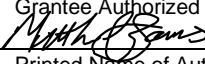


**Attachment A – Quarterly Financial Report (QFR)**

| <b>I. Grantee Information</b>   |   |  |                                    |
|---|---|--|------------------------------------|
| 1. Grant Number<br>2021-014   |   | 2. Grantee Company<br>Mercury Wireless Indiana, LLC                                      |                                    |
| 3. Address<br>6004 Highview Dr, Ste B   |   | 4. City<br>Fort Wayne  | 5. State<br>IN                     |
|   |   | 6. ZIP Code<br>46818   |                                    |
| <b>II. Financial Report (Due 30 Days After the End of a Reporting Period)</b>   |   |  |                                    |
| 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  |                                    |
| <b>III. Expenditure Detail</b><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)  | \$ 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       |
| <b>IV. Reimbursement Request</b>  |   |  |                                    |
| 13. Total Lump Sum Payment Received at Project Start  |   |  | \$ 251,772.84                      |
| 14. Total Cumulative Expenditures Submitted to Date   |   |  | (Total from previous QFRs) \$ 0.00 |
| 15. Lump Sum Payment Remaining  |   |  | (Line #13 minus #14) \$ 251,772.84 |
| 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  |   |  |                                    |
| <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<br>  |   | Date<br>1/22/2021  |                                    |
| Printed Name of Authorized Official<br><b>Matthew Sams</b>  |   | Title of Authorized Official or Financial Officer<br>Chief of Staff, Corporate Secretary |                                    |
| <b>For DTMB Use Only</b>  |   |  |                                    |
| Reviewed  | Approved By:                                    | Date:  |                                    |
|   |   |  |                                    |

## Attachment A – Quarterly Financial Report (QFR)

| I. Grantee Information  |   |   |  |
|---|---|---|--|
| 1. Grant Number<br>2021-014   |   | 2. Grantee Company<br>Mercury Wireless Indiana, LLC                 |  |
| 3. Address<br>6004 Highview Dr, Ste B   |   | 4. City<br>Fort Wayne   | 5. State<br>IN   |
|   |   | 6. ZIP Code<br>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<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)   | \$ 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) \$ 0.0                                |
| IV. Reimbursement Request   |   |   |  |
| 13. Total Lump Sum Payment Received at Project Start  |   |   | \$ 251,772.84  |
| 14. Total Cumulative Expenditures Submitted to Date   |   |   | (Total from previous QFRs) \$ 0.00                         |
| 15. Lump Sum Payment Remaining  |   |   | (Line #13 minus #14) \$ 251,772.84                         |
| 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<br>  |   | Date<br>4/21/2021   |  |
| Printed Name of Authorized Official<br><b>Matthew Sams</b>  |   | Title of Authorized Official or Financial Officer<br>Chief of Staff |  |
| For DTMB Use Only   |   |   |  |
| Reviewed  |   | Approved By:  | Date:  |

*Andrew Hoffman*

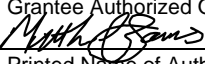
4/23/2021

## **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)

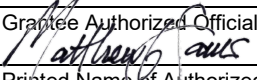
| I. Grantee Information  |   |   |  |
|---|---|---|--|
| 1. Grant Number<br>2021-014   |   | 2. Grantee Company<br>Mercury Wireless Indiana, LLC                 |  |
| 3. Address<br>6004 Highview Dr, Ste B   |   | 4. City<br>Fort Wayne   | 5. State<br>IN   |
|   |   | 6. ZIP Code<br>46818  |  |
| II. 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<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)   | \$ 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) \$ 0.0                                |
| IV. Reimbursement Request   |   |   |  |
| 13. Total Lump Sum Payment Received at Project Start  |   |   | \$ 251,772.84  |
| 14. Total Cumulative Expenditures Submitted to Date   |   |   | (Total from previous QFRs) \$ 0.00                         |
| 15. Lump Sum Payment Remaining  |   |   | (Line #13 minus #14) \$ 251,772.84                         |
| 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<br>  |   | Date<br>7/30/21   |  |
| Printed Name of Authorized Official<br><b>Matthew Sams</b>  |   | Title of Authorized Official or Financial Officer<br>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.

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- 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)

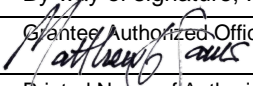
| I. Grantee Information  |   |   |  |
|---|---|---|--|
| 1. Grant Number<br>2021-014   |   | 2. Grantee Company<br>Mercury Wireless Indiana, LLC                 |  |
| 3. Address<br>6004 Highview Dr, Ste B   |   | 4. City<br>Fort Wayne   | 5. State<br>IN   |
|   |   | 6. ZIP Code<br>46818  |  |
| II. 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<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)   | \$ 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) \$ 0.0                                |
| IV. Reimbursement Request   |   |   |  |
| 13. Total Lump Sum Payment Received at Project Start  |   |   | \$ 251,772.84  |
| 14. Total Cumulative Expenditures Submitted to Date   |   |   | (Total from previous QFRs) \$ 0.00                         |
| 15. Lump Sum Payment Remaining  |   |   | (Line #13 minus #14) \$ 251,772.84                         |
| 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<br>  |   | Date<br>10/27/21  |  |
| Printed Name of Authorized Official<br><b>Matthew Sams</b>  |   | Title of Authorized Official or Financial Officer<br>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
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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.
- 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<br>2021-014   |  | 2. Grantee Company<br>Mercury Wireless Indiana, LLC                 |                |
| 3. Address<br>6004 Highview Dr, Ste B   |  | 4. City<br>Fort Wayne   | 5. State<br>IN |
|   |  | 6. ZIP Code<br>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 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                       |                |
| 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)                      | \$  | 23,117.94      |
| B   | Customer Premise Equipment (Total from QFDR)               | \$  | 368,865.00     |
| C   | Customer Premise Installation (Total from QFDR)            | \$  | 0.00           |
| D   | Electronics (Total from QFDR)                              | \$  | 581,759.60     |
| E   | Network Construction Labor (Total from QFDR)               | \$  | 0.00           |
| F   | Network Construction Material (Total from QFDR)            | \$  | 17,001.88      |
| 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)   |  | \$  | 990,744.42     |
| 11. Total Match Amount this Period  |  | \$  | 247,686.11     |
| 12. Total Grant Amount Invoiced this Period (Line #10 minus #11)  |  | \$  | 743,058.32     |
| IV. Reimbursement Request   |  |   |                |
| 13. Total Lump Sum Payment Received at Project Start  |  | \$  | 251,772.84     |
| 14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)  |  | \$  | 0.00           |
| 15. Lump Sum Payment Remaining (Line #13 minus #14)   |  | \$  | 251,772.84     |
| 16. Total Grant Amount Invoiced this Period (Line #12)  |  | \$  | 743,058.32     |
| 17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater)   |  | \$  | 491,285.48     |
| 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>1/31/22   |                |
| Printed Name of Authorized Official<br><b>Matthew Sams</b>  |  | Title of Authorized Official or Financial Officer<br>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.