I. Grantee Information								
1. Grant Number 2021-010		irantee Company rcury Wireless Indiana, l	LLC					
3. Address 6004 Highview Dr, Ste	В	4. City Fort Wayne	5. S IN	6. ZIP Code 46818				
II. Financial Report (Due 30 Days After the End of a Reporting Period)								
7. Reporting Period								
☑ 11/1/2020 – 12/31/2020		10/1/2021 – 12/31/2021		□ 10/1/20	22 – 12/31/2022			
☐ 1/1/2021 – 3/31/2021		☐ 1/1/2022 – 3/31/2022 ☐ 1/1/2023 – 3/31/2023						
☐ 4/1/2021 − 6/30/2021		4/1/2022 - 6/30/2022		□ 4/1/202	3 – 6/30/2023			
7/1/2021 – 9/30/2021		7/1/2022 — 9/30/2022		□ 7/1/202	3 – 9/30/2023			
III. Expenditure Detai (Attach Accompanying Qu		al Detail Report (QFDR) and	invoice/p	payment docur	nentation)			
8. Expense Line Item				9. Total E	xpense by Category			
A Buildings and Labor		(Total fror	n QFDR)	\$ 0.00				
B Customer Premise Equipme	ent	(Total fron	n QFDR)	\$ 0.00				
C Customer Premise Installat	ion	(Total from	n QFDR)	\$ 0.00				
D Electronics		(Total from	QFDR)	\$ 0.00				
E Network Construction Labo	\$ 0.00	\$ 0.00						
F Network Construction Mate	\$ 0.00							
G Permits	\$ 0.00							
H Professional Services and I	\$ 0.00							
I Other (Total from QFDR) \$ 0.00								
10. Total Expenses Incurred this Period (Total From QFDR) \$ 0.00								
11. Total Match Amount this Peri		(1: 1140		\$ 0.00				
12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$ 0.00								
IV. Reimbursement R								
13. Total Lump Sum Payment Re				\$ 195,674	J.66			
14. Total Cumulative Expenditure					1.00			
15. Lump Sum Payment Remain		(Line #13			1.66			
16. Total Grant Amount Invoiced 17. Amount Requested for Reiml		oriod (Lino #15	(Line #1	<u> </u>				
	Yes X No	eriod (Line #15	IIIIIus # I	6) \$ 0.00				
18. Is this your final report?	Tes X NO		_					
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 S	ignature	Date 1/22/2021						
Printed Name of Authorized C Matthew Sams	Official	Title of Authorized Of Chief of Staff, Co						
		For DTMB Use Only						
Reviewed	Appr	oved By:	Date:					
	Everet	t Root	8/15	/22				

