


Attachment C: Quarterly Program Report (QPR)

I. Grantee Information			
1. Grant Number 2021-012		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. Progress Report (Due 30 Days After the End of a Reporting Period)			
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	
8. Please summarize current reporting period activities. <i>There have been no project accomplishments during this reporting period. Deployments are set to begin in Q1 2021.</i>			
9. Have you encountered roadblocks to the implementation of this project? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and describe your plan for overcoming the listed roadblocks. <i>There have been employees taking more sick time off than usual due to COVID-19, however we are growing the team to accommodate and ensure project timelines are being met.</i>			
10. Is your project on track with the overall project timeline? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, please provide details and describe your plan for moving the project back on track.			
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. <i>There have been no project accomplishments during this reporting period. Deployments are set to begin in Q1 2021.</i>			
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 Matthew Sams		Title of Authorized Official or Financial Officer Chief of Staff, Corporate Secretary	
For DTMB Use Only			
Reviewed	Approved By:		Date:

