

Federal Communications Commission

(REFERENCE COPY - Not for submission)

FCC Form 399: Reimbursement Request

Facility ID:	68834	Service: DTV	Call Sign:	KPXD-TV	Channel: 25 (UHF)
File Number:	000002	8363	- 3		
FRN: 00	01808468	Date Submitted:	06/29 /2018		

Applicant Name, Type, and Contact Information

Applicant Information

on	Applicant	Address	Phone	Email	Applicant Type
	ION MEDIA DALLAS LICENSE, INC. Doing Business As: ION MEDIA DALLAS LICENSE, INC.	Bianca Frye 601 Clearwater Park Road West Palm Beach, FL 33401 United States	+1 (561) 682- 4110	BiancaFrye@ionmedia. com	Corporation

Reimbursement Contact Name and Information Reimbursement Contact 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	Question
Information	
and	
Transition	
Plan	

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# 1059733 to ASR# 1053994. Construct post-repack facilities at alternate location. No interim facilities required. Install new transmitter, RF system, transmission line, and antenna on post-repack channel. Pursuant to the CP Authorization

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	Millennium		
		Year	1999		
		Туре	Inductive Output Tube		
		IOT Power Type	Тwo		
		Power Capacity	40 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 equipmer	Is this a request for upgraded equipment?	Yes
		Manufacturer	
		Model	THU9-24 EVO
		Transmitter Type	Solid State
		Solid State Cooling	Liquid Cooled
		Solid State Power capacity	37 kW
		Manufacturer Model Transmitter Type Solid State Cooling	See attached Transmitter Exhibits. See attached Transmitter Upgrade Disclaimer.

Other Transmitter Costs

Primary	Other Transmitter Costs				
Transmitter	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 for replacement transmitter
HVAC Service	Does the replacement transmitter require HVAC Service?	No
	Туре	N/A
	Size	N/A
	Other Size	N/A
Transmitter Building Addition/Modification or Leasehold Improvement	Does the Transmitter Building require an addition, modification, other leashold improvement?	Yes
	Size	800.0 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 Name

litter	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?	Yes	
	Existing Antenna Manufacturer and Type	Class	Full Power	
		Mounting	Top Mount	
		Antenna position in stack	Тор	
		Polarization	Horizontal	
		Туре	Broadband Panel	
		Number of Stations Supported	2	
		Number of Panels	12	
		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	A/CK 40671 /1
Year	2009

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

Facility ID	Call Sign
17037	KDFI

Primary	New Antenna Costs			
Antenna	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?	Yes	
	New Antenna Manufacturer and Types	Class	Full Power	
		Mounting	Top 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)	1000.0 kW	
		Manufacturer		
			1	

Model	TFU-31ET /VP-R CT150
Year	2018
Justification for New Antenna	Needed for operations on post- repack channel.

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

PrimaryOther Antenna Cost Not ListedAntennaInformation not provided.

Interim	New Antenna Costs			
Antenna	Section	Question	Response	
	New Antenna Description	Use	Interim	
		Description of Use	N/A	
		Change Type	Purchase New	
		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?	Yes	
	New Antenna	Class	Full Power	
	Manufacturer and Type	Mounting	Side Mount	
		Antenna position in stack	Not in Stack	
		Polarization	Horizontal	
		Туре	Broadband Slot	
		Number of Stations Supported	1	
		Number of Panels/Bays	8	
		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)	250.0 kW	
		Manufacturer		
		Model	TFU-WB-8	
		Year	2017	

Interim	Other Antenna Costs			
Antenna	Section	Question	Response	
	Elbow Complex	Do you require the separate purchase of the Elbow Complex?	Yes	
		Broadband or Single Channel?	В	
		Feed Line Size	4 1/16 inches	
	Side Mount Brackets	Do you require the separate purchase of side mount brackets for an antenna?	No	
	Pattern Scatter Analysis	Do you require separate purchase of pattern scatter analysis for a side mount high or medium power antenna?	No	
	Sweep Test	Do you require the sweep testing of transmission line and antenna?	Yes	

Interim Other Antenna Cost Not Listed

Antenna Information 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 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	Manufacturer		
	Line Manufacturer and Type	Туре	Waveguide	
		Diameter	N/A	
		Other Diameter	N/A	
		Segment Length	N/A	
		Other Segment Length	N/A	
		Number of parallel runs	2	
		Length	1623 feet per run	

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

Facility ID	Call Sign
17037	KDFI

Primary	New Transmission Line				
Transmissio	n 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	19 1/2 inches		
		Other Segment Length	N/A		
		Number of parallel runs	1		
		Length	1090 feet per run		
		Justification for New Transmission Line	Needed for operations on post- repack channel.		

Other Transmission Line Expenses Not Listed Transmission Line

name	Description
Sweep existing transmission line	Sweep existing transmission line

Interim	New Transmission Line		
Transmissio	n Line Section	Question	Response
	New Transmission Line	Use	Interim
	Costs	Description of Use	N/A
		Change Type	Purchase New
		Туре	Rigid
		Diameter	4 1/16 inches
		Segment Length	19 ½ '
		Other Segment Length	
	Number of parallel runs	1	
	Length	1573 feet per run	
		Justification for New Transmission Line	Final design of equip isn't complete, ION included estimates based on current understanding of design. Interim operation is assumed that ION will operate on its own antenna and line during the transition.

