| I. Grantee Information | | | | | | | | |
|---|---|------------|-----------------------|-----------------------|-----------|-----------------|------------|----------------------|
| | 1. Grant Number 2. Grantee Company 2021-009 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 | | | | | | | |
| | 11/1/2020 – 12/31/2020 | | ☐ 10 | 0/1/2021 – 12/31/2021 | | | 10/1/20 | 22 – 12/31/2022 |
| | 1/1/2021 – 3/31/2021 | | | 1/2022 – 3/31/2022 | | | | 3 – 3/31/2023 |
| | ☐ 4/1/2021 <i>–</i> 6/30/2021 | | | 1/2022 – 6/30/2022 | | | | 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 Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation) | | | | | | | |
| 8. E | Expense Line Item | | | | | 9 | 9. Total E | xpense by Category |
| Α | Buildings and Labor | | | , | m QFDR | | \$ 0.00 | |
| В | Customer Premise Equipme | nt | | (Total fro | m QFDR) |) ; | \$ 0.00 | |
| С | Customer Premise Installation | on | | (Total fro | m QFDR) |) ; | \$ 0.00 | |
| D | Electronics | | | (Total fro | n QFDR) |) : | \$ 0.00 | |
| Е | Network Construction Labor | | | (Total fro | m QFDR) | · | \$ 0.00 | |
| F | Network Construction Materi | al | | (Total fror | | | \$ 0.00 | |
| G | Permits (Total from QFDR) \$ 0.00 | | | | | | | |
| Н | | | | | | | | |
| l | I Other (Total from QFDR) \$ 0.00 | | | | | | | |
| 10. | 10. Total Expenses Incurred this Period (Total From QFDR) \$ 0.00 | | | | | | | |
| 11. Total Match Amount this Period | | | | | ; | \$ 0.00 | | |
| 12. | 12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$ 0.00 | | | | | | | |
| IV. Reimbursement Request | | | | | | | | |
| 13. | 13. Total Lump Sum Payment Received at Project Start \$69,000.00 | | | | | | | |
| 14. | Total Cumulative Expenditures | s Submitte | d to Date | (Total from pre | vious QF | Rs) | \$ 0.00 | |
| 15. | Lump Sum Payment Remainir | ng | | (Line #1 | 3 minus # | <i>‡</i> 14) \$ | \$ 69,000. | 00 |
| | Total Grant Amount Invoiced t | | | | (Line # | , | \$ 0.00 | |
| 17. | Amount Requested for Reimb | ursement | this Perio | d (Line #1 | minus # | £16) S | \$ 0.00 | |
| 18. | Is this your final report? | res 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 1/22/2021 | | | | | | | | |
| | Printed Name of Authorized Official Title of Authorized Official or Financial Officer Matthew Sams Chief of Staff, Corporate Secretary | | | | | | | |
| For DTMB Use Only | | | | | | | | |
| | Reviewed | | Approve | · - | Date | e: | | |
| | | | | | | | | |

