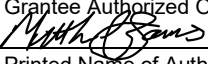
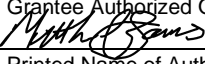


I. Grantee Information			
1. Grant Number 2021-009		2. Grantee Company Mercury Wireless Indiana, LLC	
3. Address 6004 Highview Dr, Ste B		4. City Fort Wayne	5. State IN
		6. ZIP Code 46818	
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input checked="" type="checkbox"/> 11/1/2020 – 12/31/2020	<input type="checkbox"/> 10/1/2021 – 12/31/2021	<input type="checkbox"/> 10/1/2022 – 12/31/2022	
<input type="checkbox"/> 1/1/2021 – 3/31/2021	<input type="checkbox"/> 1/1/2022 – 3/31/2022	<input type="checkbox"/> 1/1/2023 – 3/31/2023	
<input type="checkbox"/> 4/1/2021 – 6/30/2021	<input type="checkbox"/> 4/1/2022 – 6/30/2022	<input type="checkbox"/> 4/1/2023 – 6/30/2023	
<input type="checkbox"/> 7/1/2021 – 9/30/2021	<input type="checkbox"/> 7/1/2022 – 9/30/2022	<input type="checkbox"/> 7/1/2023 – 9/30/2023	
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)			
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
F	Network Construction Material	(Total from QFDR)	\$ 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. Total Expenses Incurred this Period			(Total From QFDR) \$ 0.00
11. Total Match Amount this Period			\$ 0.00
12. Total Grant Amount Invoiced this Period			(Line #10 minus #11) \$ 0.00
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 69,000.00
14. Total Cumulative Expenditures Submitted to Date			(Total from previous QFRs) \$ 0.00
15. Lump Sum Payment Remaining			(Line #13 minus #14) \$ 69,000.00
16. Total Grant Amount Invoiced this Period			(Line #12) \$ 0.00
17. Amount Requested for Reimbursement this Period			(Line #15 minus #16) \$ 0.00
18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 1/22/2021	
Printed Name of Authorized Official <b>Matthew Sams</b>		Title of Authorized Official or Financial Officer Chief of Staff, Corporate Secretary	
For DTMB Use Only			
Reviewed	Approved By:	Date:	

## Attachment A – Quarterly Financial Report (QFR)

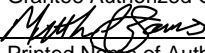
I. Grantee Information			
1. Grant Number 2021-009		2. Grantee Company Mercury Wireless Indiana, LLC	
3. Address 6004 Highview Dr, Ste B		4. City Fort Wayne	5. State IN
		6. ZIP Code 46818	
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> 10/1/2020 – 12/31/2020	<input type="checkbox"/> 10/1/2021 – 12/31/2021	<input type="checkbox"/> 10/1/2022 – 12/31/2022	
<input checked="" type="checkbox"/> 1/1/2021 – 3/31/2021	<input type="checkbox"/> 1/1/2022 – 3/31/2022	<input type="checkbox"/> 1/1/2023 – 3/31/2023	
<input type="checkbox"/> 4/1/2021 – 6/30/2021	<input type="checkbox"/> 4/1/2022 – 6/30/2022	<input type="checkbox"/> 4/1/2023 – 6/30/2023	
<input type="checkbox"/> 7/1/2021 – 9/30/2021	<input type="checkbox"/> 7/1/2022 – 9/30/2022	<input type="checkbox"/> 7/1/2023 – 9/30/2023	
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)			
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
F	Network Construction Material	(Total from QFDR)	\$ 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. Total Expenses Incurred this Period			(Total From QFDR) \$ 0.00
11. Total Match Amount this Period			\$ 0.00
12. Total Grant Amount Invoiced this Period			(Line #10 minus #11) \$ 0.00
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 69,000.00
14. Total Cumulative Expenditures Submitted to Date			(Total from previous QFRs) \$ 0.00
15. Lump Sum Payment Remaining			(Line #13 minus #14) \$ 69,000.00
16. Total Grant Amount Invoiced this Period			(Line #12) \$ 0.00
17. Amount Requested for Reimbursement this Period			(Line #16 minus #15, or \$0, whichever is greater) \$ 0.00
18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 4/21/2021	
Printed Name of Authorized Official <b>Matthew Sams</b>		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed	Approved By:	Date:	

**Attachment A – Quarterly Financial Report Instructions**

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 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.

