	I. Grantee Information									
	1. Grant Number2. Grantee Company2021-013Mercury 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									
							22 – 12/31/2022			
	1/1/2021 – 3/31/2021		□ 1/	☐ 1/1/2022 – 3/31/2022 [			☐ 1/1/2023 – 3/31/2023			
	4/1/2021 – 6/30/2021		□ 4/	4/1/2022 – 6/30/2022				□ 4/1/202	23 – 6/30/2023	
	7/1/2021 – 9/30/2021		□ 7/	1/2022 – 9/30/202	22			7/1/2023 – 9/30/2023		
	III. Expenditure Detail (Attach Accompanying Quarterly Financial Detail Report (QFDR) and invoice/payment documentation)									
8. E	xpense Line Item							9. Total E	xpense by Category	
Α	Buildings and Labor			Τ)	Total from	QFDR	.)	\$ 0.00		
В	Customer Premise Equipmen	nt		(T	otal from	QFDR)	)	\$ 0.00		
С	Customer Premise Installation	n		(T	otal from	QFDR)	)	\$ 0.00		
D	Electronics			(Te	otal from	QFDR)	1	\$ 0.00		
Е	E Network Construction Labor (Total from QFDR) \$ 0.00									
F	Network Construction Materi	al		(To	otal from (	QFDR)		\$ 0.00		
G	Permits (Total from QFDR) \$ 0.00									
Н	Professional Services and Er	ngineerin	9	(7	Total from	QFDR	.)	\$ 0.00		
I	Other			(7	Total from	QFDR	2)	\$ 0.00		
10.	Total Expenses Incurred this F	Period		(To	otal From	QFDR	)	\$0.00		
11.	Total Match Amount this Perio	d						\$ 0.00		
12.	Total Grant Amount Invoiced t	his Period	<u> </u>	(Li	ne #10 m	inus #1	1)	\$ 0.00		
	IV. Reimbursement Re	equest								
13.	Total Lump Sum Payment Red	ceived at	Project St	art				\$ 199,983	3.69	
14.	Total Cumulative Expenditures	Submitte	ed to Date	e (Total fr	rom previo	ous QF	Rs)	\$ 0.00		
15.	Lump Sum Payment Remainin	ng		(L	Line #13 r	minus #	£14)	\$ 199,983	3.69	
16.	Total Grant Amount Invoiced to	his Period				(Line #	12)	\$ 0.00		
17.	Amount Requested for Reimbu	ursement	this Perio	d (L	_ine #15 n	ninus #	16)	\$ 0.00		
18.	Is this your final report?	es 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 Of Matthew Sams	fficial		Title of Autho Chief of St						
	For DTMB Use Only									
	Reviewed		Approve	ed By:		Date	e:			

I. Grantee Information									
1. Grant Number 2021-013	Grantee Company     Mercury Wireless Indiana, LLC								
3. Address	l. City	5. State		6. ZIP Code					
6004 Highview Dr, Ste B	F	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 □ 10/1/2021 − 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 <i>/</i>	/1/2022 — 6/30/2022		<u> 4/1/20</u>	23 – 6/30/2023				
7/1/2021 – 9/30/2021		/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	D Electronics (Total from QFD				\$ 0.00				
E Network Construction Labor	Network Construction Labor (Total from QFDR)				\$ 0.00				
Network Construction Material (Total from QFDR)				\$ 0.00	·				
G Permits	Permits (Total from QFDR)				\$ 0.00				
H Professional Services and Engineering (Total				\$ 0.00	<u>'</u>				
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 \$199,983.69									
14. Total Cumulative Expenditures Subm	itted to Date	e (Total from previo	ous QFI	Rs) \$ 0.00					
15. Lump Sum Payment Remaining		(Line #13 r	minus #	14) \$ 199,98	3.69				
16. Total Grant Amount Invoiced this Per	riod		(Line #	12) \$ 0.00					
17. Amount Requested for Reimburseme	ent this Perio	,	(Line #16 minus #15, or \$0, whichever is greater)						
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 4/21/2021							
Printed Name of Authorized Official  Matthew Sams		Title of Authorized Office Chief of Staff	cial or F	inancial Office					
		For DTMB Use Only							
Reviewed Approved By: Date:									

Andrew Holfman	4/26/2021	
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#### 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										
	Grant Number									
	2021-013 Mercury Wireless Indiana, LLC									
3. Address 4			4. City	ity 5. State			6. ZIP Code			
6004 Highview Dr, Ste B			Fort Wayne	IN			46818			
	II. Financial Report (Due 30 I	Days After t	he End of a Reporting Peri	od)						
	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				23 – 3/31/2023			
	4/1/2021 – 6/30/2021		1/1/2022 – 6/30/2022				☐ 4/1/2023 − 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 I	Detail Report (QFDR) and i	nvoice/	/paymeı	nt docui	mentation)			
8. E	xpense Line Item						Expense by Category			
Α	Buildings and Labor		(Total from	n 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			\$ 0.00				
Е	Network Construction Labor		(Total from	(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	n QFDR	3) \$	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	ninus #1	1) \$	0.00				
	IV. Reimbursement Reque	st								
13.	Total Lump Sum Payment Received	l at Project S	Start		\$	199,983	3.69			
14.	Total Cumulative Expenditures Sub-	mitted to Dat	e (Total from previ	ous QF	Rs) \$	0.00				
15.	Lump Sum Payment Remaining		(Line #13	(Line #13 minus #14)			3.69			
16.	Total Grant Amount Invoiced this Pe	eriod		(Line #12) \$ 0.00						
17.	Amount Requested for Reimbursem	ent this Peri	od (Line #16 minus #15, or \$0, whichever is greater)			0.00				
18.	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	7/30/21	7/30/21 Title of Authorized Official or Financial Officer							
	Printed Name of Authorized Official  Matthew Sams		Chief of Staff	icial of h	rınancıa	UTTICE				
	For DTMB Use Only									
	Reviewed	Annrov	ed Rv	Date	۵.					