| I. Grantee Infor | mation | | | | | |
|---|--|---|--|----------------------|-----------------|---------------------|
| 1. Grant Number 2021-009 | | 2. Grantee Company Mercury Wireless Indiana, LLC | | | | |
| 3. Address 6004 Highview [| 3. Address4. City5. Sta6004 Highview Dr, Ste BFort WayneIN | | State | 6. ZIP Code 46818 | | |
| II. Financial Re | port (Due 30 Da | ays After th | e End of a Reporting Peri | od) | | |
| 7. Reporting Period | | | | | | |
| ☐ 10/1/2020 – 12/31 | 1/2020 | □ 10 | 0/1/2021 – 12/31/2021 | | □ 10/1/2 | 022 – 12/31/2022 |
| | | | 1/2022 – 3/31/2022 | | | 23 – 3/31/2023 |
| ☐ 4/1/2021 – 6/30/2 | | | 1/2022 – 6/30/2022 | | | 23 – 6/30/2023 |
| ☐ 7/1/2021 – 9/30/2 | 2021 | □ 7/ | 1/2022 – 9/30/2022 | | | 23 – 9/30/2023 |
| III. Expenditur | e Detail | | | | | |
| - | | Financial D | etail Report (QFDR) and i | nvoice/ | payment docu | mentation) |
| 8. Expense Line Item | | | | | 9. Total | Expense by Category |
| A Buildings and Lab | or | | (Total from | QFDR) | \$ 0.00 | |
| B Customer Premise | e Equipment | | (Total from | QFDR) | \$ 0.00 | |
| C Customer Premise | e Installation | | (Total from | QFDR) | \$ 0.00 | |
| D Electronics | | | (Total from | QFDR) | \$ 0.00 | |
| E Network Construc | tion Labor | | (Total from | QFDR) | \$ 0.00 | |
| F Network Construct | tion Material | | (Total from | QFDR) | \$ 0.00 | |
| G Permits | | | (Total from | QFDR) | \$ 0.00 | |
| H Professional Servi | ices and Engineer | ing | (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 m | inus #11 | 1) \$ 0.00 | |
| IV. Reimburse | ment Reques | t | | | | |
| 13. Total Lump Sum Payment Received at Project Start \$69,000.00 | | | | | | .00 |
| 14. Total Cumulative Expenditures Submitted to Date | | | e (Total from previ | ous QFF | Rs) \$ 0.00 | |
| 15. Lump Sum Paymen | t Remaining | | (Line #13 ı | minus #′ | 14) \$ 69,000 | .00 |
| 16. Total Grant Amount | | | | (Line #1 | , . | |
| 17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater) | | | | | | |
| 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 | - | | Date 4/21/2021 | | | |
| Printed Name of Aut Matthew Sams | thorized Official | | Title of Authorized Offi Chief of Staff | cial or F | inancial Office | - |
| For DTMB Use Only | | | | | | |
| Reviewed | | Approve | d Dur | Doto | | |

Andrew Halfman

4/23/2021

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 2021-009 | 2. Grantee Company Mercury Wireless Indiana, LLC | | | | | | |
| 3. Address | | . City 5. State | | | 6. ZIP Code | | |
| 6004 Highview Dr, Ste B | h | Fort Wayne | IN | | 46818 | | |
| II. Financial Report (Due 30 D | ays After th | e End of a Reporting Perio | od) | | | | |
| 7. Reporting Period | • | | | | | | |
| ☐ 10/1/2020 – 12/31/2020 | ☐ 10 | 0/1/2021 – 12/31/2021 | | ☐ 10/1/2 | 022 – 12/31/2022 | | |
| ☐ 1/1/2021 – 3/31/2021 | ☐ 1 <i>i</i> | /1/2022 – 3/31/2022 | | 1/1/20 | 23 – 3/31/2023 | | |
| | ☐ 4 <i>i</i> | /1/2022 — 6/30/2022 | <i>−</i> 6/30/2022 | | 023 - 6/30/2023 | | |
| 7/1/2021 – 9/30/2021 | □ 7 <i>i</i> | /1/2022 — 9/30/2022 | | 7/1/20 | 23 – 9/30/2023 | | |
| III. Expenditure Detail | | | | | | | |
| (Attach Accompanying Quarterly | Financial D | etail Report (QFDR) and in | nvoice/ | payment docu | mentation) | | |
| 8. Expense Line Item | | | | 9. Total I | 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 Enginee | ring | (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 Per | (Line #10 m | inus #1 | 1) \$ 0.00 | | | | |
| IV. Reimbursement Reques | st | | | | | | |
| 13. Total Lump Sum Payment Received at Project Start \$69,000.00 | | | | | .00 | | |
| 14. Total Cumulative Expenditures Subm | nitted to Date | e (Total from previo | ous QFI | Rs) \$ 0.00 | | | |
| 15. Lump Sum Payment Remaining | | (Line #13 r | minus # | 14) \$ 69,000 | .00 | | |
| 16. Total Grant Amount Invoiced this Per | riod | | (Line # | 12) \$ 0.00 | | | |
| 17. Amount Requested for Reimburseme | od (Line #16 min \$0, whichever | | 1 4 0 00 | | | | |
| 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 7/30/21 | | | | | |
| Printed Name of Authorized Official Matthew Sams | | Title of Authorized Offi Chief of Staff | cial or F | inancial Officer | • | | |
| 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 2021-009 | 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 D | ays After th | e End of a Reporting Peri | od) | | | |
| 7. Reporting Period | | | | | | |
| ☐ 10/1/2020 – 12/31/2020 | ☐ 10 | 0/1/2021 – 12/31/2021 | | ☐ 10/1/2 | 022 – 12/31/2022 | |
| ☐ 1/1/2021 – 3/31/2021 | | 1/2022 – 3/31/2022 | | _ | 23 – 3/31/2023 | |
| ☐ 4/1/2021 − 6/30/2021 | | 1/2022 – 6/30/2022 | | | 23 – 6/30/2023 | |
| ☑ 7/1/2021 – 9/30/2021 | □ 7/ | 1/2022 – 9/30/2022 | | | 23 – 9/30/2023 | |
| III. Expenditure Detail | | | _ | | | |
| (Attach Accompanying Quarterly | Financial D | etail Report (QFDR) and i | nvoice/ | payment docu | 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 | | |
| F Network Construction Material | | (Total from | QFDR) | \$ 0.00 | | |
| G Permits | | (Total from | QFDR | \$ 0.00 | | |
| H Professional Services and Enginee | ring | (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 Per | (Line #10 m | inus #1 | 1) \$ 0.00 | | | |
| IV. Reimbursement Reques | st | | _ | | | |
| 13. Total Lump Sum Payment Received at Project Start \$69,000.00 | | | | | 0.00 | |
| 14. Total Cumulative Expenditures Subm | (Total from previ | ous QFI | Rs) \$ 0.00 | | | |
| 15. Lump Sum Payment Remaining | | (Line #13 ı | minus # | 14) \$ 69,000 | 0.00 | |
| 16. Total Grant Amount Invoiced this Per | riod | | (Line # | , | | |
| 17. Amount Requested for Reimbursement this Period (Line #16 minus #15, o \$0, whichever is greater | | | | | | |
| 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 10/27/21 | | | | |
| 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 | 10/27/202 |
|----------------|-----------|
| , , , , | |

