



(REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility **10981** | Service: **DTV** | Call **WCPX-TV** | Channel: **34 (UHF)** |  
ID:  
File **0000028324**  
Number:  
FRN: **0001808468** | Date **10/31**  
Submitted: **/2019**

## Applicant Information

### Applicant Name, Type, and Contact Information

Applicant	Address	Phone	Email	Applicant Type
<b>ION MEDIA CHICAGO LICENSE, INC.</b> Doing Business As: ION MEDIA CHICAGO LICENSE, INC.	Bianca Frye 601 Clearwater 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	The east multiplex main antenna will continue to be utilized by WCPX with a reconfiguration of the combiner required due to the channel change. Replace non re-tuneable transmitter and RF system for 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
<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	DCX
	Year	1999
	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	THU9-12 EVO 19kW ATSC
	Transmitter Type	Solid State
	Solid State Cooling	Liquid Cooled
	Solid State Power capacity	19 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)	No
	Power	N/A
	Rigid Conduit and Wiring	No
	Size	N/A

	Length	N/A
	Other Electrical Service	Yes
	Description	Electrical installation of replacement transmitter
<b>HVAC Service</b>	Does the replacement transmitter require HVAC Service?	No
	Type	N/A
	Size	N/A
	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>RF Interconnect</b>	Interconnect between the transmitter and combiner
<b>Removal of existing equipment</b>	Removal of existing transmitters and equipment / site prep

**Antennas**

Section	Question	Response
Antenna Related Expenses	Do you have antenna related expenses?	Yes

**Primary  
Antenna****Add Antenna Information**

Section	Question	Response
Existing Antenna Description	Type of change	Retune Existing
	Antenna Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	233 Broadcast LLC
	Site	N/A
	Is this antenna currently shared with any other stations?	Yes
	Is this antenna directional?	Yes
	Is antenna in operating condition?	Yes
	Is antenna located on or in close proximity to an antenna farm?	Yes
Existing Antenna Manufacturer and Type	Class	Full Power
	Mounting	Side Mount
	Antenna position in stack	Not in Stack
	Polarization	Horizontal
	Type	Broadband Panel
	Number of Stations Supported	2
	Number of Panels	24
	Design power capacity in use	50.0 %

Lower Limit	614.00 MHz
Upper Limit	650.00 MHz
Other Antenna Type	N/A
ERP: (Effective Radiated Power) .....	200.0 kW
Manufacturer	RFS
Model	PHP24C
Year	1999

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

Facility ID	Call Sign
32334	WJYS

### Primary Antenna

#### Adjustment to Existing Antenna

Section	Question	Response
Sweep Test of Existing Antenna	Do you need a sweep test of existing antenna?	Yes

### Primary Antenna

#### Other Antenna Costs

Section	Question	Response
Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	Yes
	Type	Additional Module
	Number of channels supported	2
	Frequencies of channels supported	RF channel
	Frequency	N/A

Enter a list of RF channel numbers.

RF Channel Number
34
21

Primary  
Antenna

Other Antenna Cost Not Listed

Name	Description
Combiner Module Freight	Australia to US
Combiner Module Staging and Delivery	ISI to Willis Tower
Combiner Reconfiguration Labor	Combiner Reconfiguration Labor
Combiner Tuning and Commissioning	RFS - Todd Loney



**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	Utilize Existing
	Use	Primary (Main)
	Description of Use	N/A
	Ownership	Leased
	Owner	233 Broadcasting LLC
	Site	N/A
	Is the existing transmission line shared with another station or stations?	Yes
	Is Transmission Line in operating condition?	Yes
Existing Transmission Line Manufacturer and Type	Manufacturer	RFS
	Type	Flexible Air
	Diameter	4 inches
	Other Diameter	N/A
	Segment Length	N/A
	Other Segment Length	N/A
	Number of parallel runs	4
	Length	500 feet per run

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

Facility ID	Call Sign
32334	WJYS

**Primary  
Transmission Line**

**Other Transmission Line Expenses Not Listed**

Name	Description
Transmission Line Installation	Combiner room work per engineering statement.

