

Federal Communications Commission

#### (REFERENCE COPY - Not for submission)

# FCC Form 399: Reimbursement Request

Facility ID:	68695	Service: DTV	Call Sign:	KPXC-TV	Channel: 18 (UHF)	
File Number:	00000	28374	Sign.			
FRN: <b>00</b> :	30297451	Date Submitted:	04/04 /2018			

#### Applicant Name, Type, and Contact Information

#### Applicant Ap Information

lion	Applicant	Address	Phone	Email	Applicant Type
	ION MEDIA DENVER LICENSE, INC. Doing Business As: ION MEDIA DENVER LICENSE, INC.	Michael Hubner 810 Seventh Avenue 31st Floor New York, NY 10019 United States	+1 (212) 603- 8407	MichaelHubner@ionmedia. com	Corporation

#### Reimbursement Contact Name and Information Reimbursement Contact Information

Applicant	Address	Phone	Email
[Confidential]			

Preparer	Preparer Contact Name and Information	ct Name and Information		
Contact Information	Applicant	Address	Phone	Email
	The Preparer is same as the reimbursement contact.			

Broadcaster	Question	Response
Information and Transition Plan	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	Relocate from ASR #1254146 to ASR #1034537. No interim facilities needed. Construct post-repack facilities at alternate location pursuant to CP authorization. Install new transmitter, RF system, transmission line, and antenna on post- repack channel.

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

Primary	Existing Transmitter Information				
Transmitter	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			
	Manufacturer and Type	Model	Paragon		
		Year	2008		
		Туре	Inductive Output Tube		
		IOT Power Type	Тwo		
		Power Capacity	50 kW		

#### **Existing Transmitter Information**

Primary	New Transmitter Costs		
Transmitter	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
			Liquid Cooled
		Solid State Power capacity	25.5 kW
		Justification for New Transmitter	Transmitter replacement is more cost effective then re-tune of Paragon transmitter. See attached exhibit. See attached Transmitter Upgrade Disclaimer.

Other Transmitter Costs				
Section	Question	Response		
Electrical Service	Service Entrance (3 phases 800A 208V)	No		
	Switchgear (industrial 800 amp)	Yes		
	Transformer (480V)	No		
	Power	N/A		
		Section     Question       Electrical Service     Service Entrance (3 phases 800A 208V)       Switchgear (industrial 800 amp)     Transformer (480V)		

#### Other Transmitter Costs

	Rigid Conduit and Wiring	No
	Size	N/A
	Length	N/A
	Other Electrical Service	Yes
	Description	Electrical installation for replacement transmitter.
HVAC Service	Does the replacement transmitter require HVAC Service?	Yes
	Туре	Cooling Only
	Size	10 tons
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	Yes
	Size	450.0 square feet
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	N/A

### Primary Other Transmitter Cost Not Listed Transmitter Name

mitter	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 Rela	ated Expenses	Do you have antenna related expenses?	Yes

Primary	Add Antenna Information			
Antenna	Section	Question	Response	
	Existing Antenna Description	Type of change	Purchase New	
		Antenna Use	Primary (Main)	
		Description of Use	N/A	
		Ownership	Leased	
		Owner	Amercian Tower	
		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?	No	
	Existing Antenna Manufacturer and Type	Class	Full Power	
		Mounting	Top Mount	
		Antenna position in stack	Bottom	
		Polarization	Horizontal	
		Туре	Broadband Panel	
		Number of Stations Supported	2	
		Number of Panels	14	
		Design power capacity in use	50.0 %	
		Lower Limit	470.00 MHz	
		Upper Limit	698.00 MHz	
		Other Antenna Type	N/A	
		ERP: (Effective Radiated Power)	1000.0 kW	

Manufacturer	
Model	TUD-C5-14 /70H-2-B
Year	2009

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

Facility ID	Call Sign
166510	KPJR-TV

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	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Elliptical	
		Туре	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)	330.0 kW	
		Manufacturer		
			1	

Model	TFU-18DSC /VP-R C170
Year	2018
Justification for New Antenna	Needed for post-repack channel operations.

