



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **21729** | Service: **DTV** | Call **WPXL-TV** | Channel: **33 (UHF)** |  
ID: | Sign:  
File **0000028611**  
Number:  
FRN: **0001808468** | Date **11/21**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>ION MEDIA NEW ORLEANS LICENSE, INC.</b>	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.	Yes
Briefly describe transition plan	Relocate from ASR #1020780 to ASR#1028290. Replace non-retunable transmitter and RF components for post repack channel 33. Utilized existing broadband antenna and transmission line at new location.

**Transmitters**

Section	Question	Response
Transmitter Related Expenses	Do you have transmitter related expenses?	Yes

**Primary  
Transmitter**

**Existing Transmitter Information**

Section	Question	Response
<b>Existing Transmitter Description</b>	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
<b>Existing Transmitter Manufacturer and Type</b>	Manufacturer	
	Model	Millennium
	Year	2004
	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	THU9-20 EVO
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	31 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
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	Yes
	Type	Cooling Only
	Size	5 tons
	Other Size	N/A
<b>Transmitter Building Addition/Modification or Leasehold Improvement</b>	Does the Transmitter Building require an addition, modification, other leasehold improvement?	No
	Size	N/A
<b>Channel 14 Costs</b>	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	N/A

**Primary Transmitter**

**Other Transmitter Cost Not Listed**

Name	Description
<b>Removal of Existing Equipment</b>	Removal of existing transmitters and equipment / Site Prep
<b>RF Interconnect</b>	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	Leased
	Owner	American Tower
	Site	N/A
	Is the existing antenna shared with another station or stations?	Yes
	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	Top Mount
	Antenna position in stack	Top
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	10
	Design power capacity in use	50.0 %
	Lower Limit	500.00 MHz
	Upper Limit	698.00 MHz
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power)	1000.0 kW

	Manufacturer	
	Model	TUD-C5SP-10/50U-2-B
	Year	2004

**Facility ID's and Call Signs of  
all stations with whom the  
antenna is shared.**

Facility ID	Call Sign
13938	WUPL



## 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?	No
	Ownership	Leased
	Owner	American Tower
	Is antenna shared?	Yes
	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	Top
	Polarization	Horizontal
	Type	Broadband Slot
	Number of Stations Supported	2
	Number of Panels/Bays	10
	Lower Limit	470.00 MHz
	Upper Limit	698.00 MHz
	Design power capacity in use	50.0 %
	Other Antenna Type	N/A
	ERP: (Effective Radiated Power) .....	575.0 kW
	Manufacturer	
	Model	TUD-C5SP-10 /50U-2-B

Year	2017
Justification for New Antenna	Final design of equip isn't complete, ION included estimates based on current understanding of design. 2 repack stations share equip, ION responsible for 50% of the costs assoc with shared equip. See AT and Shared Equipment Exhibit for more information.

## Primary Antenna

### Other Antenna Costs

Section	Question	Response
<b>Combiner for Shared Antenna</b>	Do you need a Combiner for a Shared Antenna?	Yes
	Type	New
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A
	Do you need a combiner output splitter /switcher for dual feed lines?	No
<b>Elbow Complex</b>	Do you require the separate purchase of the Elbow Complex?	Yes
	Broadband or Single Channel?	Broadband

	Feed Line Size	7 3/16 inches inches
<b>Side Mount Brackets</b>	Do you require the separate purchase of side mount brackets for a high power antenna?	No
<b>Pattern Scatter Analysis</b>	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No
<b>Sweep Test</b>	Do you require the sweep testing of transmission line and antenna?	Yes

**Enter a list of RF channel numbers.**

**RF Channel Number**

33

17

**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?	Yes

**Primary  
Transmission Line**

**Existing Transmission Line**

Section	Question	Response
<b>Existing Transmission Line Description</b>	Type of change	Purchase New
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	American Tower
	Site	N/A
	Is the existing transmission line shared with another station or stations?	Yes
	Is Transmission Line in operating condition?	Yes
<b>Existing Transmission Line Manufacturer and Type</b>	Manufacturer	
	Type	Rigid
	Diameter	7 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1085 feet per run

**Facility ID's and Call Signs of all stations with whom the transmission line is shared.**

Facility ID	Call Sign
13938	WUPL

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	7 3/16 inches
	Other Diameter	N/A
	Segment Length	Broadband
	Other Segment Length	N/A
	Number of parallel runs	1
	Length	1085 feet per run