**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?	Located on Building
	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?	Yes
Existing Tower Structure Registration	Do you have a tower registration number?	Yes
	ASR Number	1032960
Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	41° 52' 44.0" N-
	Longitude (NAD83)	087° 38' 08.0" W-
	Overall Structure Height	1722.09 feet
	Support Structure Height	1435.35 feet
	Ground Elevation Above Mean Sea Level (AMSL)	595.14 feet

	Structure Type	BMAST - Building with Mast
	Tower Owner	233 Broadcast, LLC
	Date Constructed	09/30/2012

**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
51165	WGCI-FM	FM
70042	WLIT-FM	FM
73228	WLS-FM	FM
9613	WBBM-FM	FM
72115	WGN-TV	DTV
10802	WTTW	DTV
10801	WFMT	FM
12498	WGBO-DT	DTV
70119	WSNS-TV	DTV
73226	WLS-TV	DTV
43176	WMAO-TV	DTV
22211	WFLD	DTV
28621	WJMK	FM
71425	WWME-CD	DTV
168662	WMEU-CD	DTV
32334	WJYS	DTV
53971	WEBG	FM

48772	WPWR-TV	DTV
9617	WBBM-TV	DTV
66978	WEDE-CD	DTV
74178	WKSC-FM	FM
60539	WXFT-DT	DTV
6377	WTMX	FM
71428	WCIU-TV	DTV

**Primary  
Tower**

**Tower Modification Costs**

Section	Question	Response
<b>Engineering Study</b>	Please what type of engineering study is required, if any:	No study needed
<b>Tower Reinforcements</b>	Please select whether tower reinforcements are needed:	No reinforcements needed

**Primary  
Tower**

**Tower Rigging Costs**

Section	Question	Response
<b>Tower Rigging Costs</b>	Complex Tower	Located on Building
<b>Helicopter Services Required</b>	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	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
<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	No
	FCC Construction Permit Minor Change	No
	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
Primary Transmitter THU9-12 EVO 19kW ATSC	\$879,700.00	\$640,872.63		\$478,635.12	
Removal of existing equipment	<i>\$50,000.00</i>	\$50,000.00	N/A	N/A	N/A
RF Interconnect	<i>\$50,000.00</i>	\$50,000.00	N/A	N/A	N/A
Other Electrical Service: Electrical installation of replacement transmitter	<i>\$95,700.00</i>	\$95,700.00	Please see attached quotes from Chicago Electric Company #JC-19-077 & Great Lakes Heating and Plumbing #100th Exchange Project	\$33,700.00	N/A
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	\$684,000.00	\$445,172.63	Please see attached Rohde & Schwarz Quote #SQ162279. 2. Estimated cost includes tax not included on quote.	\$444,935.12	N/A

<b>Sub-total</b>	\$879,700.00	\$640,872.63	N/A	\$478,635.12	N/A
<b>Total for all systems</b>	\$1,700,169.52	\$983,167.84	N/A	\$534,293.51	N/A

## Components

<b>Actual Information</b>	
<b>Description</b>	<b>File Name</b>
Removal of existing equipment	Information not provided.
RF Interconnect	Information not provided.
Other Electrical Service: Electrical installation of replacement transmitter	<p><b>Component Description:</b> Cost for installation of heat exchangers and related equipment for new transmitter. Supporting documentation is attached.</p> <p><b>Amount:</b> \$33,700.00</p>
UHF - Liquid Cooled Solid State Transmitter 14.2 - 20 kW	<p><b>Component Description:</b> 3rd milestone payment (35%) for primary transmitter. Supporting documentation is attached.</p> <p><b>Amount:</b> \$155,705.42</p> <p><b>Component Description:</b> 35% "upon proof of performance" payment for primary transmitter. Supporting documentation is attached.</p> <p><b>Amount:</b> \$155,705.42</p>

