## Attachment C: Quarterly Program Report (QPR)

I. Grantee Information					
1. Grant Number 2021-008	Grantee Company     Mercury Wireless Indiana, LLC				
3. Address 6004 Highview Dr, Ste B		1. City Fort Wayne	5. State IN	6. ZIP Code 46818	
II. Progress Report (Due 30 Days After the End of a Reporting Period)					
7. Reporting Period					
☐ 11/1//2020 − 12/31/2020	☐ 10/1/2021 – 12/31/2021		☐ 10/1/2022 <b>—</b>	☐ 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		4/1/2023 - 6/30/2023		
☐ 7/1/2021 − 9/30/2021	☐ 7/1/2022 − 9/30/2022		☐ 7/1/2023 − 9/30/2023		
8. Please summarize current reporting period activities. The prior reporting period focused on activities to boost our core infrastructure and system capabilities to support the anticipated expansion in Berrien and Cass County. Since these activities and related expenses are not middle mile or last mile components, there are no expenses reported in the QFR and QFDR attachments.					
9. Have you encountered roadblocks to the implementation of this project?   Yes   No  If yes, please provide details and describe your plan for overcoming the listed roadblocks.  Some of the roadblocks that have we have encountered include access to equipment from overseas vendors who are battling logistics challenges due to the COVID-19 pandemic, access to skilled labor, and additional improvements being made to our core infrastructure to support the bandwidth needs of our expansion efforts, which were delayed by vendors.					
10. Is your project on track with the overall project timeline?					
11. Please provide a narrative to accompany Attachment D. Complete and include Attachment D, indicating the census blocks with service available this reporting period, the speed of service offered, the price of service offered, the number of locations subscribing to your service this quarter, and the cumulative number of locations subscribing to your service. There have been no project accomplishments during this reporting period. Deployments are set to begin in Q3 2021.					
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:					
Mary In Omen 4/32/21					