I.	I. Grantee Information							
	Grant Number 021-010		2. Grantee Company Mercury Wireless Indiana, LLC					
_	Address 004 Highview Dr, Ste B		4. City Fort Wayne	5. S IN	State	6. ZIP Code 46818		
II. Financial Report (Due 30 Days After the End of a Reporting Period)								
7. Reporting Period								
	10/1/2020 – 12/31/2020	2020						
$\boxtimes$	1/1/2021 – 3/31/2021	☐ 1/1/2022 — 3/31/2022 ☐ 1/1/2023 — 3/31/2023						
	4/1/2021 - 6/30/2021	□ 4	/1/2022 – 6/30/2022		☐ 4/1/20	23 – 6/30/2023		
	7/1/2021 — 9/30/2021	□ 7	/1/2022 – 9/30/2022		□ 7/1/20	23 – 9/30/2023		
	II. Expenditure Detail							
	Attach Accompanying Quarterly	Financial [	Detail Report (QFDR) and in	nvoice/	payment docu	mentation)		
8. Ex	pense Line Item				9. Total I	Expense by Category		
Α	Buildings and Labor		(Total from	QFDR)	\$ 0.00			
В	Customer Premise Equipment		(Total from	QFDR)	\$ 0.00			
С	Customer Premise Installation		(Total from	QFDR)	\$ 0.00			
D	Electronics		(Total from	QFDR)	\$ 0.00			
Е					\$ 0.00	\$ 0.00		
F					\$ 0.00			
G Permits (Total from QFDR)				\$ 0.00				
H Professional Services and Engineering (Total from QFDR)				\$ 0.00				
I Other (Total from QFDR)				\$ 0.00				
10. To	otal Expenses Incurred this Period		(Total From	QFDR)	\$ 0.00			
11. Total Match Amount this Period				\$ 0.00				
12. To	otal Grant Amount Invoiced this Per	riod	(Line #10 m	inus #1	1) \$ 0.00			
ı	V. Reimbursement Reques	st		_				
13. Total Lump Sum Payment Received at Project Start \$ 195,674.66								
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 0.00								
15. Lu	ump Sum Payment Remaining		(Line #13 ı	minus #	14) \$ 195,67	4.66		
16. To	otal Grant Amount Invoiced this Per	riod		(Line #	12) \$ 0.00			
17. A	mount Requested for Reimburseme	ent this Peri	od (Line #16 mir \$0, whichever			\$ 0.00		
18. ls	this your final report? $\ \square$ Yes $\ \boxtimes$	No						
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.								
Gi	rantee Authorized Official Signature	!	Date 4/21/2021					
	inted Name of Authorized Official atthew Sams		Title of Authorized Offi Chief of Staff	cial or F	inancial Office			
			For DTMB Use Only					
	Reviewed Approved But Date:							



- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
  - Your lump sum payment must be completely exhausted before any additional funds may be requested.
  - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.

I. Grantee Information	I. Grantee Information						
1. Grant Number 2021-010		Grantee Company     Mercury Wireless Indiana, LLC					
3. Address		I. City	5. State 6. ZIP Code				
6004 Highview Dr, Ste B	F	Fort Wayne	IN		46818		
II. Financial Report (Due 30 Days After the End of a Reporting Period)							
7. Reporting Period							
☐ 10/1/2020 – 12/31/2020	<u>12/31/2020</u> □ <u>10/1/2021 − 12/31/2021</u> □ <u>10/1/2022 − 12/31/2022</u>						
☐ 1/1/2021 – 3/31/2021	☐ 1/1/2022 – 3/31/2022 ☐ 1/1/2023 – 3/31/2023						
	☐ 4 <i>i</i>	/1/2022 – 6/30/2022		☐ 4/1/20	023 - 6/30/2023		
☐ 7/1/2021 − 9/30/2021	□ 7 <i>i</i>	/1/2022 – 9/30/2022		□ 7/1/20	023 - 9/30/2023		
III. Expenditure Detail							
(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and in	nvoice/	payment doci	umentation)		
8. Expense Line Item				9. Total	Expense by Category		
A Buildings and Labor		(Total from	QFDR)	\$ 0.00			
B Customer Premise Equipment		(Total from	QFDR)	\$ 0.00			
C Customer Premise Installation		(Total from	QFDR)	\$ 0.00			
D Electronics		(Total from	QFDR)	\$ 0.00			
E Network Construction Labor (Total from QFDR)				\$ 0.00	\$ 0.00		
F Network Construction Material (Total from QFDR)				\$ 0.00			
G Permits (Total from QFDR)				) \$0.00			
H Professional Services and Engineering (Total from QFD			QFDR)	\$ 0.00			
I Other		(Total from	QFDR	) \$0.00			
10. Total Expenses Incurred this Period		(Total From	QFDR)	\$ 0.00			
11. Total Match Amount this Period				\$ 0.00			
12. Total Grant Amount Invoiced this Per	iod	(Line #10 m	inus #1	1) \$ 0.00			
IV. Reimbursement Reques	st		_				
13. Total Lump Sum Payment Received at Project Start \$ 195,674.66							
14. Total Cumulative Expenditures Subm							
15. Lump Sum Payment Remaining		(Line #13 r	minus #	14) \$ 195,6	74.66		
16. Total Grant Amount Invoiced this Per	riod		(Line #	12) \$ 0.00			
17. Amount Requested for Reimburseme	ent this Perio	od (Line #16 min \$0, whichever		1 4 0 00			
18. Is this your final report? $\square$ Yes $\boxtimes$	No						
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 7/30/21					
Printed Name of Authorized Official  Matthew Sams		Title of Authorized Offi Chief of Staff	cial or F	inancial Office	r		
		For DTMB Use Only					
Reviewed Approved By: Date:							

# Andrew Halfman

8/4/2021

### Attachment A - Quarterly Financial Report Instructions

- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
  - Your lump sum payment must be completely exhausted before any additional funds may be requested.
  - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.