<b>Component Description:</b>	\$1,000 "deposit" on primary transmitter. Supporting documentation is attached. This invoice has been paid.
<b>Amount:</b>	\$1,062.50

<b>Component Description:</b>	2nd milestone payment (30%) for primary transmitter. Supporting documentation is attached. This invoice has been paid.
<b>Amount:</b>	\$132,461.78

---

## 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 PHP24C</b>	<b>\$108,572.86</b>	<b>\$76,530.22</b>		<b>\$50,852.90</b>	
Combiner Tuning and Commissioning	<i>\$4,166.67</i>	\$4,166.67	See attached Willis Tower Facility Repack Engineering Statement Exhibit.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	N/A	N/A	N/A
Adding a module to existing combiner (without antenna)	\$84,200.00	\$52,487.36	Please see attached quotes from BRE 312 #001-WCPX-TV_IJ and #EQO001837Q_6-6 WCPX	\$50,852.90	N/A
Combiner Module Freight	<i>\$3,000.00</i>	\$3,000.00	See attached Willis Tower Facility Repack Engineering Statement Exhibit.	N/A	N/A
Combiner Reconfiguration Labor	<i>\$7,142.86</i>	\$7,142.86	See attached Willis Tower Facility Repack Engineering Statement Exhibit.	N/A	N/A
Combiner Module Staging and Delivery	<i>\$3,333.33</i>	\$3,333.33	See attached Willis Tower Facility Repack Engineering Statement Exhibit.	N/A	N/A
<b>Sub-total</b>	<b>\$108,572.86</b>	<b>\$76,530.22</b>	N/A	<b>\$50,852.90</b>	N/A
<b>Total for all systems</b>	<b>\$1,700,169.52</b>	<b>\$983,167.84</b>	N/A	<b>\$534,293.51</b>	N/A

## Components

Actual Information	
Description	File Name
Combiner Tuning and Commissioning	Information not provided.
Sweep test of existing antenna	Information not provided.
Adding a module to existing combiner (without antenna)	<div><div><b>Component Description:</b></div><div>Cost for adding a module to existing combiner. Supporting documentation is attached.</div><div><b>Amount:</b></div><div>\$50,852.90</div></div>
Combiner Module Freight	Information not provided.
Combiner Reconfiguration Labor	Information not provided.
Combiner Module Staging and Delivery	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	\$20,833.33	\$20,833.33		\$0.00	
Transmission Line Installation	\$20,833.33	\$20,833.33	See attached Willis Tower Facility Repack Engineering Statement Exhibit.	N/A	N/A
Sub-total	\$20,833.33	\$20,833.33	N/A	\$0.00	N/A
Total for all systems	\$1,700,169.52	\$983,167.84	N/A	\$534,293.51	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 BMAST	\$421,000.00	\$0.00		\$0.00	
Complex Tower (includes, for example, those with candelabras and/or stacked antennas)	\$421,000.00	\$0.00	N/A	N/A	N/A
Sub-total	\$421,000.00	\$0.00	N/A	\$0.00	N/A
Total for all systems	\$1,700,169.52	\$983,167.84	N/A	\$534,293.51	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	\$189,650.00	\$168,583.33		\$4,805.49	
RF Exposure Measurements	\$21,050.00	\$20,000.00	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
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
ASR modification (prepare FCC Form 854)	\$2,105.00	\$2,000.00	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
NEPA Section 106	\$6,310.00	\$6,000.00	N/A	N/A	N/A

environmental  
review, if  
needed

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
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	\$4,742.99	Duplicate line item. ION is only requesting reimbursement for Invoice Dated 5/1 /2018.
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Project management of the transition	\$28,440.00	\$15,833.33	See attached Willis Tower Facility Repack Engineering Statement Exhibit.	N/A	N/A
Prepare and or	\$2,630.00	\$2,500.00	N/A	N/A	N/A

review  
reimbursement  
form

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	\$62.50	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
<b>Sub-total</b>	\$189,650.00	\$168,583.33	N/A	\$4,805.49	N/A
<b>Total for all systems</b>	\$1,700,169.52	\$983,167.84	N/A	\$534,293.51	N/A

