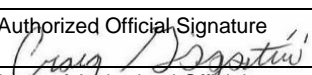


## Attachment A – Quarterly Financial Report (QFR)

| I. Grantee Information  |   |  |                              |
|---|---|--|------------------------------|
| 1. Grant Number<br>CMIC 2021-004  | 2. Grantee Company<br>Comcast                           |  |                              |
| 3. Address<br>3500 Patterson Ave SE   | 4. City<br>Grand Rapids                                 | 5. State<br>MI   | 6. ZIP Code<br>49512         |
| II. Financial Report (Due 30 Days After the End of a Reporting Period)  |   |  |                              |
| 7. Reporting Period   |   |  |                              |
| <input checked="" type="checkbox"/> 10/21/2020 – 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  |                              |
| III. Expenditure Detail<br>(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)                   | \$   |                              |
| B   | Customer Premise Equipment (Total from QFDR)            | \$   |                              |
| C   | Customer Premise Installation (Total from QFDR)         | \$   |                              |
| D   | Electronics (Total from QFDR)                           | \$   |                              |
| E   | Network Construction Labor (Total from QFDR)            | \$ 99,888.17   |                              |
| F   | Network Construction Material (Total from QFDR)         | \$   |                              |
| G   | Permits (Total from QFDR)                               | \$   |                              |
| H   | Professional Services and Engineering (Total from QFDR) | \$   |                              |
| I   | Other (Total from QFDR)                                 | \$   |                              |
| 10. Total Expenses Incurred this Period (Total From QFDR)   |   |  | \$ 99,888.17                 |
| 11. Total Match Amount this Period  |   |  | \$ 10,987.70                 |
| 12. Total Grant Amount Invoiced this Period (Line #10 minus #11)  |   |  | \$ 88,900.47                 |
| IV. Reimbursement Request   |   |  |                              |
| 13. Total Lump Sum Payment Received at Project Start  |   |  | \$                           |
| 14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)  |   |  | \$                           |
| 15. Lump Sum Payment Remaining (Line #13 minus #14)   |   |  | \$                           |
| 16. Total Grant Amount Invoiced this Period (Line #12)  |   |  | \$ 88,900.47                 |
| 17. Amount Requested for Reimbursement this Period (Line #15 minus #16)   |   |  | \$                           |
| 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<br>  |   | Date<br>March 31, 2021   |                              |
| Printed Name of Authorized Official<br><b>Craig D'Agostini</b>  |   | Title of Authorized Official or Financial Officer<br>Vice President, Government & Regulatory Affairs |                              |
| For DTMB Use Only   |   |  |                              |
| Reviewed  | Approved By:  |  | Date:                        |

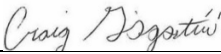
*Andrew Halfman*

4/8/2021

## Attachment A – Quarterly Financial Report (QFR)

| I. Grantee Information  |   |  |                              |
|---|---|--|------------------------------|
| 1. Grant Number<br>CMIC 2021-004  | 2. Grantee Company<br>Comcast                           |  |                              |
| 3. Address<br>3500 Patterson Ave SE   | 4. City<br>Grand Rapids                                 | 5. State<br>MI   | 6. ZIP Code<br>49512         |
| II. Financial Report (Due 30 Days After the End of a Reporting Period)  |   |  |                              |
| 7. Reporting Period   |   |  |                              |
| <input type="checkbox"/> 10/21/2020 – 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  |                              |
| III. Expenditure Detail<br>(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)                   | \$   |                              |
| B   | Customer Premise Equipment (Total from QFDR)            | \$   |                              |
| C   | Customer Premise Installation (Total from QFDR)         | \$   |                              |
| D   | Electronics (Total from QFDR)                           | \$   |                              |
| E   | Network Construction Labor (Total from QFDR)            | \$ 13,121.97   |                              |
| F   | Network Construction Material (Total from QFDR)         | \$   |                              |
| G   | Permits (Total from QFDR)                               | \$ 54,440.00   |                              |
| H   | Professional Services and Engineering (Total from QFDR) | \$ 173,052.23  |                              |
| I   | Other (Total from QFDR)                                 | \$   |                              |
| 10. Total Expenses Incurred this Period (Total From QFDR)   |   |  | \$ 240,614.20                |
| 11. Total Match Amount this Period  |   |  | \$ 26,467.56                 |
| 12. Total Grant Amount Invoiced this Period (Line #10 minus #11)  |   |  | \$ 214,146.64                |
| IV. Reimbursement Request   |   |  |                              |
| 13. Total Lump Sum Payment Received at Project Start  |   |  | \$                           |
| 14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)  |   |  | \$                           |
| 15. Lump Sum Payment Remaining (Line #13 minus #14)   |   |  | \$                           |
| 16. Total Grant Amount Invoiced this Period (Line #12)  |   |  | \$ 214,146.64                |
| 17. Amount Requested for Reimbursement this Period (Line #15 minus #16)   |   |  | \$                           |
| 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<br><i>Craig D'Agostini</i>  |   | Date<br>July 15, 2021  |                              |
| Printed Name of Authorized Official<br><b>Craig D'Agostini</b>  |   | Title of Authorized Official or Financial Officer<br>Vice President, Government & Regulatory Affairs |                              |
| For DTMB Use Only   |   |  |                              |
| Reviewed  | Approved By:  | Date:  |                              |
|   | <i>Andrew Halfman</i>                                   | 8/2/2021   |                              |