	Justification for New Transmission Line	Final design isn't complete, ION included estimates based on current design. 2 repack stations share equip, ION responsible for 50% of the costs assoc with shared equip. See Shared Equipment Exhibit and Transmission Line Exhibit for more information.
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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	Move Equipment
	Tower Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Is this tower consider Complex?	Candelabra
	Is this tower currently shared with any other stations?	Yes
	One or more FM, AM or TV radio broadcaster(s)	Yes
	Others Types of Users	No
	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?	No
	ASR Number	
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	29° 55' 13.1" N-
	Longitude (NAD83)	090° 01' 28.5" W-
	Overall Structure Height	1033.78 feet
	Support Structure Height	936.67 feet
	Ground Elevation Above Mean Sea Level (AMSL)	0.00 feet



	Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
	Tower Owner	SpectraSite Communications, LLC. through American Towers, LLC.
	Date Constructed	04/01/1987

**FM, AM or TV radio  
broadcasters. Facility ID's,  
Call Signs and Services of  
other broadcast stations with  
whom the tower is shared**

Facility ID	Call Sign	Service
34376	WLMG	FM
52434	WKBU	FM
13938	WUPL	DTV
11972	WYLD-FM	FM
11915	WQUE-FM	FM
20346	WEZB	FM
53677	WBSN-FM	FM
38607	WWNO	FM
37106	WHNO	DTV

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	Candelabra
<b>Helicopter Services Required</b>	Are helicopter services required?	No

**Primary  
Tower**

**Other Tower Expenses Not Listed**  
Information not provided.

## Primary Tower

### Add 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?	Yes
	Is tower compliant with Rev G?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1028290
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	29° 58' 58.0" N-
	Longitude (NAD83)	089° 56' 58.0" W-
	Overall Structure Height	1049.20 feet
	Support Structure Height	986.86 feet
	Ground Elevation Above Mean Sea Level (AMSL)	0.00 feet
	Structure Type	TOWER - Free Standing or Guyed Structure

	Tower Owner	H.C. Jeffries Tower Company, Inc.
	Date Constructed	11/01/1980

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
Engineering Study	Please what type of engineering study is required, if any:	No study needed
Tower Reinforcements	Please select whether tower reinforcements are needed:	No 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
<b>Outside Project Management Services</b>	Do you require outside project management services?	Yes
	Number of Hours	180
	Explanation	Required by tower landlord
<b>Outside RF consulting Engineering Services</b>	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
<b>Attorney and Other Outside Consulting Services</b>	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	Yes
	ASR Modification	No
	FAA Consultation (including preparation of FAA Form 7460)	No
	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
<b>RF Field Engineering Services</b>	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
<b>AM Pattern Disturbance</b>	Is an Impact Study needed?	No
	Is Remediation needed?	No
<b>Facility Expenses</b>	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
<b>Permit and Filing Costs</b>	Local Zoning	Yes
	Non-zoning permits	Yes
	BLM or NFS Coordination	Yes
	FCC Construction Permit Minor Change	Yes
	FCC License to Cover Application	Yes
	FCC Special Temporary Authority Application	Yes
<b>Other Miscellaneous Expenses</b>	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

<b>Other Expenses</b>	<b>Other Expenses Not Listed</b>
	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
<b>Primary Transmitter THU9-20 EVO</b>	<b>\$1,046,889.26</b>	<b>\$870,143.57</b>		<b>\$827,610.66</b>	
Transformer 3 phase /480v - 300 KVA	\$36,800.00	\$45,500.00	Please see attached Deubler Electric Quote WPXL New Orleans	\$45,500.00	N/A
RF Interconnect	<b>\$17,839.26</b>	\$17,839.26	Please see attached Rohde and Schwarz Quote #190797.1 plus sales tax	\$17,839.26	N/A
Removal of Existing Equipment	<b>\$25,000.00</b>	\$25,000.00	N/A	N/A	N/A
5 Ton system	\$20,250.00	\$21,685.00	Please see attached JC Services quote #334-1 and WDG quote #DP19-101 for HVAC services.	\$8,564.75	N/A

UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$760,119.31	See attached Rohde & Schwarz Quote #SQ162255. 1. Inclusive of taxes (9.45%) = \$65,629.31	\$755,706.65	N/A
<b>Sub-total</b>	\$1,046,889.26	\$870,143.57	N/A	\$827,610.66	N/A
<b>Total for all systems</b>	\$2,769,794.26	\$2,024,474.57	N/A	\$832,353.65	N/A

## Components

Actual Information	
Description	File Name

Transformer 3 phase/480v - 300 KVA	<div> <b>Component Description:</b> 25% "Progress bill #2" for electrical installation of transmitter. Supporting documentation is attached. Invoice has been paid </div> <div> <b>Amount:</b> \$11,375.00 </div>
	<div> <b>Component Description:</b> 50% "Progress bill #1" for electrical installation of transmitter. Supporting documentation is attached. Invoice has been paid </div> <div> <b>Amount:</b> \$22,750.00 </div>
	<div> <b>Component Description:</b> 25% "Final Progress bill" for electrical installation of transmitter. Supporting documentation is attached. </div> <div> <b>Amount:</b> \$11,375.00 </div>
RF Interconnect	<div> <b>Component Description:</b> Cost of equipment for RF interconnect. Supporting documentation is attached. </div> <div> <b>Amount:</b> \$17,839.26 </div>
Removal of Existing Equipment	Information not provided.

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5 Ton system

**Component Description:** Cost of engineering design for HVAC installation. Supporting documentation is attached. Invoice has been paid.

**Amount:** \$1,500.00

**Component Description:** 35% " deposit upon approval" for HVAC duct installation. Supporting documentation is attached. Invoice has been paid.

**Amount:** \$7,064.75

**Component Description:** 65% "balance upon completion" for HVAC duct installation. Supporting documentation is attached. Invoice has been paid.

**Amount:** \$12,300.25

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UHF - Liquid Cooled Solid  
State Transmitter 21 - 31  
kW

**Component Description:**

35% "Payment upon proof of performance" for transmitter and accessories. Supporting documentation is attached.

**Amount:**

\$260,534.60

**Component Description:**

\$1,000 deposit payment for Rohde & Schwarz transmitter. Supporting documentation attached. This invoice has been paid.

**Amount:**

\$1,094.50

**Component Description:**

2nd Milestone Payment (30%) for Rohde & Schwarz transmitter. Supporting documentation attached.

**Amount:**

\$228,035.79

**Component Description:**

3rd milestone payment (35%) for Rohde & Schwarz transmitter. Supporting documentation attached. This invoice has been paid.

**Amount:**

\$266,041.76

## 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
<b>Primary Antenna TUD-C5SP-10/50U-2-B</b>	<b>\$432,780.00</b>	<b>\$419,000.00</b>		<b>\$0.00</b>	
UHF - High Power Top Mount Two Station antenna horizontally polarized	<i>\$325,000.00</i>	\$325,000.00	See Shared Equipment Exhibit for more information.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$4,000.00	N/A	N/A	N/A
New combiner, cost per channel (without antenna)	\$84,200.00	\$80,000.00	See Shared Equipment Exhibit for more information.	N/A	N/A
Elbow complex, broadband, at antenna input, per 7 3/16. feedline (if needed)	\$16,850.00	\$10,000.00	N/A	N/A	N/A
<b>Sub-total</b>	<b>\$432,780.00</b>	<b>\$419,000.00</b>	<b>N/A</b>	<b>\$0.00</b>	<b>N/A</b>
<b>Total for all systems</b>	<b>\$2,769,794.26</b>	<b>\$2,024,474.57</b>	<b>N/A</b>	<b>\$832,353.65</b>	<b>N/A</b>

