



(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility **67602** | Service: **DTV** | Call **WOPX-TV** | Channel: **14 (UHF)** |
ID:
File **0000028668**
Number:
FRN: **0001808468** | Date **04/24**
Submitted: **/2019**

Applicant Information

Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
ION MEDIA ORLANDO LICENSE, INC.	Bianca Frye 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	Operate from current side mounted digital antenna while a new top mounted antenna is installed for post repack channel. Remove top mount analog antenna. Replace transmission line and non re-tuneable transmitter for operation on post repack 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)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	Is this transmitter currently shared with another station?	No
	Is this transmitter currently in operating condition?	Yes
Existing Transmitter Manufacturer and Type	Manufacturer	
	Model	Millenium
	Year	2002
	Type	Inductive Output Tube
	IOT Power Type	Two
	Power Capacity	40 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	THU9-16 EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	25.5 kW
	Justification for New Transmitter	See attached Transmitter Exhibits. See attached Transmitter Upgrade Disclaimer.

**Primary
Transmitter**

Other Transmitter Costs

Section	Question	Response
Electrical Service	Service Entrance (3 phases 800A 208V)	No
	Switchgear (industrial 800 amp)	No
	Transformer (480V)	Yes
	Power	300 kVA
	Rigid Conduit and Wiring	No
	Size	N/A

	Length	N/A
	Other Electrical Service	No
	Description	N/A
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
Channel 14 Costs	Is an RF Consulting Engineer needed?	N/A
	Is a channel 14 Mask Filer needed?	N/A
	Is additional field engineering time needed?	N/A
	Number of Days	10

Primary Transmitter

Other Transmitter Cost Not Listed

Name	Description
Removal of existing equipment	Removal of existing transmitters and equipment / Site prep
RF Interconnect	Interconnect between RF System and transmission line

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)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	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	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels	N/A
	Design power capacity in use	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW

Manufacturer	
Model	TFU-30DSC-R C170
Year	2002

Primary Antenna

New Antenna Costs

Section	Question	Response
New Antenna Description	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	Yes
	Ownership	Owned
	Owner	N/A
	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	Class	Full Power
	Mounting	Top Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Slotted Coaxial
	Number of Stations Supported	N/A
	Number of Panels/Bays	N/A
	Lower Limit	N/A
	Upper Limit	N/A
	Design power capacity in use	N/A
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	380.0 kW
	Manufacturer	

Model	TFU-16JSC-R C170
Year	2017
Justification for New Antenna	See attached Antenna and Supplemental Antenna Exhibits.

Primary Antenna

Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No
	Type	
	Number of channels supported	N/A
	Frequencies of channels supported	N/A
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	N/A
Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Single Channel
	Feed Line Size	6 1/8 inches inches
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

Name	Description
Input Complex	Includes the necessary line sections, hangers, elbows, and engineering design to get the line from inside the tower up through the support pole to the antenna input.
Support Pole	Top mount support pole and antenna mounting brackets.

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	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Owned
	Owner	N/A
	Site	N/A
	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	
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1530 feet per run

Primary
Transmission Line

New Transmission Line

Section	Question	Response
New Transmission Line Costs	Use	Primary (Main)
	Description of Use	N/A
	Change Type	Purchase New
	Is this a request for upgraded equipment?	No
	Type	Rigid
	Diameter	6 1/8 inches
	Other Diameter	N/A
	Segment Length	20 inches
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1580 feet per run
	Justification for New Transmission Line	See attached Antenna Exhibit

Primary
Transmission Line

Other Transmission Line Expenses Not Listed

Name	Description
Sweep existing transmission line	Sweep existing transmission line

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)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	No
	Is this tower currently shared with any other stations?	No
	One or more FM, AM or TV radio broadcaster(s)	N/A
	Others Types of Users	N/A
	Is tower documented for structural analysis?	Unknown
	Is tower compliant with Rev G?	No
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1038158
Coordinates (NAD83 (North American Datum of 1983))	Latitude (NAD83)	28° 05' 52.5" N-
	Longitude (NAD83)	081° 07' 50.7" W-
	Overall Structure Height	1544.93 feet
	Support Structure Height	1501.95 feet
	Ground Elevation Above Mean Sea Level (AMSL)	82.02 feet

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
Date Constructed	12/15/1997

**Primary
Tower**

Tower Modification Costs

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	Study needed for undocumented /poorly documented tower
Tower Reinforcements	Please select whether tower reinforcements are needed:	Serious Reinforcements needed

**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	180
	Explanation	Required by tower landlord
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	Yes
	For Auxiliary Facility	No
	For Main Facility	Yes
	Prepare request for Special Temporary Authority	Yes
	Quantity	1
	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	Yes
	Environmental Assessment	Yes
	ASR Modification	Yes
	FAA Consultation (including preparation of FAA Form 7460)	Yes
	Negotiation of Lease and other Matter for Shared Locations	Yes
	Prepare or Review FCC Form 399 for Reimbursement	Yes
	Address transition timing and coordination issues w/ other stations and wireless providers	Yes
RF Field Engineering Services	Comprehensive coverage verification via field study	Yes
	RF exposure measurements	Yes
	Additional Field Engineering Service	No
	Number of Days	N/A
	Justification	N/A

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

Services provided.

