I. Grantee Information									
	1. Grant Number 2. Grantee Company CMIC 2021-004 Comcast								
			4. (		5.	State		6. ZIP Code	
				and Rapids	MI			49512	
	II. Financial Report (Due 3	0 Days Af	ter the	End of a Reporting Peri	od)				
	7. Reporting Period								
	10/21/2020 – 2/28/2021		□ 12/1	/2021 – 2/28/2022	☐ 12/1/2·			022 – 2/28/2023	
	3/1/2021 – 5/31/2021		□ 3/1	/2022 – 5/31/2022	□ 3/1/20:			23 – 5/31/2023	
	6/1/2021 – 8/31/2021		☐ 6/1.	/2022 – 8/31/2022	□ 6/1/2023 –			23 – 8/31/2023	
	9/1/2021 – 11/30/2021		9/1	/2022 – 11/30/2022			9/1/202	23 – 9/30/2023	
	III. Expenditure Detail								
(Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)									
8. E	xpense Line Item						9. Total E	Expense by Category	
Α	Buildings and Labor			(Total from	n QFDR	.)	\$		
В	Customer Premise Equipment			(Total from	QFDR)	)	\$		
С	Customer Premise Installation			(Total from	QFDR)	)	\$		
D	Electronics			(Total from	QFDR)	)	\$		
Ε	Network Construction Labor			(Total from	from QFDR) \$ 99,88			.17	
F				(Total from	m QFDR) \$				
G	G Permits			(Total from QFDR) \$			\$		
Н	H Professional Services and Engineering			(Total from QFDR) \$					
I Other				(Total fron			\$		
10.	Total Expenses Incurred this Peri	od		(Total From	QFDR	)	\$ 99,888	.17	
11.	Total Match Amount this Period			•			\$ 10,987	.70	
12.	Total Grant Amount Invoiced this		(Line #10 minus #11) \$88,900.47				.47		
	IV. Reimbursement Requ	uest							
13.	Total Lump Sum Payment Receiv	∕ed at Proj	ect Star	t			\$		
14. Total Cumulative Expenditures Submitted to Date			Date	(Total from previ	ous QF	Rs)	\$		
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 Reimburse	Period	od (Line #15 minus #16) \$						
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 March 31, 2021  Title of Authorized Official Title of Authorized Official or Financial Officer									
	Craig D'Agostini	aı		Vice President, G					
For DTMB Use Only									
	Reviewed	Δr	proved	By.	Date	<u> </u>			

I. Grantee Information									
	1. Grant Number 2. Grantee Company CMIC 2021-004 Comcast								
3. Address 3500 Patterson Ave SE			4. City Grand Rapids			5. State MI		6. ZIP Code 49512	
II. Financial Report (Due 30 Days After the End of a Reporting Period)									
7. Reporting Period									
	□ 10/21/2020 - 2/28/2021 □ 12/1/2021 - 2/28/2022 □ 12/1/2022 - 2/28/2023								
								23 – 5/31/2023	
□ 6/1/2021 − 8/31/2021 □ 6/1/2022 − 8/31/2022 □ 6/1/2023 − 8/31/2023								23-8/31/2023	
	□ 9/1/2021 - 11/30/2021 □ 9/1/2022 - 11/30/2022 □ 9/1/2023 - 9/30/2023								
III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)									
8. E	Expense Line Item						9. Total E	expense by Category	
Α	Buildings and Labor			(Total fror	n QFDR	.)	\$		
В	Customer Premise Equipme	nt		(Total fron	n QFDR)	)	\$		
С	Customer Premise Installation (Total from QFDR) \$								
D									
Е	Network Construction Labor			(Total from	ı QFDR)		\$13,121	.97	
F	Network Construction Material (Total from QFDR) \$								
G	Permits (Total from QFDR) \$54,440.00								
Н	Professional Services and Engineering (Total from QFDR) \$173,052.23								
ı									
10.	10. Total Expenses Incurred this Period (Total From QFDR) \$240,614.20								
11.	11. Total Match Amount this Period \$26,467.56								
12.	12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$214,146.64								
	IV. Reimbursement Re	equest							
13.	Total Lump Sum Payment Red	ceived at l	Project S	Start			\$		
14.	14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$								
15.	15. Lump Sum Payment Remaining (Line #13 minus #14) \$								
16.	16. Total Grant Amount Invoiced this Period (Line #12) \$214,146.64								
17.	17. Amount Requested for Reimbursement this Period (Line #15 minus #16) \$								
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 Title of Authorized Official or Financial Officer									
Craig D'Agostini Vice President, Government & Regulatory Affairs  For DTMB Use Only									
Reviewed Approved By: Date:									
	Andrew Halfman 8/2/2021								