## Attachment A – Quarterly Financial Report (QFR)

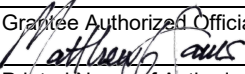
I. Grantee Information			
1. Grant Number 2021-009		2. Grantee Company Mercury Wireless Indiana, LLC	
3. Address 6004 Highview Dr, Ste B		4. City Fort Wayne	5. State IN
		6. ZIP Code 46818	
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> 10/1/2020 – 12/31/2020	<input type="checkbox"/> 10/1/2021 – 12/31/2021	<input type="checkbox"/> 10/1/2022 – 12/31/2022	
<input type="checkbox"/> 1/1/2021 – 3/31/2021	<input type="checkbox"/> 1/1/2022 – 3/31/2022	<input type="checkbox"/> 1/1/2023 – 3/31/2023	
<input checked="" type="checkbox"/> 4/1/2021 – 6/30/2021	<input type="checkbox"/> 4/1/2022 – 6/30/2022	<input type="checkbox"/> 4/1/2023 – 6/30/2023	
<input type="checkbox"/> 7/1/2021 – 9/30/2021	<input type="checkbox"/> 7/1/2022 – 9/30/2022	<input type="checkbox"/> 7/1/2023 – 9/30/2023	
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)			
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
F	Network Construction Material	(Total from QFDR)	\$ 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. Total Expenses Incurred this Period			(Total From QFDR) \$ 0.00
11. Total Match Amount this Period			\$ 0.00
12. Total Grant Amount Invoiced this Period			(Line #10 minus #11) \$ 0.00
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 69,000.00
14. Total Cumulative Expenditures Submitted to Date			(Total from previous QFRs) \$ 0.00
15. Lump Sum Payment Remaining			(Line #13 minus #14) \$ 69,000.00
16. Total Grant Amount Invoiced this Period			(Line #12) \$ 0.00
17. Amount Requested for Reimbursement this Period			(Line #16 minus #15, or \$0, whichever is greater) \$ 0.00
18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>Matthew Sams</b>		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed	Approved By:	Date:	

**Attachment A – Quarterly Financial Report Instructions**

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 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.

## Attachment A – Quarterly Financial Report (QFR)

I. Grantee Information			
1. Grant Number 2021-009		2. Grantee Company Mercury Wireless Indiana, LLC	
3. Address 6004 Highview Dr, Ste B		4. City Fort Wayne	5. State IN
		6. ZIP Code 46818	
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> 10/1/2020 – 12/31/2020	<input type="checkbox"/> 10/1/2021 – 12/31/2021	<input type="checkbox"/> 10/1/2022 – 12/31/2022	
<input type="checkbox"/> 1/1/2021 – 3/31/2021	<input type="checkbox"/> 1/1/2022 – 3/31/2022	<input type="checkbox"/> 1/1/2023 – 3/31/2023	
<input type="checkbox"/> 4/1/2021 – 6/30/2021	<input type="checkbox"/> 4/1/2022 – 6/30/2022	<input type="checkbox"/> 4/1/2023 – 6/30/2023	
<input checked="" type="checkbox"/> 7/1/2021 – 9/30/2021	<input type="checkbox"/> 7/1/2022 – 9/30/2022	<input type="checkbox"/> 7/1/2023 – 9/30/2023	
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)			
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
F	Network Construction Material	(Total from QFDR)	\$ 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. Total Expenses Incurred this Period			(Total From QFDR) \$ 0.00
11. Total Match Amount this Period			\$ 0.00
12. Total Grant Amount Invoiced this Period			(Line #10 minus #11) \$ 0.00
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 69,000.00
14. Total Cumulative Expenditures Submitted to Date			(Total from previous QFRs) \$ 0.00
15. Lump Sum Payment Remaining			(Line #13 minus #14) \$ 69,000.00
16. Total Grant Amount Invoiced this Period			(Line #12) \$ 0.00
17. Amount Requested for Reimbursement this Period			(Line #16 minus #15, or \$0, whichever is greater) \$ 0.00
18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 10/27/21	
Printed Name of Authorized Official <b>Matthew Sams</b>		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed	Approved By:	Date:	

