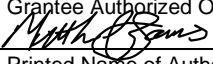


## Attachment A – Quarterly Financial Report (QFR)

I. Grantee Information			
1. Grant Number 2021-008		2. Grantee Company 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			
<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 (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
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 102,605.42
14. Total Cumulative Expenditures Submitted to Date			(Total from previous QFRs) \$ 0.00
15. Lump Sum Payment Remaining			(Line #13 minus #14) \$ 102,605.42
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 		Date 4/21/2021	
Printed Name of Authorized Official Matthew Sams		Title of Authorized Official or Financial Officer 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.