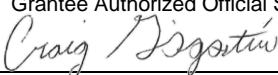



Attachment C: Quarterly Program Report (QPR)

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 type="checkbox"/> 11/1/2020 – 2/28/2021	<input type="checkbox"/> 12/1/2021 – 2/28/2022	<input type="checkbox"/> 12/1/2022 – 2/28/2023	
<input checked="" 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	
8. Please summarize current reporting period activities. Completed the installation and activation of power supplies for entire project. Have received back 70% of pole attachment applications, and 80% of county right of way permits. Currently constructing aerial and underground construction in areas of approved permitting. To date Comcast has completed 39% of aerial construction and 16% of the underground construction.			
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.			
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.			
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.			
III. Certification			
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.			
Grantee Authorized Official Signature 		Date June 24, 2021	
Printed Name of Authorized Official Craig D'Agostini		Title of Authorized Official or Financial Officer Vice President, Government & Regulatory Affairs	
For DTMB Use Only			
Reviewed	Approved By:	Date:	
		8/2/2021	