# 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 2021-013	2. Grantee Company Mercury Wireless Indiana, LLC						
3. Address 6004 Highview Dr, Ste B	4. City Fort Wayne	5. I <b>N</b>	State	6. ZIP Code 46818			
II. Financial Report (Due 3	0 Days After	the End of a Reporting Peri	od)				
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		
		7/1/2022 – 9/30/2022			☐ 7/1/2023 – 9/30/2023		
III. Expenditure Detail	anta Piara airi	Data ii Damart (OEDD) and i					
(Attach Accompanying Quart  8. Expense Line Item	eriy Financiai	Detail Report (QFDR) and I	nvoice/		·		
<u> </u>		/Tatal form	OEDD		Expense by Category		
A Buildings and Labor  B Customer Premise Equipment		(Total from (Total from		<u> </u>			
C Customer Premise Equipment		(Total from					
D Electronics		(Total from	QFDR)	\$ 0.00	•		
E Network Construction Labor		(Total from			<u>'</u>		
F Network Construction Material		(Total from		\$ 0.00			
G Permits							
H Professional Services and Eng	(Total from	QFDR					
I Other							
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 Req	uest						
13. Total Lump Sum Payment Received at Project Start \$199,983.69							
14. Total Cumulative Expenditures S	Submitted to Da	ate (Total from previ	ous QFI	Rs) \$ 0.00			
15. Lump Sum Payment Remaining		(Line #13 i	minus #	14) \$ 199,9	83.69		
16. Total Grant Amount Invoiced this			(Line #12) \$ 0.00				
17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$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							
Printed Name of Authorized Office  Matthew Sams	ial	10/27/21 Title of Authorized Offi Chief of Staff	icial or F	inancial Office	er		
For DTMB Use Only							
Reviewed	Appro	ved Bv:	Date	j.			

## 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 2. Grantee Company									
	2021-013 Mercury Wireless Indiana, LLC									
			4. Cit	•			6. ZIP Code			
	6004 Highview Dr, Ste B	Fort	Wayne	IN		46818				
	II. Financial Report (Due	30 Days Afte	r the Er	nd of a Reporting Peri	iod)					
	7. Reporting Period									
	☐ 10/1/2020 <b>–</b> 12/31/2020	$\boxtimes$	10/1/2	2021 – 12/31/2021		□ 10/1/2	☐ 10/1/2022 − 12/31/2022			
	☐ 1/1/2021 — 3/31/2021		1/1/20	)22 – 3/31/2022		□ 1/1/20	23 – 3/31/2023			
	☐ 4/1/2021 — 6/30/2021		4/1/20	)22 - 6/30/2022		☐ 4/1/20	23 - 6/30/2023			
	7/1/2021 – 9/30/2021		7/1/20	)22 – 9/30/2022		□ 7/1/20	☐ 7/1/2023 – 9/30/2023			
	III. Expenditure Detail									
	(Attach Accompanying Quar	terly Financia	al Detai	Report (QFDR) and i	invoice/	payment docu	mentation)			
8. E	xpense Line Item					9. Total I	Expense by Category			
Α	Buildings and Labor			(Total fron	n QFDR)	) \$	28,897.43			
В	Customer Premise Equipment	t		(Total from	QFDR)	\$	243,625.17			
С	Customer Premise Installation	1		(Total from	QFDR)	\$ 0.00				
D	Electronics			(Total from	QFDR)	\$	676,654.61			
Е	Network Construction Labor			(Total from	QFDR)	\$ 0.00				
F	Network Construction Materia			(Total from QFDR)		\$	18,723.21			
G	Permits			(Total from QFDR)			,			
Н	H Professional Services and Engineering			(Total from QFDR)						
I Other (Total from QFDR)					\$ 0.00					
10. Total Expenses Incurred this Period (Total From QFDR)						\$	967,900.42			
11. Total Match Amount this Period						\$	241,975.11			
12. Total Grant Amount Invoiced this Period				(Line #10 n	ninus #1	1) \$	725,925.32			
	IV. Reimbursement Red	quest	_		_					
13.	Total Lump Sum Payment Rece	•	t Start			\$	199,983.69			
14.	Total Cumulative Expenditures	Submitted to [	Date	(Total from previ	ious QFI	Rs) \$ 0.00				
15.	Lump Sum Payment Remaining	I		(Line #13	minus #	14) \$	199,983.69			
16.	Total Grant Amount Invoiced thi	is Period			(Line #	12) \$	725,925.32			
17.	Amount Requested for Reimbur	sement this P	eriod	d (Line #16 minus #15, or \$0, whichever is greater) \$			525,941.63			
18.	Is this your final report? ☐ Yes	s ⊠ 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 Sign	nature		Date 1/31/22						
	Printed Name of Authorized Offi  Matthew Sams	cial		Title of Authorized Off Chief of Staff	icial or F	Financial Officer	r			
	For DTMB Use Only									
	Reviewed	Appi	roved By	v:	Date	):				

#### Everett 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.