I. Grantee Information									
1. Grant Number 2. Grantee Company									
2021-010	Mercury Wireless Indiana, LLC								
3. Address		1. City	5.	State	6. ZIP Code				
6004 Highview Dr, Ste B	F	Fort Wayne	IN		46818				
II. Financial Report (Due 30 Days After the End of a Reporting Period)									
7. Reporting Period									
☐ 10/1/2020 – 12/31/2020	□ 10/1/2021 − 12/31/2021 □ 10/1/2022 − 12/31/2022								
☐ 1/1/2021 – 3/31/2021	□ 1/1/2022 – 3/31/2022 □ 1/1/2023 – 3/31/2023								
☐ 4/1/2021 – 6/30/2021		/1/2022 – 6/30/2022			23 – 6/30/2023				
	□ 7.	/1/2022 – 9/30/2022			23 – 9/30/2023				
III. Expenditure Detail									
(Attach Accompanying Quarter	ly Financial D	Detail Report (QFDR) and i	nvoice/	payment docu	mentation)				
8. Expense Line Item	•				Expense by Category				
A Buildings and Labor		(Total from	QFDR)	\$ 0.00					
B Customer Premise Equipment		(Total from	QFDR)	\$ 0.00					
C Customer Premise Installation		(Total from	QFDR)	\$ 0.00					
D Electronics		(Total from	QFDR)	\$ 0.00					
E Network Construction Labor (Total from QFDR)					\$ 0.00				
F Network Construction Material (Total from QFDR)									
G Permits (Total from QFDR)				) \$ 0.00					
H Professional Services and Engineering (Total from QFDR)				\$ 0.00					
I Other	\$ 0.00								
10. Total Expenses Incurred this Perio	\$ 0.00								
11. Total Match Amount this Period	\$ 0.00								
12. Total Grant Amount Invoiced this R	1) \$ 0.00								
IV. Reimbursement Requ	est								
13. Total Lump Sum Payment Received at Project Start \$ 195,674.66									
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 0.00									
15. Lump Sum Payment Remaining		(Line #13 ı	minus #	14) \$ 195,67	4.66				
16. Total Grant Amount Invoiced this F	Period		(Line #	12) \$ 0.00					
17. Amount Requested for Reimburse	ment this Perio	od (Line #16 mir \$0, whichever							
18. Is this your final report? ☐ Yes	⊠ No								
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.									
Graftee Authorized Official Signati		Date 10/27/2021							
Printed Name of Authorized Official  Matthew Sams	I	Title of Authorized Offi Chief of Staff	icial or F	inancial Office	-				
		For DTMB Use Only							
Reviewed Approved By: Date:									

# Andrew Halfman 10/27/2021

## Attachment A - Quarterly Financial Report Instructions

- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
  - Your lump sum payment must be completely exhausted before any additional funds may be requested.
  - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.