Primary Antenna	Other Antenna Costs			
	Section	Question	Response	
	Combiner for Shared Antenna	Do you need a Combiner for a Shared Antenna?	No	
		Туре		
		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?	Yes	
	Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	Yes	
	Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes	

#### Other Antenna Costs

# Primary<br/>AntennaOther Antenna Cost Not ListedInformation not provided.

Transmissior	n Seffien	Question	Response
	Transmission Line Related Expenses	Do you have transmission line related expenses?	Yes

Primary	Existing Transmission Line			
Transmissio	n Line Section	Question	Response	
	Existing Transmission Line Description	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	
	Existing Transmission Line Manufacturer and Type	Manufacturer		
		Туре	Rigid	
		Diameter	7 3/16 inches	
		Other Diameter	N/A	
		Segment Length	Broadband	
		Other Segment Length	N/A	
		Number of parallel runs	1	
		Length	1172 feet per run	

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

Facility ID	Call Sign
166510	KPJR-TV

Primary	New Transmission Line		
Transmissio	n 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
		Туре	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	1100 feet per run
		Justification for New Transmission Line	Needed for post-repack channel operations.

Other Transmission Line Expenses Not Listed Transmission

Tower	Section	Question	Response
Equipment And Rigging Costs	Tower Equipment or Rigging Costs Changes	Do you have tower equipment or rigging costs changes?	Yes

Primary Tower	Add Tower			
	Section	Question	Response	
	Existing Tower	Type of change	Modify Existing	
	Description	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?	Yes	
		One or more FM, AM or TV radio broadcaster(s)	Yes	
		Others Types of Users	No	
		Is tower documented for structural analysis?	Yes	
		Is tower compliant with Rev G?	Yes	
	Existing Tower	Do you have a tower registration number?	Yes	
	Structure Registration	ASR Number	1034537	
	Coordinates (NAD83 (	Latitude (NAD83)	40° 05' 47.3" N-	
	North American Datum of 1983))	Longitude (NAD83)	104° 54' 05.9" W-	
		Overall Structure Height	1169.93 feet	
		Support Structure Height	1158.78 feet	
		Ground Elevation Above Mean Sea Level (AMSL)	5089.83 feet	

Structure Type	GTOWER - Guyed Structure Used for Communication Purposes
Tower Owner	Vertical Bridge Towers, LLC
Date Constructed	06/01/1996

#### 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
59972	KWOF	FM

# Primary Tower Modification Costs

# SectionQuestionResponseEngineering StudyPlease what type of engineering study is<br/>required, if any:No study<br/>neededTower ReinforcementsPlease select whether tower reinforcements<br/>are needed:No<br/>reinforcements<br/>needed

# Primary Tower Rigging Costs

#### Tower

Tower

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

#### Other Tower Expenses Not Listed

Primary Tower

Name	Description
Tower Structural Study	Tower Structural Study

Primary	Existing Tower				
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?	No		
		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?	Unknown		
	Existing Tower Structure Registration	Do you have a tower registration number?	Yes		
		ASR Number	1254146		
	Coordinates (NAD83 ( North American Datum of 1983))	Latitude (NAD83)	40° 05' 59.0" N-		
		Longitude (NAD83)	104° 54' 04.0" W-		
		Overall Structure Height	1158.78 feet		
		Support Structure Height	996.71 feet		
		Ground Elevation Above Mean Sea Level (AMSL)	5089.83 feet		
		Structure Type	GTOWER - Guyed Structure Used for Communication Purposes		
		Tower Owner	American Towers, LLC		

#### 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	
166510	KPJR-TV	DTV	

# Primary Tower Rigging Costs

#### Tower

Section	Question	Response
Tower Rigging Costs	Complex Tower	N/A
Helicopter Services Required	Are helicopter services required?	No

Primary Other Tower Expenses Not Listed

**Tower** Information not provided.

Outside	Section	Question	Response
Professional	Services Costs 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	Prepare and file Form FCC Construction Permit Application	Yes
	Services	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

Other Professional Services Expenses Not Listed Professional Services roostsided.