I. Grantee Information									
	1. Grant Number 2. Grantee Company CMIC 2021-004 Comcast								
		4. City Grand Rapids	5. State MI		6. ZIP Code 49512				
II. Financial Report (Due 30 Days After the End of a Reporting Period)									
7. Reporting Period									
□ 10/21/2020 – 2/28/2021 □ 12/1/2021 – 2/28/2022 □ 12/1/2022 – 2/28/2023									
	3/1/2021 – 5/31/2021		3/1/2022 – 5/31/2022		□ 3/1/20	023 - 5/31/2023			
$\geq$	6/1/2021 – 8/31/2021		_	023 – 8/31/2023					
	9/1/2021 – 11/30/2021	9/1/20	☐ 9/1/2023 – 9/30/2023						
□ 9/1/2021 − 11/30/2021 □ 9/1/2022 − 11/30/2022 □ 9/1/2023 − 9/30/2023  III. Expenditure Detail									
(Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)									
8. E	xpense Line Item				9. Total	9. Total Expense by Category			
Α	Buildings and Labor		(Total from	n QFDR	) \$	\$			
В	Customer Premise Equipment		(Total from	QFDR)	\$				
С	Customer Premise Installation	\$							
D	Electronics	\$	\$						
Е	Network Construction Labor	\$ 271,9	\$ 271,916.61						
F	Network Construction Material	\$	\$						
G	Permits	\$ 65,71	\$ 65,718.75						
Н	Professional Services and Engineering (Total from QFDR)					\$			
I	Other	) \$							
10.	Total Expenses Incurred this Period	\$ 337,6	35.36						
11.	Total Match Amount this Period				\$ 37,13	9.89			
12.	Total Grant Amount Invoiced this Pe	iod	(Line #10 m	ninus #1	1) \$ 300,4	95.47			
	IV. Reimbursement Reques								
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 Pe	riod		(Line #12) \$ 300,495.47					
17. Amount Requested for Reimbursement this Period (Line #15 minus #16) \$									
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									
Craig Disgorttu' September 30, 2021									
	Printed Name of Authorized Official  Craig D'Agostini			f Authorized Official or Financial Officer President, Government & Regulatory Affairs					
For DTMB Use Only									
	Reviewed	Approv	ed By:	Date					

I. Grantee Information								
	1. Grant Number 2. Grantee Company CMIC 2021-004 Comcast							
3. Address 3500 Patterson Ave SE			City Frand Rapids	5. S MI	State	6. ZIP Code 49512		
II	II. Financial Report (Due 30 Days After the End of a Reporting Period)							
7.	. Reporting Period							
	10/21/2020 – 2/28/2021	□ 12	/1/2021 – 2/28/2022		12/1/2	12/1/2022 – 2/28/2023		
	3/1/2021 - 5/31/2021	□ 3/	/1/2022 – 5/31/2022		□ 3/1/20	3/1/2023 – 5/31/2023		
	6/1/2021 - 8/31/2021	□ 6/	1/2022 – 8/31/2022		☐ 6/1/20	☐ 6/1/2023 − 8/31/2023		
$\boxtimes$	9/1/2021 – 11/30/2021	9/	/1/2022 – 11/30/2022		□ 9/1/20	23 – 9/30/2023		
	III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)							
8. Ex	pense Line Item				9. Total	9. Total Expense by Category		
Α	Buildings and Labor		(Total from	QFDR)	\$			
В	Customer Premise Equipment		(Total from	QFDR)	\$			
С	Customer Premise Installation		(Total from	QFDR)	\$			
D	Electronics		(Total from	QFDR)	\$			
Е	Network Construction Labor		(Total from	QFDR)	\$ 589,66	64.29		
F	Network Construction Material (Total from QFDR)							
G	Permits		(Total from	QFDR)	\$ 111,09	\$ 111,095.93		
H Professional Services and Engineering (Total from Q				QFDR)	\$ 3,012.	\$ 3,012.31		
I Other (Total from QFDR)								
10. T	otal Expenses Incurred this Perio	d	(Total From C	(FDR)	\$ 703,77	72.53		
11. T	otal Match Amount this Period			\$ 77,414	1.98			
12. T	otal Grant Amount Invoiced this P	(Line #10 min	us #11)	\$ 626,35	\$ 626,357.55			
ı	V. Reimbursement Requ	est						
13. T	otal Lump Sum Payment Receive	d at Project Start			\$			
14. T	otal Cumulative Expenditures Sub	omitted to Date	(Total from previou	ıs QFRs)	) \$			
15. Li	ump Sum Payment Remaining		(Line #13 mi	nus #14)	) \$			
16. Total Grant Amount Invoiced this Period			(L	ine #12)	\$ 626,35	57.55		
17. Amount Requested for Reimbursement this Period (Line #15 minus #16) \$								
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								
Craig Disgritin' December 23, 2021								
	Printed Name of Authorized Official  Craig D'Agostini  Title of Authorized Official or Financial Officer  Vice President, Government & Regulatory							
For DTMB Use Only								
	Reviewed By:	Approve	d By:	Date	e:			