

(REFERENCE COPY - Not for submission)

## FCC Form 399: Reimbursement Request

167156 Service: LPT Channel: 21 (UHF) Facility Call W21DS-D Sign:

ID:

File 0000089914

Number:

FRN: 0018223693 Eligibility **Eligible** Date 01/22 Status: Submitted: /2021

**Applicant** Information

#### **Applicant Name, Type, and Contact Information**

Applicant	Address	Phone	Email	Applicant Type
GRAY TELEVISION LICENSEE, LLC	Robert Folliard PO Box 30319 Atlanta, GA 30319 United States	+1 (701) 237-5211	robert. folliard@gray. tv	Limited Liability Company

# Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email	
[Confidential]				

**Preparer** Contact Information

#### **Preparer Contact Name and Information**

Applicant	Address	Phone	Email
Samuel Hariton Widelity	Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widelity.com

#### 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	W21DS-D is planning to stay on the same tower while upgrading the transmitter and antenna. It will reuse its existing transmission line.

#### **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	
Manufacturer and Type	Model	TDU2 5K00 AV
	Year	1999
	Туре	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power Capacity	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?	Yes
	Manufacturer	
	Model	TBD
	Transmitter Type	Solid State
	Solid State Cooling	Air Cooled
	Solid State Power capacity	1.61 kW
	Justification for New Transmitter	pre- displacement transmitter can not be retuned to the new 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)	Yes
	Power	150 kVA
	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 leashold improvement?	No

### **Other Transmitter Cost Not Listed**

Primary **Transmitter** 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?	No
Existing Antenna	Mounting	Side Mount
Manufacturer and Type	Antenna position in stack	Middle
	Polarization	Circular
	Туре	Slotted Coaxial
	ERP: (Effective Radiated Power)	15.0 kW
	Manufacturer	
	Model	TFU-8DSB- M/cp
	Year	2007

#### 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?	No
	Will antenna be located on or in close proximity to an antenna farm?	No
New Antenna	Mounting	Side Mount
Manufacturer and Types	Antenna position in stack	Not in Stack
	Polarization	Circular
	Туре	Slotted Coaxial
	ERP: (Effective Radiated Power)	9.68 kW
	Manufacturer	
	Model	TBD
	Year	2019
	Justification for New Antenna	New antenna is required because the pre- displacement antenna could not be retuned to the new channel. The current antenna did not support Channel 21

#### 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?	No

#### Primary Antenna

**Other Antenna Cost Not Listed** 

Transmission	n <sup>Sentien</sup>	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	Owned
	Is this tower consider Complex?	No
	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	Do you have a tower registration number?	Yes
Registration	ASR Number	1034107
Coordinates (NAD83 ( North American Datum of	Latitude (NAD83)	46° 01' 55.0" N-
1983))	Longitude (NAD83)	089° 31' 49.0" W-
	Overall Structure Height	495.07 feet
	Support Structure Height	470.14 feet
	Ground Elevation Above Mean Sea Level (AMSL)	1705.03 feet

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Gray Television Group, Inc.
Date Constructed	09/01/1983

#### 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

#### Outside Professional

Section	Question	Response	
Services Costs Outside Project Management Services	Do you require outside project management services?	Yes	
	Number of Hours	254	
	Explanation	W21DS-D does not have sufficient resource capacity and expertise in house to handle all of the reimbursement filing, tracking, progress reporting, monitoring and all other activities necessary to facilitate on- time completion of the station's build	
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	Yes	

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	No
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 registrated.

# 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	Yes
	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

# **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 TBD	\$109,550.00	\$109,550.00		\$0.00	
UHF - Air Cooled Solid State Transmitter 1 - 2.5 kW	\$84,000.00	\$84,000.00	The Est Cost has been established by the like- for-like TPO. See the station narrative and Justification Document "Justification W21DS-D Transmitter Cost - Like- for-Like"	N/A	N/A
Transformer 3 phase/480v - 150 KVA	\$25,550.00	\$25,550.00	The transformer will be 45 kVA - entered as 150 kVA due to limitation of LMS. See narrative	N/A	N/A
Sub-total	\$109,550.00	\$109,550.00	N/A	\$0.00	N/A
Total for all systems	\$235,964.50	\$251,077.50	N/A	\$8,837.75	N/A