Other	Section	Question	Response
Expenses	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 Not Listed

**Expenses** Information not provided.

#### Transmitters

#### Cost Information

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 Co Justificat
Primary Transmitter THU9-16 EVO	\$1,130,693.06	\$773,273.56		\$0.00	
Other Building Addition Size: 450.0	\$6,593.06	\$6,593.06	See attached Centrum Construction Inc. Quote #01. Taxes of \$425.56 included in estimate.	N/A	N/A
10 Ton system	\$38,900.00	\$37,000.00	N/A	N/A	N/A
Switchgear - industrial 800 amp	\$38,200.00	\$10,960.40	See attached Cummins Quote #4126000000078480. Taxes of \$707.46 included in estimate.	N/A	N/A
RF Interconnect	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Removal of existing equipment	\$25,000.00	\$25,000.00	N/A	N/A	N/A
Other Electrical Service: Electrical installation for replacement transmitter.	\$50,000.00	\$50,000.00	N/A	N/A	N/A
UHF - Liquid Cooled Solid State Transmitter 21 - 31 kW	\$947,000.00	\$618,720.10	See attached Rohde & Schwarz Quote #802-043463.2. Taxes of \$39,936.10 included in estimate.	N/A	N/A

Sub-total	\$1,130,693.06	\$773,273.56	N/A	\$0.00	N/A
Total for all systems	\$2,331,247.31	\$1,674,815.33	N/A	\$10,342.24	N/A

#### Components

Information not provided.

#### Antennas

#### Cost Information

Where no predetermined cost estimate is available, any estimate provided will also become the predetermined cost (displayed in italics).

	Predetermined	Estimated	Estimated Cost	Actual	Actual Cost
Description	Cost Estimate	Cost	Justification	Cost	Justification
Primary Antenna TFU-18DSC /VP-R C170	\$274,440.00	\$169,239.79		\$0.00	
UHF - Lower Power Side Mount, One station antenna 200-500 kW, elliptically or circularly polarized	\$227,000.00	\$128,850.71	The estimated cost has been re- entered due to a technical error with the LMS form. Per FCC procedure, we have re- entered the original cost estimate that ties to our original submission while the technical issue is resolved.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,837.85	See attached Dielectric Quote #700495CMZ- 1 (Revised). Taxes of \$437.85 included in estimate.	N/A	N/A

Side mount brackets for high power antennas (if not included in antenna base cost)	\$23,150.00	\$17,548.70	See attached Dielectric Quote #700495CMZ- 1 (Revised). Taxes of \$1,123.70 included in estimate.	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$11,002.53	See attached Dielectric Quote #700495CMZ- 1 (Revised). Taxes of \$704.53 included in estimate.	N/A	N/A
Pattern scatter analysis for side mount high /med power antennas (if not included in antenna base cost)	\$5,260.00	\$5,000.00	N/A	N/A	N/A
Sub-total	\$274,440.00	\$169,239.79	N/A	\$0.00	N/A
Total for all systems	\$2,331,247.31	\$1,674,815.33	N/A	\$10,342.24	N/A

#### Components

Information not provided.

#### **Transmission Line**

#### Cost Information

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	\$222,200.00	\$168,811.43		\$0.00	
Rigid Transmission Line - copper, 6 1/8"	\$222,200.00	\$168,811.43	See attached Dielectric Quote #700495CMZ- 1 (Revised). Taxes of \$10,809.53 included in estimate.	N/A	N/A
Sub-total	\$222,200.00	\$168,811.43	N/A	\$0.00	N/A
Total for all systems	\$2,331,247.31	\$1,674,815.33	N/A	\$10,342.24	N/A

#### Components

Information not provided.

#### **Tower Equipment and Rigging Costs**

#### Cost Information

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 GTOWER	\$213,974.25	\$116,467.55		\$3,474.25	
Tower Structural Study	\$3,474.25	\$3,474.25	See attached Vertical Bridge Quote #01. Taxes of \$224.25 included in estimate.	\$3,474.25	N/A
Tall Tower (greater than 500')	\$210,500.00	\$112,993.30	See attached Seacomm Erectors Quote #18CO0001. Taxes of \$7,293.30 included in estimate.	N/A	N/A
Primary Tower GTOWER	\$210,500.00	\$200,000.00		\$0.00	
Tall Tower (greater than 500')	\$210,500.00	\$200,000.00	N/A	N/A	N/A
Sub-total	\$424,474.25	\$316,467.55	N/A	\$3,474.25	N/A
Total for all systems	\$2,331,247.31	\$1,674,815.33	N/A	\$10,342.24	N/A

#### Components

Actual Information Description	File Name	
Tower Structural Study		
	Component Description:	Cost of Tower Structural Study. Supporting documentation attached. This invoice has been paid. \$3,474.25
Tall Tower (greater than 500')	Information not provided.	
Tall Tower (greater than 500')	Information not provided.	

