

Attachment A – Quarterly Financial Report (QFR)

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. State IN
		6. ZIP Code 46818	
II. Financial 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	
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			\$ 199,983.69
14. Total Cumulative Expenditures Submitted to Date			(Total from previous QFRs) \$ 0.00
15. Lump Sum Payment Remaining			(Line #13 minus #14) \$ 199,983.69
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			
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:	