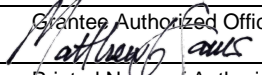
**Attachment A – Quarterly Financial Report Instructions**

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 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.
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- 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.

**Attachment A – Quarterly Financial Report (QFR)**

Type text here

<b>I. Grantee Information</b>			
1. Grant Number 2021-009		2. Grantee Company Mercury Wireless Indiana, LLC	
3. Address 6004 Highview Dr, Ste B		4. City Fort Wayne	5. State IN
		6. ZIP Code 46818	
<b>II. Financial Report (Due 30 Days After the End of a Reporting Period)</b>			
7. Reporting Period			
<input type="checkbox"/> 10/1/2020 – 12/31/2020	<input checked="" type="checkbox"/> 10/1/2021 – 12/31/2021	<input type="checkbox"/> 10/1/2022 – 12/31/2022	
<input type="checkbox"/> 1/1/2021 – 3/31/2021	<input type="checkbox"/> 1/1/2022 – 3/31/2022	<input type="checkbox"/> 1/1/2023 – 3/31/2023	
<input type="checkbox"/> 4/1/2021 – 6/30/2021	<input type="checkbox"/> 4/1/2022 – 6/30/2022	<input type="checkbox"/> 4/1/2023 – 6/30/2023	
<input type="checkbox"/> 7/1/2021 – 9/30/2021	<input type="checkbox"/> 7/1/2022 – 9/30/2022	<input type="checkbox"/> 7/1/2023 – 9/30/2023	
<b>III. Expenditure Detail</b> (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)			
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)	\$	21,492.92
C	Customer Premise Installation (Total from QFDR)	\$	0.00
D	Electronics (Total from QFDR)	\$	288,925.64
E	Network Construction Labor (Total from QFDR)	\$	0.00
F	Network Construction Material (Total from QFDR)	\$	6,841.83
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. Total Expenses Incurred this Period (Total From QFDR)		\$	340,378.33
11. Total Match Amount this Period		\$	85,094.58
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)		\$	255,283.75
<b>IV. Reimbursement Request</b>			
13. Total Lump Sum Payment Received at Project Start		\$	69,000.00
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)		\$	0.00
15. Lump Sum Payment Remaining (Line #13 minus #14)		\$	69,000.00
16. Total Grant Amount Invoiced this Period (Line #12)		\$	255,283.75
17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater)		\$	186,283.75
18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<b>III. Certification</b>			
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 1/31/22	
Printed Name of Authorized Official <b>Matthew Sams</b>		Title of Authorized Official or Financial Officer Chief of Staff	
<b>For DTMB Use Only</b>			
Reviewed	Approved By:	Date:	

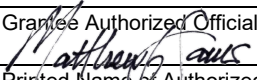


**Attachment A – Quarterly Financial Report Instructions**

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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
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- 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.
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- 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.
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- 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.
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- 18: Indicate if this is your final report, which will begin the project closeout process.