## Components

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

verification via field study, if needed	
FAA consultant, including cost of preparing FAA Form 7460 (Notice of Proposed Construction), if needed for height increase	Information not provided.
ASR modification (prepare FCC Form 854)	Information not provided.
Environmental Assessment, if triggered by NEPA Section 106 review or for certain structures over 450 feet	Information not provided.
NEPA Section 106 environmental review, if needed	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.
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	<div> <div><b>Component Description:</b></div> <div>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.</div> </div> <div> <div><b>Amount:</b></div> <div>\$4,837.97</div> </div>

	<b>Component Description:</b>	Invoice for WCPX'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.
	<b>Amount:</b>	\$4,742.99
	<b>Component Description:</b>	Invoice for WCPX'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. Cover letter, hourly supporting documentation and invoice attached.
	<b>Amount:</b>	\$4,742.99
Prepare request for Special Temporary Authorization	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		

	<p><b>Component Description:</b></p> <p>Cost of engineering consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid.</p> <p><b>Amount:</b></p> <p>\$62.50</p>
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.

## 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>\$80,413.33</b>	<b>\$76,348.33</b>		<b>\$0.00</b>	
MVPD Notification of Channel Change	<i>\$3,000.00</i>	\$3,000.00	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>\$333.33</i>	\$333.33	See attached Willis Tower Facility Repack Engineering Statement Exhibit.	N/A	N/A
DTV Medical Facility Notification	\$11,550.00	\$7,500.00	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	<b>\$25,000.00</b>	\$25,000.00	N/A	N/A	N/A
Non-zoning permits	<b>\$15,000.00</b>	\$15,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	<b>\$15,000.00</b>	\$15,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	<b>\$10,000.00</b>	\$10,000.00	N/A	N/A	N/A
<b>Sub-total</b>	\$80,413.33	\$76,348.33	N/A	\$0.00	N/A
<b>Total for all systems</b>	\$1,700,169.52	\$983,167.84	N/A	\$534,293.51	N/A

## Components

Information not provided.



Cost Information	Grand Total		
		Predetermined Cost Estimate	Estimated Cost
			Actual Cost
	Total for all systems	\$1,700,169.52	\$983,167.84
			\$534,293.51

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.	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> <li>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</li> </ol>	

signal of a  
broadcaster that  
changes channels  
(MVPD).

5. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
6. The above-named entity certifies that it will maintain and provide to the Commission detailed records, including receipts, of all costs eligible for reimbursement actually incurred.
7. The above-named entity acknowledges that overpayments or payments in error must be promptly refunded to the Commission.
8. The above-named entity certifies that it is in full compliance with all statutes, rules, regulations and governmental requirements for which compliance is a pre-requisite for obtaining the payments herein requested.

I declare, under penalty of perjury, that I am an authorized representative of the above-named applicant for the Authorization(s) specified above.

**Mario Vasquez**  
Vice  
President -  
Finance,  
Operations



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"> <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> <li>4. The above-named entity acknowledges the submission of the information herein</li> </ol>	

creates no obligation on the part of the government to pay any amount.

5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD) .
6. The above-named entity certifies that all payments from the TV Broadcaster Relocation Fund (Fund) received by the entity listed on this form will be used only for expenses that are eligible for reimbursement from the Fund.
7. The above-named entity certifies that the cost information /documents submitted reflect costs actually incurred.
8. The above-named entity acknowledges that overpayments or payments in error

	<p>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>10/31/2019</p>

## Attachments