I. Grantee Information								
1. Grant Number 2021-010		2. Grantee Company Mercury Wireless Indiana, LLC						
3. Address 6004 Highview Dr, Ste B		4. City 5. State Fort Wayne IN			6. ZIP Code 46818			
II. Financial Report (Due 30 Days After the End of a Reporting Period)								
7. Reporting Period								
☐ 10/1/2020 − 12/31/2020	☑ 10/1/2021 – 12/31/2021 □ 10/1/2022 – 12/31/2022							
☐ 1/1/2021 – 3/31/2021	☐ 1/1/2022 - 3/31/2022 ☐ 1/1/2023 - 3/31/2023							
☐ 4/1/2021 − 6/30/2021		4/1/2022 – 6/30/2022			023 - 6/30/2023			
☐ 7/1/2021 − 9/30/2021		7/1/2022 – 9/30/2022		□ 7/1/20	023 - 9/30/2023			
III. Expenditure Detail								
(Attach Accompanying Quarter	ly Financial I	Detail Report (QFDR) and in	nvoice/	payment doc	umentation)			
8. Expense Line Item				9. Total	Expense by Category			
A Buildings and Labor		(Total from	QFDR)	) \$	23,117.94			
B Customer Premise Equipment		(Total from	QFDR)		131,861.95			
C Customer Premise Installation		(Total from	QFDR)	\$ 0.00				
D Electronics		(Total from	QFDR)	\$	555,018.63			
E Network Construction Labor		(Total from	QFDR)	\$ 0.00				
F Network Construction Material		(Total from	QFDR)	\$	13,716.38			
G Permits	(Total from	QFDR	) \$0.00	,				
H Professional Services and Engin	(Total from	(Total from QFDR) \$ 0.00						
I Other (Total from QFDR)				\$ 0.00				
10. Total Expenses Incurred this Period	d	(Total From	QFDR)		723,714.90			
11. Total Match Amount this Period				\$	180,928.73			
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)				1) \$	542,786.18			
IV. Reimbursement Requ	est							
13. Total Lump Sum Payment Received at Project Start \$ 195,674.6								
14. Total Cumulative Expenditures Su	bmitted to Dat	te (Total from previ	ous QFI	Rs) \$ 0.00				
15. Lump Sum Payment Remaining		(Line #13 ı	minus #	14) \$	195,674.66			
16. Total Grant Amount Invoiced this F	Period		(Line #	12) \$	542,786.18			
17. Amount Requested for Reimburse	ment this Peri	od (Line #16 mir \$0, whichever			347,111.52			
18. Is this your final report? ☐ Yes	⊠ No							
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 Puthorized Official Signature Date  1/31/22								
Printed Name of Authorized Official Title of Authorized Official or Financial Officer  Matthew Sams Chief of Staff								
		For DTMB Use Only						
Reviewed	Approv	red By:	Date	٠.				

3/10/2022

- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
  - Your lump sum payment must be completely exhausted before any additional funds may be requested.
  - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.

I. Grantee Information	I. Grantee Information							
1. Grant Number 2021-010			rantee Company ercury Wireless Indiana, LLC					
3. Address		4.	City				6. ZIP Code	
6004 Highview Dr, Ste B			Fort Wayne	II.	N		46818	
II. Financial Report (Due 30 Days After the End of a Reporting Period)								
7. Reporting Period								
☐ 10/1/2020 <b>–</b> 12/31/2020	□ 10/1/2021 − 12/31/2021 □ 10/1/2022 − 12/31/2022							
☐ 1/1/2021 – 3/31/2021							23 – 3/31/2023	
☐ 4/1/2021 − 6/30/2021		4/1	/2022 – 6/30/2022		[	<u> 4/1/202</u>	23 – 6/30/2023	
☐ 7/1/2021 <i>–</i> 9/30/2021		7/1	/2022 – 9/30/2022		[	7/1/202	23 – 9/30/2023	
III. Expenditure Detail		_						
(Attach Accompanying Quarte	rly Financ	ial De	tail Report (QFDR) and i	nvoice/	paym	ent docu	mentation)	
8. Expense Line Item							Expense by Category	
A Buildings and Labor			(Total from	n QFDR)	)	\$0		
B Customer Premise Equipment			(Total from	QFDR)	)	\$ 0		
C Customer Premise Installation			(Total from	QFDR)	)	\$ 0		
D Electronics			(Total from	QFDR)		\$ 34,890.	15	
E Network Construction Labor			(Total from	QFDR)		\$ 9,166.25		
F Network Construction Material			(Total from	QFDR) \$ 12,612.77			77	
G Permits (Total from QFDR)				.)	\$0			
H Professional Services and Engineering (Tot			(Total from	QFDR)	)	\$ 0		
I Other			(Total from	n QFDR	)	\$ 0		
10. Total Expenses Incurred this Period (Total From QFDR)						\$ 56,669.	17	
11. Total Match Amount this Period						\$ 14,167.	29	
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)				1)	\$ 42,501.	88		
IV. Reimbursement Requ	ıest							
13. Total Lump Sum Payment Received at Project Start \$ 195,674.66							4.66	
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 347,111.52						1.52		
15. Lump Sum Payment Remaining			(Line #13	minus #	14)	\$		
16. Total Grant Amount Invoiced this	Period			(Line #	,	\$ 42,501.	88	
17. Amount Requested for Reimburse	ement this	Period	(Line #16 mir \$0, whichever			\$ 42,501.	88	
18. Is this your final report?  Yes	X No							
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 4/29/22								
Printed Name of Authorized Official  Matthew Sams	al		4/29/22 Title of Authorized Offi Chief of Staff	icial or F	inanc	ial Officer		
			For DTMB Use Only					
Reviewed Approved By: Date:								