Interim Other Transmission Line Expenses Not Listed

Transmission hometion not provided.

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	Add Tower					
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?	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 Structure Registration	Do you have a tower registration number?	Yes			
	Registration	ASR Number	1053994			
	Coordinates (NAD83 (North American Datum of	Latitude (NAD83)	32° 35' 25.0" N-			
	1983))	Longitude (NAD83)	096° 58' 24.0" W-			
		Overall Structure Height	1066.92 feet			
		Support Structure Height	983.58 feet			
		Ground Elevation Above Mean Sea Level (AMSL)	829.39 feet			

Structure Type	TOWER - Free Standing or Guyed Structure
Tower Owner	Sonsinger Broadcasting Company of Houston, L.P
Date Constructed	10/01/1985

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
2809	KLTY	FM
601	KNON	FM
18114	KEGL	FM
23084	KHKS	FM
6378	KZPS	FM

Primary Tower Modification Costs

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Τ	C)\	N	e	r	

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 Rigging Costs

Section

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

Primary	Other Tower Expenses Not Listed		
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?	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?	Yes			
		ASR Number	1059733			
	Coordinates (<u>NAD83</u> (North American Datum of 1983))	Latitude (NAD83)	32° 32' 36.0" N-			
		Longitude (NAD83)	096° 57' 33.0" W-			
		Overall Structure Height	1635.15 feet			
		Support Structure Height	1523.60 feet			
		Ground Elevation Above Mean Sea Level (AMSL)	813.97 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
1087	KRLD-FM	FM
9627	KBFB	FM
17037	KDFI	DTV
28624	KVIL	FM
55768	ККХТ	FM
49323	KERA	FM
23440	KMVK	FM
49324	KERA-TV	DTV
23422	KTVT	DTV
60534	KSTR-DT	DTV
42359	KTXD-TV	DTV
41380	KLNO	FM
67910	KDTX-TV	DTV
63779	KJKK	FM
67195	KLUV	FM
49326	KDTN	DTV
22201	KDAF	DTV

Tower Rigging Costs

Primary Tower

,	Section	Question	Response
	Tower Rigging Costs	Complex Tower	Candelabra

Other Tower Expenses Not Listed Primary 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 Cost Justification
Primary Transmitter THU9-24 EVO	\$1,583,000.00	\$917,919.00		\$0.00	
UHF - Liquid Cooled Solid State Transmitter 35 - 50 kW	\$1,473,000.00	\$807,919.00	See attached Rohde & Schwarz Quote #SQ162514. 2	N/A	N/A
Other Building Addition Size: 800.0	\$10,000.00	\$10,000.00	Quote not yet available. Additional transmitter building costs needed for transmitter placement and installation.	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

Sub-total	\$1,583,000.00	\$917,919.00	N/A	\$0.00	N/A
Total for all systems	\$3,468,496.00	\$1,784,368.30	N/A	\$162,430.49	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).

Description Interim Antenna	Predetermined Cost Estimate \$207,180.00	Estimated Cost \$0.00	Estimated Cost Justification	Actual Cost \$0.00	Actual Cost Justification
TFU-WB-8					
UHF - Lower Power Side Mount, One station - 200-500 kW, horizontally polarized	\$189,500.00	\$0.00	N/A	N/A	N/A
Elbow complex, broadband, at antenna input, per 4 1/16. feedline (if needed)	\$10,950.00	\$0.00	N/A	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$0.00	N/A	N/A	N/A
Primary Antenna TFU-31ETT /VP-R CT150	\$308,530.00	\$243,918.00		\$0.00	

UHF - High Power Top Mount (200-1000 kW), One station antenna , elliptically or circularly polarized	\$289,500.00	\$227,220.00	See attached Dielectric Quote #800070CMZ- 1. Cost of Vertical Polarization not included in estimate.	N/A	N/A
Elbow complex, single channel, at antenna input, per 6 1/8. feedline (if needed)	\$12,300.00	\$10,298.00	See attached Dielectric Quote #800070CMZ- 1.	N/A	N/A
Sweep test of existing antenna	\$6,730.00	\$6,400.00	See attached Dielectric Quote #800070CMZ- 1.	N/A	N/A
Sub-total	\$515,710.00	\$243,918.00	N/A	\$0.00	N/A
Total for all systems	\$3,468,496.00	\$1,784,368.30	N/A	\$162,430.49	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
Interim Transmission Line	\$223,366.00	\$0.00		\$0.00	
Rigid Transmission Line - copper, 4 1 /16"	\$223,366.00	\$0.00	N/A	N/A	N/A
Primary Transmission Line	\$226,580.00	\$160,294.30		\$0.00	
Sweep existing transmission line	\$6,400.00	\$6,400.00	N/A	N/A	N/A
Rigid Transmission Line - copper, 6 1/8"	\$220,180.00	\$153,894.30	See attached Dielectric Quote #800070CMZ- 1.	N/A	N/A
Sub-total	\$449,946.00	\$160,294.30	N/A	\$0.00	N/A
Total for all systems	\$3,468,496.00	\$1,784,368.30	N/A	\$162,430.49	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 TOWER	\$218,500.00	\$205,500.00		\$156,125.00	
Tall Tower (greater than 500')	\$210,500.00	\$197,500.00	See attached Worldwide Communications Quote #S-18- 868.	\$148,125.00	N/A
Tower Structural Study	\$8,000.00	\$8,000.00	See attached MEI Structural Consultants Quote #TX02570G.	\$8,000.00	N/A
Primary Tower GTOWER	\$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	\$639,500.00	\$205,500.00	N/A	\$156,125.00	N/A
Total for all systems	\$3,468,496.00	\$1,784,368.30	N/A	\$162,430.49	N/A