#### Components

# **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 TBD	\$25,000.00	\$25,000.00		\$0.00	
UHF-Low Power, Side Mount, Slotted Coaxial, 9.68 kW input, Circular	\$25,000.00	\$25,000.00	The Est Cost has been established by the like- for-like ERP. See the station narrative and Justification Document "Justification W21DS-D Antenna Cost Like- For-Like"	N/A	N/A
Sub-total	\$25,000.00	\$25,000.00	N/A	\$0.00	N/A
Total for all systems	\$235,964.50	\$251,077.50	N/A	\$8,837.75	N/A

#### Components

### Cost Transmission Line

**Information** 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 TOWER	\$56,190.00	\$56,190.00		\$0.00	
Tower Rigging Short Tower (less than 500')	\$56,190.00	\$56,190.00	N/A	N/A	N/A
Sub-total	\$56,190.00	\$56,190.00	N/A	\$0.00	N/A
Total for all systems	\$235,964.50	\$251,077.50	N/A	\$8,837.75	N/A

#### Components

# **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	\$38,819.50	\$53,932.50		\$8,837.75	
Project management of the transition	\$26,797.00	\$41,910.00	see Justifying Quote W21DS-D Widelity strategic support quote	\$8,387.75	N/A
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
Prepare Form 601	\$755.00	\$755.00	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

Sub-total	\$38,819.50	\$53,932.50	N/A	\$8,837.75	N/A
Perform engineering study for displacement application	\$1,800.00	\$1,800.00	N/A	\$450.00	N/A
Prepare/ Review 399 reimbursement form	\$1,710.00	\$1,710.00	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

### Components

Actual Information Description	File Name	
Project management of the transition	Component Description: Amount:	Project Management \$1,177.45
	Component Description: Amount:	Project Management \$510.30
	Component Description: Amount:	Project Management \$279.95

Component Description: Project

Management

Amount:

\$62.45

**Component Description:** 

Project

Amount:

Management \$41.15

**Component Description:** 

Project

Management

Amount:

\$143.60

**Component Description:** 

Project

Amount:

Management \$101.25

**Component Description:** 

Project

Management

Amount:

\$25.35

**Component Description:** 

Project

Management

Amount:

\$336.65

**Component Description:** 

Project

Management

Amount:

\$18.45

**Component Description:** 

Project Management

Amount:

\$1,253.30

**Component Description:** 

Project

Amount:

Management

\$1,348.40

**Component Description:** 

Project

Amount:

Management' \$147.65

**Component Description:** 

Project

Management

Amount:

\$78.45

**Component Description:** 

Project

Management

Amount:

\$20.70

**Component Description:** 

Project

Management

Amount:

\$116.10

**Component Description:** 

Project

Management

Amount:

\$38.75

**Component Description:** 

Amount:

**Project Managment** 

\$62.50

**Component Description:** 

Project

Amount:

management

\$310.00

**Component Description:** 

Project Management

Amount:

\$380.45

**Component Description:** 

Project

Management

Amount:

\$27.75

**Component Description: Project** Management Amount: \$75.15 **Component Description: Project** Management Amount: \$25.50 **Component Description:** Project Management Amount: \$1,426.95 **Component Description: Project** Management Amount: \$379.50 Attorney Fees -Prepare and Information not provided. File FCC Form 2100 (main), License to Cover Application Prepare Form 601 Information not provided. Attorney Fees - Prepare Information not provided. and File FCC Form 2100 (main), Construction Permit Application Prepare engineering section Information not provided. of FCC Form 2100 (main), License to Cover Application Prepare engineering section Information not provided. of FCC Form 2100 (main), Construction Permit Application Prepare/ Review 399 Information not provided. reimbursement form Perform engineering study for displacement application **Component Description:** Consulting Engineer \$450.00 Amount:

# **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	\$6,405.00	\$6,405.00		\$0.00	
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
FCC Filing Fees - Form 2100 Major change CP application	\$4,960.00	\$4,960.00	N/A	N/A	N/A
Sub-total	\$6,405.00	\$6,405.00	N/A	\$0.00	N/A
Total for all systems	\$235,964.50	\$251,077.50	N/A	\$8,837.75	N/A

#### Components

# Cost Information

#### **Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$235,964.50	\$251,077.50	\$8,837.75

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

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 abovenamed applicant for the Authorization(s) specified above. Robert Folliard , III

Assistant Secretary

01/22/2021

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.
- The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.
- 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 abovenamed applicant for the Authorization(s) specified above. Robert Folliard , III

Assistant Secretary

01/22/2021

#### **Attachments**