	Everett Root	8/15/22
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- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
  - Your lump sum payment must be completely exhausted before any additional funds may be requested.
  - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.

I. Grantee Information							
1. Grant Number 2021-010		Grantee Company     Mercury Wireless Indiana, LLC					
3. Address		I. City	5.	6. ZIP Code			
6004 Highview Dr, Ste B		Fort Wayne	IN		46818		
II. Financial Report (Due 30 D	ays After th	e End of a Reporting Perio	od)				
7. Reporting Period	1						
☐ 10/1/2020 – 12/31/2020	2020						
☐ 1/1/2021 – 3/31/2021	<u> </u>	/1/2022 — 3/31/2022		□ 1/1/20	023 - 3/31/2023		
☐ 4/1/2021 − 6/30/2021	⊠ 4,	/1/2022 – 6/30/2022		☐ 4/1/20	023 - 6/30/2023		
7/1/2021 – 9/30/2021	□ 7 <i>i</i>	/1/2022 – 9/30/2022		7/1/20	023 - 9/30/2023		
III. Expenditure Detail							
(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and in	nvoice/	payment doci	umentation)		
8. Expense Line Item				9. Total	Expense by Category		
A Buildings and Labor		(Total from	QFDR)	\$ 0.00			
B Customer Premise Equipment		(Total from	QFDR)	\$ 0.00			
C Customer Premise Installation		(Total from	QFDR)	\$ 0.00			
D Electronics		(Total from	QFDR)	\$ 0.00			
E Network Construction Labor (Total from QFDR)				\$ 33,18	\$ 33,185.82		
F Network Construction Material (Total from QFDR)				\$ 3,664	43		
G Permits (Total from QFDR)				) \$0.00			
H Professional Services and Engineering (Total fr			QFDR)	\$ 0.00			
I Other		(Total from	QFDR	) \$0.00			
10. Total Expenses Incurred this Period		(Total From	QFDR)	\$ 36,850	).25		
11. Total Match Amount this Period			\$ 9,212.	56			
12. Total Grant Amount Invoiced this Per	riod	(Line #10 m	inus #1	1) \$ 27,63	7.69		
IV. Reimbursement Reques	st						
13. Total Lump Sum Payment Received at Project Start \$195,674.66							
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)				Rs) \$ 398,6	13.40		
15. Lump Sum Payment Remaining		(Line #13 r	minus #	14) \$ 0.00			
16. Total Grant Amount Invoiced this Per	riod		(Line #	12) \$ 27,63	7.69		
17. Amount Requested for Reimburseme		od (Line #16 min \$0, whichever		4 7 / h3	7.69		
18. Is this your final report?  Yes	No						
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							
Printed Name of Authorized Official		7/29/22	oiol or F	inanaial Office			
Printed Name of Authorized Official  Matthew Sams		Title of Authorized Office Chief of Staff	cial of F		···		
		For DTMB Use Only					
Reviewed Approved By: Date:							

- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
  - Your lump sum payment must be completely exhausted before any additional funds may be requested.
  - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.