### 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	\$365,305.00	\$218,966.00		\$0.00	
Rigid Transmission Line - copper, 7 3 /16" broadband	\$361,305.00	\$214,966.00	Final design of equipment isn't complete. ION included estimates based on current understanding of design which includes using existing line for the interim antenna while post repack operations are constructed.	N/A	N/A
Sweep existing transmission line	\$4,000.00	\$4,000.00	N/A	N/A	N/A
Sub-total	\$365,305.00	\$218,966.00	N/A	\$0.00	N/A
Total for all systems	\$2,769,794.26	\$2,024,474.57	N/A	\$832,353.65	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 TOWER	\$210,500.00	\$0.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$0.00	Any required tower work is being paid for by tower landlord.	N/A	N/A
Primary Tower GTOWER	\$421,000.00	\$250,000.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$250,000.00	See AT Exhibits for more information.	N/A	N/A
Sub-total	\$631,500.00	\$250,000.00	N/A	\$0.00	N/A
Total for all systems	\$2,769,794.26	\$2,024,474.57	N/A	\$832,353.65	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
<b>Outside Professional Services</b>	<b>\$179,130.00</b>	<b>\$161,280.00</b>		<b>\$4,742.99</b>	
Comprehensive coverage verification via field study, if needed	\$84,200.00	\$80,000.00	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
Attorney Fees - Prepare and File request for Special Temporary Authorization	\$3,680.00	\$3,500.00	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
Project management of the transition	\$28,440.00	\$18,530.00	See AT Exhibits 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
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$7,000.00	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	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 request for Special Temporary Authorization	\$2,050.00	\$1,500.00	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	\$4,742.99	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
RF Exposure Measurements	\$21,050.00	\$20,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$179,130.00	\$161,280.00	N/A	\$4,742.99	N/A
<b>Total for all systems</b>	\$2,769,794.26	\$2,024,474.57	N/A	\$832,353.65	N/A

## Components

Actual Information	
Description	File Name
Comprehensive coverage verification via field study, if needed	Information not provided.
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.
Attorney Fees - Negotiation of lease and other matters for shared locations	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.

Perform engineering study for new channel assignment and antenna development	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.
Prepare request for Special Temporary Authorization	Information not provided.

<p>Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application</p>	<table> <tr> <td data-bbox="710 168 1013 212"><b>Component Description:</b></td><td data-bbox="1149 168 1380 683"> <p>Invoice for WPXL's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff. Hourly supporting documentation and invoice attached.</p> </td></tr> <tr> <td data-bbox="710 694 821 728"><b>Amount:</b></td><td data-bbox="1149 694 1268 728">\$4,742.99</td></tr> <tr> <td data-bbox="710 828 1013 873"><b>Component Description:</b></td><td data-bbox="1149 828 1380 1377"> <p>Invoice for station's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff and has provided corrected supporting documentation.</p> </td></tr> <tr> <td data-bbox="710 1388 821 1422"><b>Amount:</b></td><td data-bbox="1149 1388 1268 1422">\$4,837.97</td></tr> </table>	<b>Component Description:</b>	<p>Invoice for WPXL's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff. Hourly supporting documentation and invoice attached.</p>	<b>Amount:</b>	\$4,742.99	<b>Component Description:</b>	<p>Invoice for station's portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Payee has corresponded with FCC staff and has provided corrected supporting documentation.</p>	<b>Amount:</b>	\$4,837.97
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<b>Amount:</b>	\$4,837.97								
<p>Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application</p>	<p>Information not provided.</p>								
<p>RF Exposure Measurements</p>	<p>Information not provided.</p>								

## 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
<b>Other Expenses</b>	<b>\$114,190.00</b>	<b>\$105,085.00</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$1,000.00</i>	\$1,000.00	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
Equipment Storage	<i>\$10,000.00</i>	\$10,000.00	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
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
BLM or NFS Coordination	<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
Local Zoning	<i>\$25,000.00</i>	\$25,000.00	N/A	N/A	N/A

FCC Filing Fees - Special Temporary Authorization request	\$195.00	\$190.00	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 - Form 2100 minor change CP application	\$1,110.00	\$1,070.00	N/A	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$2,500.00	N/A	N/A	N/A
<b>Sub-total</b>	\$114,190.00	\$105,085.00	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$2,769,794.26	\$2,024,474.57	N/A	\$832,353.65	N/A

## Components

Information not provided.



**Cost  
Information**

**Grand Total**

	Predetermined Cost Estimate	Estimated Cost	Actual Cost
Total for all systems	\$2,769,794.26	\$2,024,474.57	\$832,353.65

**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"> <li>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.</li> <li>2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> <li>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.</li> </ol>	

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><b>Mario Vasquez</b>  <i>Vice President - Finance, Operations</i></p> <p>11/21/2019</p>

Certification	Section	Question	Response
	Submission of Actual Cost Documentation Statements	<p>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).</p>	
		<ol style="list-style-type: none"> <li>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.</li> <li>2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.</li> <li>3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.</li> </ol>	

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><b>Mario Vasquez</b>  <i>Vice President - Finance, Operations</i></p> <p>11/21/2019</p>

## Attachments