## Attachment A – Quarterly Financial Report (QFR)

| I. Grantee Information  |   |  |                              |
|---|---|--|------------------------------|
| 1. Grant Number<br>CMIC 2021-004  | 2. Grantee Company<br>Comcast                           |  |                              |
| 3. Address<br>3500 Patterson Ave SE   | 4. City<br>Grand Rapids                                 | 5. State<br>MI   | 6. ZIP Code<br>49512         |
| II. Financial Report (Due 30 Days After the End of a Reporting Period)  |   |  |                              |
| 7. Reporting Period   |   |  |                              |
| <input type="checkbox"/> 10/21/2020 – 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 checked="" 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  |                              |
| III. Expenditure Detail<br>(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)                   | \$   |                              |
| B   | Customer Premise Equipment (Total from QFDR)            | \$   |                              |
| C   | Customer Premise Installation (Total from QFDR)         | \$   |                              |
| D   | Electronics (Total from QFDR)                           | \$   |                              |
| E   | Network Construction Labor (Total from QFDR)            | \$ 271,916.61  |                              |
| F   | Network Construction Material (Total from QFDR)         | \$   |                              |
| G   | Permits (Total from QFDR)                               | \$ 65,718.75   |                              |
| H   | Professional Services and Engineering (Total from QFDR) | \$   |                              |
| I   | Other (Total from QFDR)                                 | \$   |                              |
| 10. Total Expenses Incurred this Period (Total From QFDR)   |   |  | \$ 337,635.36                |
| 11. Total Match Amount this Period  |   |  | \$ 37,139.89                 |
| 12. Total Grant Amount Invoiced this Period (Line #10 minus #11)  |   |  | \$ 300,495.47                |
| IV. Reimbursement Request   |   |  |                              |
| 13. Total Lump Sum Payment Received at Project Start  |   |  | \$                           |
| 14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)  |   |  | \$                           |
| 15. Lump Sum Payment Remaining (Line #13 minus #14)   |   |  | \$                           |
| 16. Total Grant Amount Invoiced this Period (Line #12)  |   |  | \$ 300,495.47                |
| 17. Amount Requested for Reimbursement this Period (Line #15 minus #16)   |   |  | \$                           |
| 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<br>  |   | Date<br>September 30, 2021   |                              |
| Printed Name of Authorized Official<br><b>Craig D'Agostini</b>  |   | Title of Authorized Official or Financial Officer<br>Vice President, Government & Regulatory Affairs |                              |
| For DTMB Use Only   |   |  |                              |
| Reviewed  | Approved By:  | Date:  |                              |

*Andrew Halfman*

10/12/2021

## Attachment A – Quarterly Financial Report (QFR)

| I. Grantee Information   |   |  |                              |
|--|---|--|------------------------------|
| 1. Grant Number<br>CMIC 2021-004   | 2. Grantee Company<br>Comcast                           |  |                              |
| 3. Address<br>3500 Patterson Ave SE  | 4. City<br>Grand Rapids                                 | 5. State<br>MI   | 6. ZIP Code<br>49512         |
| II. Financial Report (Due 30 Days After the End of a Reporting Period)   |   |  |                              |
| 7. Reporting Period  |   |  |                              |
| <input type="checkbox"/> 10/21/2020 – 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 checked="" 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  |                              |
| III. Expenditure Detail<br>(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)                   | \$   |                              |
| B  | Customer Premise Equipment (Total from QFDR)            | \$   |                              |
| C  | Customer Premise Installation (Total from QFDR)         | \$   |                              |
| D  | Electronics (Total from QFDR)                           | \$   |                              |
| E  | Network Construction Labor (Total from QFDR)            | \$ 589,664.29  |                              |
| F  | Network Construction Material (Total from QFDR)         | \$   |                              |
| G  | Permits (Total from QFDR)                               | \$ 111,095.93  |                              |
| H  | Professional Services and Engineering (Total from QFDR) | \$ 3,012.31  |                              |
| I  | Other (Total from QFDR)                                 | \$   |                              |
| 10. Total Expenses Incurred this Period (Total From QFDR)  |   |  | \$ 703,772.53                |
| 11. Total Match Amount this Period   |   |  | \$ 77,414.98                 |
| 12. Total Grant Amount Invoiced this Period (Line #10 minus #11)   |   |  | \$ 626,357.55                |
| IV. Reimbursement Request  |   |  |                              |
| 13. Total Lump Sum Payment Received at Project Start   |   |  | \$                           |
| 14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)   |   |  | \$                           |
| 15. Lump Sum Payment Remaining (Line #13 minus #14)  |   |  | \$                           |
| 16. Total Grant Amount Invoiced this Period (Line #12)   |   |  | \$ 626,357.55                |
| 17. Amount Requested for Reimbursement this Period (Line #15 minus #16)  |   |  | \$                           |
| 18. Is this your final report? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> <b>No</b>  |   |  |                              |
| 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<br>   |   | Date<br>December 23, 2021  |                              |
| Printed Name of Authorized Official<br><b>Craig D'Agostini</b>   |   | Title of Authorized Official or Financial Officer<br>Vice President, Government & Regulatory |                              |
| For DTMB Use Only  |   |  |                              |
| Reviewed By:   | Approved By:  | Date:  |                              |

*Andrew Halzman*

1/26/2022