Components

Actual Information
Description File Name

Tall Tower (greater than 500')	Component Description:	75% "deposit" payment for towe
		service. Supportir documentation
		attached.
	Amount:	\$148,125.00
Tower Structural Study		
	Component Description:	Cost of tower
		structural study.
		Supporting
		documentation
		attached. This invoice has been
		paid.
	Amount:	\$8,000.00
Complex Tower (includes,	Information not provided.	
for example, those with		
candelabras and/or stacked		
antennas)		

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	\$171,152.00		\$6,305.49	
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 environmental review, if needed	\$6,310.00	\$6,000.00	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
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 reimbursemen for Invoice Dated 5/1 /2018.
Prepare request for Special Temporary Authorization	\$2,050.00	\$1,500.00	N/A	N/A	N/A
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	\$1,580.00	\$1,500.00	N/A	N/A	N/A

Project management of the transition	\$28,440.00	\$20,402.00	See AT Exhibit for more information.	N/A	N/A
Prepare and or review reimbursement form	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Address transition timing and coordination issues w/ other stations and wireless	\$2,630.00	\$2,500.00	N/A	N/A	N/A
Perform engineering study for new channel assignment and antenna development	\$7,360.00	\$5,000.00	See AT Exhibits for more information.	\$62.50	N/A
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	\$3,155.00	\$3,000.00	N/A	\$1,500.00	N/A
Sub-total	\$189,650.00	\$171,152.00	N/A	\$6,305.49	N/A
Total for all systems	\$3,468,496.00	\$1,784,368.30	N/A	\$162,430.49	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.
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	

Component Description:	Invoice for KPXD'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. \$4,742.99
Component Description:	Invoice for KPXD'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
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	Component Description:	Invoice for station portion of general repack legal expenses incurred for 42 of the ION repack stations for period 2/1/2017 - 12/15/2017. Paye has corresponded with FCC staff and has provided corrected supporting documentation. \$4,837.97
Prepare request for Special Temporary Authorization	Information not provided.	
Prepare engineering section of FCC Form 2100 (main), License to Cover Application	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	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
Prepare engineering section of FCC Form 2100 (main), Construction Permit Application	Component Description:	Cost of engineering consultant preparation of engineering section of FCC Form 2100. Hourly supporting documentation attached. This invoice has been paid. \$1,500.00

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	\$90,690.00	\$85,585.00		\$0.00	
MVPD Notification of Channel Change	\$2,500.00	\$2,500.00	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	\$6,500.00	N/A	N/A	N/A
Sub-total	\$90,690.00	\$85,585.00	N/A	\$0.00	N/A
Total for all systems	\$3,468,496.00	\$1,784,368.30	N/A	\$162,430.49	N/A

Components

Information not provided.

Cost Information	Grand Total			
		Predetermined Cost Estimate	Estimated Cost	Actual Cost
	Total for all systems	\$3,468,496.00	\$1,784,368.30	\$162,430.49

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.	
		 The Authorized Person signing below certifies that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 	
		2. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	
		3. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.	

- 4. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster Relocation Fund are necessary to change channels (broadcasters) or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 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.

 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 06/29/2018

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).	
		 The Authorized Person signing below certifies and represents that he /she is authorized to submit this TV Broadcaster Relocation Fund Reimbursement Form on behalf of the above-named entity. 	
		2. The above-named entity certifies that the statements in this form and attached documentation are true, complete, and correct.	
		3. The above-named entity acknowledges that all certifications and attached documentation are considered material representations.	

- 4. The above-named entity acknowledges the submission of the information herein creates no obligation on the part of the government to pay any amount.
- 5. The above-named entity certifies that the equipment and services paid for with money from the TV Broadcaster **Relocation Fund are** necessary to change channels (full power and Class A stations) and/or otherwise modify a television station's facility as a result of the spectrum repack (LPTV/TV Translator stations); or to minimize service disruption resulting from a repacked television station (FM stations); or to continue to carry the signal of a broadcaster that changes channels (MVPD).
- 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 06/29/2018

Attachments
