amount: \$582.50
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 engineering section of FCC Form 2100 (main), Construction Permit Application	Information not provided.
Form 399 assistance or other Program Management costs	Component Description: du Treil WUMN - Nov 2019, prep form 399 Amount: \$500.00
Prepare/ Review 399 reimbursement form	Information not provided.
Project management of the transition	Component Description: LS Jan. '20, Project Management Amount: \$185.05 Component Description: LS Oct. '19., Project Management Amount: \$2,616.10

	Component Description:	LS Nov. '19, Project Management
	Amount:	\$3,612.35
	Component Description:	LS Aug 2020 Project Management.
	Amount:	\$4,742.50
	Component Description:	LS Sept. '19, Project Management
	Amount:	\$312.50
	Component Description:	LS Sept 2020 Project Management.
	Amount:	\$1,945.00
	Component Description:	LS Feb. '20, Project Management
	Amount:	\$201.25
	Component Description:	LS Oct 2020 Project Management.
	Amount:	\$1,630.00
	Component Description:	LS July 2020 Project Management.
	Amount:	\$1,643.75
	Component Description:	LS March '20, Project Management
	Amount:	\$872.75
Perform engineering study for displacement 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	\$2,532.00	\$2,532.00		\$1,087.00	
Equipment Delivery and Handling Charges	<i>\$1,087.00</i>	\$1,087.00	N/A	\$1,087.00	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,110.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$335.00	N/A	N/A	N/A
Sub-total	\$2,532.00	\$2,532.00	N/A	\$1,087.00	N/A
Total for all systems	\$421,495.25	\$385,281.22	N/A	\$115,927.47	N/A

Components

Actual Information	
Description	File Name
Equipment Delivery and Handling Charges	Component Description: Shipping
	Amount: \$581.00
	Component Description: Shipping
	Amount: \$506.00

FCC Filing Fees - Form 2100 minor change CP application	Information not provided.
FCC Filing Fees - Form 2100 license to cover application	Information not provided.

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$421,495.25	\$385,281.22	\$115,927.47

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.

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.

**Orlando
Rosales**
*Authorized
Representative*

01/12/2021

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>Orlando Rosales <i>Authorized Representative</i></p> <p>01/12/2021</p>

Attachments