



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **167156** | Service: **LPT** | Call **W42DH-D** | Channel: **21 (UHF)**
ID: | Sign:
File **0000089914**
Number:
FRN: **0018223693** | Eligibility **Eligible** | Date **04/19**
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 Information

Reimbursement Contact Name and Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer Contact Information

Preparer Contact Name and Information

Applicant	Address	Phone	Email
Samuel Hariton <i>Widely</i>	Samuel Hariton 4031 University Dr Suite 100 Fairfax, VA 22030 United States	+1 (339) 222-8107	sam.hariton@widely.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 and Type	Manufacturer	
	Model	TDU2 5K00 AV
	Year	1999
	Type	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 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?	No
Existing Antenna Manufacturer and Type	Mounting	Side Mount
	Antenna position in stack	Middle
	Polarization	Circular
	Type	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 Manufacturer and Types	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Circular
	Type	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

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	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 Registration	Do you have a tower registration number?	Yes
	ASR Number	1034107
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	46° 01' 55.0" N-
	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

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

Is this item 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	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

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 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	\$9,267.75	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 TBD	\$25,000.00	\$25,000.00		\$0.00	
UHF-Low Power, Side Mount, Slotted Coaxial, 9.68 kW input, Circular	<i>\$25,000.00</i>	\$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	\$9,267.75	N/A

Components

Information not provided.

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 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	\$9,267.75	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	\$38,819.50	\$53,932.50		\$9,267.75	
Project management of the transition	\$26,797.00	\$41,910.00	see Justifying Quote W21DS-D Widelity strategic support quote	\$8,817.75	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$2,102.50	\$2,102.50	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

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
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$3,025.00	\$3,025.00	N/A	N/A	N/A
Sub-total	\$38,819.50	\$53,932.50	N/A	\$9,267.75	N/A
Total for all systems	\$235,964.50	\$251,077.50	N/A	\$9,267.75	N/A

Components

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

Component Description:	Project Management
Amount:	\$62.45

Component Description:	Project Management
Amount:	\$41.15

Component Description:	Project Management
Amount:	\$156.25

Component Description:	Project Management
Amount:	\$143.60

Component Description:	Project Management
Amount:	\$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 Management
Amount:	\$1,348.40

Component Description:	Project Management'
Amount:	\$147.65

Component Description:	Project Management
Amount:	\$78.45

Component Description:	Project Management
Amount:	\$20.70

Component Description:	Project management
Amount:	\$157.50

Component Description:	Project management
Amount:	\$310.00

Component Description:	Project Management
Amount:	\$116.10

Component Description:	Project Management
Amount:	\$116.25

Component Description:	Project Management
Amount:	\$380.45

	Component Description: Amount:	Project Management \$27.75
	Component Description: Amount:	Project Management \$379.50
	Component Description: Amount:	Project Managment \$62.50
	Component Description: Amount:	Project Management \$75.15
	Component Description: Amount:	Project Management \$1,426.95
	Component Description: Amount:	Project Management \$25.50
	Component Description: Amount:	Project Management \$38.75
Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare Form 601	Information not provided.	
Prepare engineering section of 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.
Perform engineering study for displacement application	<div> <div> Component Description: </div> <div>Consulting Engineer</div> </div> <div> <div> Amount: </div> <div>\$450.00</div> </div>
Prepare/ Review 399 reimbursement form	Information not provided.
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit 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	\$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	\$9,267.75	N/A

Components

Information not provided.

**Cost
Information**

Grand Total

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$235,964.50	\$251,077.50	\$9,267.75

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>Robert Folliard , III . <i>Assistant Secretary</i></p> <p>04/19/2021</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>Robert Folliard , III . <i>Assistant Secretary</i></p> <p>04/19/2021</p>

Attachments