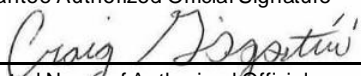
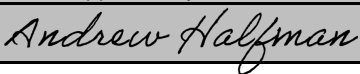


### Attachment C: Quarterly Program Report (QPR)

I. Grantee Information			
1. Grant Number CMIC 2021-004	2. Grantee Company Comcast		
3. Address 3500 Patterson Ave SE	4. City Grand Rapids	5. State MI	6. ZIP Code 49512
II. Progress Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input checked="" type="checkbox"/> 10/1/2020 – 2/28/2021	<input type="checkbox"/> 12/1/2021 – 2/28/2022	<input type="checkbox"/> 12/1/2022 – 2/28/2023	
<input type="checkbox"/> 3/1/2021 – 5/31/2021	<input type="checkbox"/> 3/1/2022 – 5/31/2022	<input type="checkbox"/> 3/1/2023 – 5/31/2023	
<input type="checkbox"/> 6/1/2021 – 8/31/2021	<input type="checkbox"/> 6/1/2022 – 8/31/2022	<input type="checkbox"/> 6/1/2023 – 8/31/2023	
<input type="checkbox"/> 9/1/2021 – 11/30/2021	<input type="checkbox"/> 9/1/2022 – 11/30/2022	<input type="checkbox"/> 9/1/2023 – 9/30/2023	
<p>8. Please summarize current reporting period activities. Comcast has completed field walkout, and network design. This includes spotting the location for new optical nodes and power supplies. Comcast is currently working with Macomb county and Detroit Edison on right of way permits and pole attachment permits and pole make ready. Materials, including the fiber optic electronics have been ordered and pending delivery. Currently creating work order and OSP construction schedule for aerial and underground construction. Anticipate OSP construction to start in the next week two to three weeks based on delivery of materials.</p>			
<p>9. Have you encountered roadblocks to the implementation of this project? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please provide details and describe your plan for overcoming the listed roadblocks.</p>			
<p>10. Is your project on track with the overall project timeline? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details and describe your plan for moving the project back on track.</p>			
<p>11. Please provide a narrative to accompany Attachment D. Complete and include Attachment D, indicating the census blocks with service available this reporting period, the speed of service offered, the price of service offered, the number of locations subscribing to your service this quarter, and the cumulative number of locations subscribing to your service. No addresses have been made serviceable to date.</p>			
III. Certification			
<p>I certify all statements in this report, including all requested supplemental information, are true, complete, and accurate to the best of my knowledge. I understand failure to submit any required reports may result in the termination of the grant. I understand this grant may be terminated if DTMB concludes I am not in compliance with the conditions and provisions required by the contract covering this grant, or have falsified any information. By way of signature, I agree with all the conditions of this grant program.</p>			
Grantee Authorized Official Signature 		Date March 30, 2021	
Printed Name of Authorized Official <b>Craig D'Agostini</b>		Title of Authorized Official or Financial Officer Vice President, Government & Regulatory Affairs	
For DTMB Use Only			
Reviewed	Approved By:	Date:	
		4/8/2021	