## Attachment A – Quarterly Financial Report (QFR)

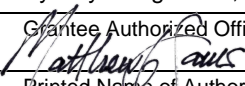
I. Grantee Information			
1. Grant Number 2021-009	2. Grantee Company Mercury Wireless Indiana, LLC		
3. Address 6004 Highview Dr, Ste B	4. City Fort Wayne	5. State IN	6. ZIP Code 46818
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> 10/1/2020 – 12/31/2020	<input type="checkbox"/> 10/1/2021 – 12/31/2021	<input type="checkbox"/> 10/1/2022 – 12/31/2022	
<input type="checkbox"/> 1/1/2021 – 3/31/2021	<input checked="" type="checkbox"/> 1/1/2022 – 3/31/2022	<input type="checkbox"/> 1/1/2023 – 3/31/2023	
<input type="checkbox"/> 4/1/2021 – 6/30/2021	<input type="checkbox"/> 4/1/2022 – 6/30/2022	<input type="checkbox"/> 4/1/2023 – 6/30/2023	
<input type="checkbox"/> 7/1/2021 – 9/30/2021	<input type="checkbox"/> 7/1/2022 – 9/30/2022	<input type="checkbox"/> 7/1/2023 – 9/30/2023	
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)			
8. Expense Line Item		9. Total Expense by Category	
A	Buildings and Labor (Total from QFDR)	\$ 0	
B	Customer Premise Equipment (Total from QFDR)	\$ 0	
C	Customer Premise Installation (Total from QFDR)	\$ 0	
D	Electronics (Total from QFDR)	\$ 6,518.91	
E	Network Construction Labor (Total from QFDR)	\$ 2,546.18	
F	Network Construction Material (Total from QFDR)	\$ 4,763.15	
G	Permits (Total from QFDR)	\$ 0	
H	Professional Services and Engineering (Total from QFDR)	\$ 0	
I	Other (Total from QFDR)	\$ 0	
10. Total Expenses Incurred this Period (Total From QFDR)		\$ 13,828.24	
11. Total Match Amount this Period		\$ 3,457.06	
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)		\$ 10,371.18	
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start		\$ 69,000.00	
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)		\$ 186,283.75	
15. Lump Sum Payment Remaining (Line #13 minus #14)		\$	
16. Total Grant Amount Invoiced this Period (Line #12)		\$ 10,371.18	
17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater)		\$ 10,371.18	
18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <b>Matthew Sams</b>		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed	Approved By:	Date:	

**Attachment A – Quarterly Financial Report Instructions**

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 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.

## Attachment A – Quarterly Financial Report (QFR)

I. Grantee Information			
1. Grant Number 2021-009	2. Grantee Company Mercury Wireless Indiana, LLC		
3. Address 6004 Highview Dr, Ste B	4. City Fort Wayne	5. State IN	6. ZIP Code 46818
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> 10/1/2020 – 12/31/2020	<input type="checkbox"/> 10/1/2021 – 12/31/2021	<input type="checkbox"/> 10/1/2022 – 12/31/2022	
<input type="checkbox"/> 1/1/2021 – 3/31/2021	<input type="checkbox"/> 1/1/2022 – 3/31/2022	<input type="checkbox"/> 1/1/2023 – 3/31/2023	
<input type="checkbox"/> 4/1/2021 – 6/30/2021	<input checked="" type="checkbox"/> 4/1/2022 – 6/30/2022	<input type="checkbox"/> 4/1/2023 – 6/30/2023	
<input type="checkbox"/> 7/1/2021 – 9/30/2021	<input type="checkbox"/> 7/1/2022 – 9/30/2022	<input type="checkbox"/> 7/1/2023 – 9/30/2023	
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)			
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)	\$ 9,218.28	
F	Network Construction Material (Total from QFDR)	\$ 4,879.92	
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. Total Expenses Incurred this Period (Total From QFDR)			\$ 14,098.20
11. Total Match Amount this Period			\$ 3,524.55
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)			\$ 10,573.65
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 60,000.00
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)			\$ 196,654.93
15. Lump Sum Payment Remaining (Line #13 minus #14)			\$ 0.00
16. Total Grant Amount Invoiced this Period (Line #12)			\$ 10,573.65
17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater)			\$ 0.00
18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 7/29/22	
Printed Name of Authorized Official <b>Matthew Sams</b>		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed	Approved By:	Date:	

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- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
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