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?	Yes
Permit and Filing Costs	Local Zoning	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	No
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
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?	Yes
	Does this relocation require the Development and Airing of an Announcement regarding an upcoming channel change?	Yes
	Does this relocation require MVPD Notification of a Channel Change?	Yes

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 THU9-16 EVO	\$1,311,910.00	\$1,015,298.24		\$190,414.95	
RF Interconnect	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Removal of existing equipment	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Additional field engineering time, 10-30 days	\$63,100.00	\$60,000.00	N/A	N/A	N/A
Channel 14 Mask Filter	\$189,500.00	\$180,000.00	N/A	N/A	N/A
RF Consulting Engineer	\$5,260.00	\$5,000.00	N/A	\$3,875.00	Estimated Cost based on Pre-determined Cost Estimate. Actual Costs greater than Estimated Costs.
5 Ton system	\$20,250.00	\$19,250.00	N/A	N/A	N/A
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$35,000.00	N/A	N/A	N/A

UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$666,048.24	See attached Rohde and Schwarz transmitter quote.	\$186,539.95	N/A
Sub-total	\$1,311,910.00	\$1,015,298.24	N/A	\$190,414.95	N/A
Total for all systems	\$3,609,525.00	\$3,036,223.24	N/A	\$213,039.95	N/A

Components

Actual Information	
Description	File Name
RF Interconnect	Information not provided.
Removal of existing equipment	Information not provided.
Additional field engineering time, 10-30 days	Information not provided.
Channel 14 Mask Filter	Information not provided.

RF Consulting Engineer	<div data-bbox="710 174 1372 683"> <p>Component Description: RF Consulting Engineering to determine correct mask filter to avoid interference for Channel 14 reassignment. Hourly supporting documentation attached. This invoice has been paid.</p> <p>Amount: \$5,000.00</p> </div> <div data-bbox="710 795 1372 1303"> <p>Component Description: RF Consulting Engineering to determine correct mask filter to avoid interference for Channel 14 reassignment. Hourly supporting documentation attached. This invoice has been paid.</p> <p>Amount: \$2,000.00</p> </div> <div data-bbox="710 1415 1372 1924"> <p>Component Description: RF Consulting Engineering for channel search for alternate UHF channel options for Channel 14 reassignment. Hourly supporting documentation attached. This invoice has been paid.</p> <p>Amount: \$1,875.00</p> </div>
5 Ton system	Information not provided.

Transformer 3 phase/480v - 300 KVA	Information not provided.	
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	Component Description: Amount:	"Deposit" payment on Rohde & Schwarz transmitter. Supporting documentation attached. This invoice has been paid. \$1,070.00
	Component Description: Amount:	2nd "milestone" 30% payment on Rohde & Schwarz transmitter. Supporting documentation attached. This invoice has been paid. \$185,469.95

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 TFU-16JSC- R C170	\$403,815.00	\$298,607.00		\$0.00	
UHF - High Power Top Mount (200-1000 kW), One station antenna, horizontally polarized	\$247,000.00	\$142,722.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,700.00	N/A	N/A	N/A
Support Pole	<i>\$118,163.00</i>	\$118,163.00	N/A	N/A	N/A
Input Complex	<i>\$19,622.00</i>	\$19,622.00	N/A	N/A	N/A
Sub-total	\$403,815.00	\$298,607.00	N/A	\$0.00	N/A
Total for all systems	\$3,609,525.00	\$3,036,223.24	N/A	\$213,039.95	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	\$325,560.00	\$242,033.00		\$0.00	
Rigid Transmission Line - copper, 6 1/8"	\$319,160.00	\$235,633.00	N/A	N/A	N/A
Sweep existing transmission line	<i>\$6,400.00</i>	\$6,400.00	N/A	N/A	N/A
Sub-total	\$325,560.00	\$242,033.00	N/A	\$0.00	N/A
Total for all systems	\$3,609,525.00	\$3,036,223.24	N/A	\$213,039.95	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	\$1,288,800.00	\$1,226,820.00		\$20,000.00	
GTOWER					
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	See AT Exhibit for more information.	\$20,000.00	N/A
Serious tower reinforcement /modifications	\$1,052,000.00	\$1,000,000.00	See AT Exhibit for more information.	N/A	N/A
Tower mapping for an undocumented /poorly documented tower and preparation of documentation necessary for tower load study	\$26,300.00	\$26,820.00	See AT Exhibit for more information.	N/A	N/A
Sub-total	\$1,288,800.00	\$1,226,820.00	N/A	\$20,000.00	N/A
Total for all systems	\$3,609,525.00	\$3,036,223.24	N/A	\$213,039.95	N/A

