



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **26655** | Service: **DTV** | Call **KPPX-TV** | Channel: **31 (UHF)** |
ID: | Sign:
File **0000121616**
Number:
FRN: **0030297451** | Date **09/14**
Submitted: **/2020**

Applicant Information

Applicant Name, Type, and Contact Information

| Applicant | Address | Phone | Email | Applicant Type |
|-----------------------------|--|-------------------|-------------------------|----------------|
| ION TELEVISION LICENSE, LLC | 601 CLEARWATER PARK ROAD WEST PALM BEACH, FL 33401 United States | +1 (561) 682-4110 | BIANCAFRYE@IONMEDIA.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. | No |
| Briefly describe transition plan | Station was planning to repack until proposed solution allowed KPPX to continue operating on same channel. Seeking reimbursement for outside professional services costs that occurred before solution was finalized. |

Transmitters

| Section | Question | Response |
|-------------------------------------|---|----------|
| Transmitter Related Expenses | Do you have transmitter related expenses? | No |

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? | No |

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**

| Section | Question | Response |
|---|--|----------|
| Services Costs 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 | 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 | No |
| | For Auxiliary Facility | N/A |
| | For Main Facility | N/A |
| | Prepare request for Special Temporary Authority | No |
| | Quantity | N/A |
| | 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 | 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 | 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 | No |
| | Address transition timing and coordination issues w/ other stations and wireless providers | Yes |
| 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

| Name | Description |
|---|---|
| Engineering Study to Determine Correct Mask Filter | Perform engineering study for new channel assignment regarding mask filter and Ch 14 reassignment |

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? | No |
| 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)? | 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 |
| | Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change? | No |
| | Does this relocation require MVPD Notification of a Channel Change? | No |

| | |
|-----------------------|---|
| Other Expenses | Other Expenses Not Listed Information not provided. |
|-----------------------|---|

Cost Information **Transmitters**
Information not provided.

Cost Information **Antennas**
Information not provided.

Cost Information **Transmission Line**
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 | \$29,450.00 | \$28,534.95 | | \$28,534.95 | |
| Engineering Study to Determine Correct Mask Filter | <i>\$5,000.00</i> | \$5,000.00 | Please see du Treil invoice #240264 | \$5,000.00 | N/A |
| Attorney Fees - Prepare and File request for Special Temporary Authorization | \$3,680.00 | \$4,968.45 | Please see Cooley invoice #501527-144 | \$4,968.45 | N/A |

| | | | | | |
|---|-------------|-------------|---|-------------|-----|
| Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application | \$2,365.00 | \$994.50 | Please see Cooley invoice #501527- 144 | \$994.50 | N/A |
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | \$5,260.00 | \$2,293.20 | Please see Cooley invoice #501527- 144 | \$2,293.20 | N/A |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | \$3,155.00 | \$5,000.00 | Please see du Treil invoices #240761 and #241095 | \$5,000.00 | N/A |
| Perform engineering study for new channel assignment and antenna development | \$7,360.00 | \$125.00 | N/A | \$125.00 | N/A |
| Address transition timing and coordination issues w/ other stations and wireless | \$2,630.00 | \$10,153.80 | Please see Cooley invoice #501527- 144 | \$10,153.80 | N/A |
| Sub-total | \$29,450.00 | \$28,534.95 | N/A | \$28,534.95 | N/A |
| Total for all systems | \$29,450.00 | \$28,534.95 | N/A | \$28,534.95 | N/A |

Components

Actual Information
Description

File Name

| | |
|---|--|
| <p>Engineering Study to Determine Correct Mask Filter</p> | <p>Component Description:</p> <p>Cost for engineering study to determine correct mask filter based on original Ch 14 assignment. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$5,000.00</p> |
| <p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p> | <p>Component Description:</p> <p>Cost for legal services to prepare request for Special Temporary Authorization Unable to Construct Waiver. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$4,968.45</p> |
| <p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p> | <p>Component Description:</p> <p>Cost for legal services to prepare and file FCC form 2100 License Application. Supporting documentation is attached. This invoice has been paid.</p> <p>Amount:</p> <p>\$994.50</p> |