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 2021-009 | | | | | | | |
| | | l. City Fort Wayne | 5. State IN | | | 6. ZIP Code 46818 | |
| II. Financial Report (Due 30 | Days After th | e End of a Reporting Peri | od) | | | | |
| 7. Reporting Period | | | | | | | |
| ☐ 10/1/2020 − 12/31/2020 | ⊠ 1 | 0/1/2021 – 12/31/2021 | | | 10/1/20 | 022 – 12/31/2022 | |
| ☐ 1/1/2021 – 3/31/2021 | | /1/2022 – 3/31/2022 | | ☐ 1/1/2023 – 3/31/2023 | | | |
| ☐ 4/1/2021 − 6/30/2021 | □ 4, | /1/2022 – 6/30/2022 | | | ☐ 4/1/2023 − 6/30/2023 | | |
| ☐ 7/1/2021 – 9/30/2021 | □ 7. | /1/2022 – 9/30/2022 | | | 7/1/202 | 23 – 9/30/2023 | |
| III. Expenditure Detail | | | _ | _ | _ | | |
| (Attach Accompanying Quarter | ly Financial D | etail Report (QFDR) and i | nvoice | /payme | nt docu | mentation) | |
| 8. Expense Line Item | - | | | | 9. Total E | Expense by Category | |
| A Buildings and Labor | | (Total from | n 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 fron | n QFDR | 2) ; | \$ 0.00 | · | |
| H Professional Services and Engine | eering | (Total from | n QFDR | :) : | \$ 0.00 | | |
| I Other | | (Total from | n 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 #1 | | | 1) | \$ | 255,283.75 | | |
| IV. Reimbursement Request | | | | | | | |
| · | | | | | | 69,000.00 | |
| 14. Total Cumulative Expenditures Sub | mitted to Date | e (Total from previ | ous QF | Rs) | \$ 0.00 | | |
| 15. Lump Sum Payment Remaining | | (Line #13 | minus # | ‡14) | \$ | 69,000.00 | |
| 16. Total Grant Amount Invoiced this P | eriod | | (Line # | 12) | \$ | 255,283.75 | |
| 17. Amount Requested for Reimburser | nent this Perio | od (Line #16 mir \$0, whichever | | | \$ | 186,283.75 | |
| 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. | | | | | | | |
| Santee Authorized Official Signatu | Stantee Authorized Official Signature Date 1/31/22 | | | | | | |
| Printed Name of Authorized Official Matthew Sams Title of Authorized Official or Financial Officer Chief of Staff | | | | | | | |
| For DTMB Use Only | | | | | | | |
| Reviewed | Approve | - | Date | a: | | | |

| Everett Root | 3/10/2022 |
|--------------|-----------|
| Everell Root | 3/10/2022 |

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.