Components

Actual Information	
Description	File Name

Tall Tower (greater than 500')	<div> <div>Component Description:</div> <div>Down payment associated with securing tower service. Note that amount is not additional to cost of tower rigging and will be deducted from total cost of tower rigging at the time it is quoted. Supporting documentation attached. This invoice has been paid.</div> </div> <div> <div>Amount:</div> <div>\$20,000.00</div> </div>
Serious tower reinforcement /modifications	Information not provided.
Tower mapping for an undocumented/poorly documented tower and preparation of documentation necessary for tower load study	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	\$189,650.00	\$171,280.00		\$2,625.00	
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
Attorney Fees - Negotiation of lease and other matters for shared locations	\$4,210.00	\$4,000.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), License to Cover Application	\$2,365.00	\$2,250.00	N/A	N/A	N/A
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A

Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$2,500.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	N/A	\$125.00	N/A
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	N/A	N/A	N/A
NEPA Section 106 environmental review, if needed	\$6,310.00	\$6,000.00	N/A	N/A	N/A
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	\$10,520.00	\$10,000.00	N/A	N/A	N/A
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	N/A	N/A	N/A

FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	\$2,105.00	\$2,000.00	N/A	N/A	N/A
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	N/A	N/A	N/A
Project management of the transition	\$28,440.00	\$18,530.00	See AT Exhibit for more information.	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Sub-total	\$189,650.00	\$171,280.00	N/A	\$2,625.00	N/A
Total for all systems	\$3,609,525.00	\$3,036,223.24	N/A	\$213,039.95	N/A

Components

Actual Information	
Description	File Name
RF Exposure Measurements	Information not provided.

Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.
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 request for Special Temporary Authorization	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	<div> <div> Component Description: </div> <div> Cost of RF consultant preparation of engineering section of FCC Form 2100. Hourly supporting documentation attached. This invoice has been paid. </div> </div> <div> Amount: </div> <div> \$2,500.00 </div>

<p>Perform engineering study for new channel assignment and antenna development</p>	<table> <tr> <td data-bbox="703 100 1141 728"> <p>Component Description:</p> </td><td data-bbox="1141 100 1428 728"> <p>Cost of RF consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p> </td></tr> <tr> <td data-bbox="703 728 1141 795"> <p>Amount:</p> </td><td data-bbox="1141 728 1428 795"> <p>\$62.50</p> </td></tr> <tr> <td data-bbox="703 795 1141 1283"> <p>Component Description:</p> </td><td data-bbox="1141 795 1428 1283"> <p>Cost of RF consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p> </td></tr> <tr> <td data-bbox="703 1283 1141 1350"> <p>Amount:</p> </td><td data-bbox="1141 1283 1428 1350"> <p>\$62.50</p> </td></tr> </table>	<p>Component Description:</p>	<p>Cost of RF consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p>	<p>Amount:</p>	<p>\$62.50</p>	<p>Component Description:</p>	<p>Cost of RF consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p>	<p>Amount:</p>	<p>\$62.50</p>
<p>Component Description:</p>	<p>Cost of RF consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p>								
<p>Amount:</p>	<p>\$62.50</p>								
<p>Component Description:</p>	<p>Cost of RF consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p>								
<p>Amount:</p>	<p>\$62.50</p>								
<p>Attorney Fees - Prepare and File request for Special Temporary Authorization</p>	<p>Information not provided.</p>								
<p>NEPA Section 106 environmental review, if needed</p>	<p>Information not provided.</p>								
<p>Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet</p>	<p>Information not provided.</p>								
<p>ASR modification (prepare FCC Form 854)</p>	<p>Information not provided.</p>								

FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
Comprehensive coverage verification via field study, if needed	Information not provided.
Project management of the transition	Information not provided.
Prepare and or review reimbursement form	Information not provided.
Address transition timing and coordination issues w/ other stations and wireless	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	\$89,790.00	\$82,185.00		\$0.00	
DTV Medical Facility Notification	\$11,550.00	\$4,000.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
FCC Filing Fees - Form 2100 license to cover application	\$335.00	\$325.00	N/A	N/A	N/A
FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	N/A	N/A	N/A
Local Zoning	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A
Non-zoning permits	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<i>\$15,000.00</i>	\$15,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A

Equipment Storage	<i>\$10,000.00</i>	\$10,000.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	<i>\$0.00</i>	\$0.00	The amount is yet to be determined (TBD) and ION will submit on-air announcement costs when finalized.	N/A	N/A
MVPD Notification of Channel Change	<i>\$1,600.00</i>	\$1,600.00	N/A	N/A	N/A
Sub-total	\$89,790.00	\$82,185.00	N/A	\$0.00	N/A
Total for all systems	\$3,609,525.00	\$3,036,223.24	N/A	\$213,039.95	N/A

Components

Information not provided.

Cost Information	Grand Total		
	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$3,609,525.00	\$3,036,223.24	\$213,039.95

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>Mario Vasquez <i>Vice President - Finance, Operations</i></p> <p>04/24/2019</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>04/24/2019</p>

Attachments