#### **Outside Professional Services**

#### Cost Information

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	\$164,838.00		\$6,867.99	
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 environmental review, if needed	\$6,310.00	\$6,000.00	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	\$2,000.00	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$5,000.00	N/A	\$125.00	N/A
Project management of the transition	\$28,440.00	\$9,088.00	See Shared Equipment and 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
Prepare engineering section of FCC Form 2100 (main), License to Cover	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Total for all systems	\$2,331,247.31	\$1,674,815.33	N/A	\$10,342.24	N/A
Sub-total	\$189,650.00	\$164,838.00	N/A	\$6,867.99	N/A
Prepare and File FCC Form 2100 (main), Construction Permit Application					
Attorney Fees - Prepare and File request for Special Temporary Authorization Attorney Fees -	\$3,680.00 \$5,260.00	\$7,000.00 \$5,000.00	N/A N/A	N/A \$4,742.99	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
Prepare request for Special Temporary Authorization	\$2,050.00	\$3,000.00	N/A	N/A	N/A

#### Components

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

Comprehensive coverage verification via field study, if needed	Information not provided.	
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.	
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	con prep eng sect Forr sup	t of ineering sultant paration of ineering tion of FCC m 2100. Hourly porting umentation
	atta	ched. This ice has been I

Perform engineering study for new channel assignment and antenna development	Component Description:	Cost of engineering consultant work for new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid. \$62.50
	Component Description:	Cost of engineering consultant for work on new channel assignment and antenna development. Hourly supporting documentation attached. This invoice has been paid. \$62.50
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.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	Information not provided.	
Prepare request for Special Temporary Authorization	Information not provided.	

Attorney Fees -Prepare and File FCC Form 2100 (main), License to Cover Application	Information not provided.	
Attorney Fees - Negotiation of lease and other matters for shared locations	Information not provided.	
Attorney Fees - Prepare and File request for Special Temporary Authorization	Information not provided.	
Attorney Fees - Prepare and File FCC Form 2100 (main), Construction Permit Application	Component Description:	Invoice for KPXC'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. \$4,742.99
	Component Description:	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.

#### **Other Expenses**

#### Cost Information

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	
MVPD Notification of Channel Change	\$1,600.00	\$1,600.00	N/A	N/A	N/A
Develop and air announcement of upcoming channel change	\$0.00	\$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	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Equipment Delivery and Handling Charges	\$10,000.00	\$10,000.00	N/A	N/A	N/A
Disposal Costs (for equipment and other waste, net of any salvage value)	\$15,000.00	\$15,000.00	N/A	N/A	N/A
Non-zoning permits	\$15,000.00	\$15,000.00	N/A	N/A	N/A
Local Zoning	\$25,000.00	\$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	\$4,000.00	N/A	N/A	N/A
Sub-total	\$89,790.00	\$82,185.00	N/A	\$0.00	N/A
Total for all systems	\$2,331,247.31	\$1,674,815.33	N/A	\$10,342.24	N/A

#### Components

Information not provided.

Cost Information	Grand Total				
		Predetermined Cost Estimate	Estimated Cost	Actual Cost	
	Total for all systems	\$2,331,247.31	\$1,674,815.33	\$10,342.24	

Reimbursem	entestiatus	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	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.	
		<ol> <li>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>The above-named</li> </ol>	
		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).
- 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.	
an aut nameo	are, under penalty of perjury, that I am horized representative of the above- d applicant for the Authorization(s) ed above.	Mario Vasquez Vice President - Finance, Operations 04/04/2018

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 IMPRISIONMENT (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> <li>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> </ol>	
		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).
- 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 must be promptly refunded to the Commission.	
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.	
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 04/04/2018

#### Attachments