| | | |
|--|-------------------------------|--|
| Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application | Component Description: | Cost for legal services to prepare and file FCC form 2100 Construction Permit Application. Supporting documentation is attached. This invoice has been paid. |
| | Amount: | \$2,293.20 |
| Prepare engineering section of FCC Form 2100 (main), Construction Permit Application | Component Description: | Cost for preparation of engineering section of FCC Form 2100. This invoice has been paid. |
| | Amount: | \$2,750.00 |
| | Component Description: | Cost for preparation of engineering section of FCC Form 2100. This invoice has been paid. |
| | Amount: | \$2,250.00 |

| | | | | | | | | | |
|---|--|-------------------------------|--|----------------|-------------|-------------------------------|---|----------------|---------|
| <p>Perform engineering study for new channel assignment and antenna development</p> | <table> <tr> <td data-bbox="710 168 1013 212">Component Description:</td><td data-bbox="1149 168 1364 481">Cost of engineering study for new channel assignment and antenna development. This invoice has been paid.</td></tr> <tr> <td data-bbox="710 492 821 537">Amount:</td><td data-bbox="1149 492 1236 537">\$62.50</td></tr> <tr> <td data-bbox="710 627 1013 672">Component Description:</td><td data-bbox="1149 627 1364 940">Cost of engineering study for new channel assignment and antenna development. This invoice has been paid.</td></tr> <tr> <td data-bbox="710 952 821 996">Amount:</td><td data-bbox="1149 952 1236 996">\$62.50</td></tr> </table> | Component Description: | Cost of engineering study for new channel assignment and antenna development. This invoice has been paid. | Amount: | \$62.50 | Component Description: | Cost of engineering study for new channel assignment and antenna development. This invoice has been paid. | Amount: | \$62.50 |
| Component Description: | Cost of engineering study for new channel assignment and antenna development. This invoice has been paid. | | | | | | | | |
| Amount: | \$62.50 | | | | | | | | |
| Component Description: | Cost of engineering study for new channel assignment and antenna development. This invoice has been paid. | | | | | | | | |
| Amount: | \$62.50 | | | | | | | | |
| <p>Address transition timing and coordination issues w/ other stations and wireless</p> | <table> <tr> <td data-bbox="710 1120 1013 1164">Component Description:</td><td data-bbox="1149 1120 1364 1478">Cost for legal services to solve channel 14 interference issues. Supporting documentation is attached. This invoice has been paid.</td></tr> <tr> <td data-bbox="710 1489 821 1534">Amount:</td><td data-bbox="1149 1489 1284 1534">\$10,153.80</td></tr> </table> | Component Description: | Cost for legal services to solve channel 14 interference issues. Supporting documentation is attached. This invoice has been paid. | Amount: | \$10,153.80 | | | | |
| Component Description: | Cost for legal services to solve channel 14 interference issues. Supporting documentation is attached. This invoice has been paid. | | | | | | | | |
| Amount: | \$10,153.80 | | | | | | | | |

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 | \$0.00 | \$0.00 | | \$0.00 | |
| Sub-total | \$0.00 | \$0.00 | N/A | \$0.00 | N/A |
| Total for all systems | \$29,450.00 | \$28,534.95 | N/A | \$28,534.95 | N/A |

Components

Information not provided.

| | | | |
|------------------|-----------------------|-----------------------------|----------------|
| Cost Information | Grand Total | | |
| | | Predetermined Cost Estimate | Estimated Cost |
| | | | Actual Cost |
| | Total for all systems | \$29,450.00 | \$28,534.95 |

| | | |
|----------------------|--|----------|
| Reimbursement Status | Question | Response |
| | The facility has ceased operating on its pre-auction channel. | Yes |
| | Construction of final facilities or all necessary modifications are complete. | Yes |
| | 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. | Yes |

| 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>Mario Vasquez <i>Vice President - Finance, Operations</i></p> <p>09/14/2020</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>Mario Vasquez <i>Vice President - Finance, Operations</i></p> <p>09/14/2020</p> |

| Certification | Section | Question | Response |
|---------------|---|--|----------|
| | Submission of Final Allocation or Accounting Information 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 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 acknowledges that all certifications and attached documentation are considered material representations. 2. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount. | |

3. The above-named entity certifies that all costs identified as "actual costs" herein accurately represent the costs actually paid by the above-named entity, including any discounts, refunds, or rebates.
4. 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.
5. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
6. 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.

Mario Vasquez
Vice President - Finance, Operations

09/14/2020

Attachments