


## Attachment A – Quarterly Financial Report (QFR)

I. Grantee Information			
1. Grant Number CMIC-2021-003		2. Grantee Company Barger Creek Wireless	
3. Address 16998 81 <sup>st</sup> Ave N		4. City Maple Grove	5. State MN
		6. ZIP Code 55311	
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input checked="" type="checkbox"/> 10/21/2020 – 1/31/2021	<input type="checkbox"/> 11/1/2020 – 1/31/2021	<input type="checkbox"/> 11/1/2020 – 1/31/2021	
<input type="checkbox"/> 2/1/2021 – 4/30/2021	<input type="checkbox"/> 2/1/2021 – 4/30/2021	<input type="checkbox"/> 2/1/2021 – 4/30/2021	
<input type="checkbox"/> 5/1/2021 – 7/31/2021	<input type="checkbox"/> 5/1/2021 – 7/31/2021	<input type="checkbox"/> 5/1/2021 – 7/31/2021	
<input type="checkbox"/> 8/1/2021 – 10/31/2021	<input type="checkbox"/> 8/1/2021 – 10/31/2021	<input type="checkbox"/> 8/1/2021 – 10/31/2021	
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)	\$ 19,383.76	
B	Customer Premise Equipment (Total from QFDR)	\$ 166,559.04	
C	Customer Premise Installation (Total from QFDR)	\$ 17,100	
D	Electronics (Total from QFDR)	\$ 358,914.62	
E	Network Construction Labor (Total from QFDR)	\$ 58,334.26	
F	Network Construction Material (Total from QFDR)	\$ 438,695.93	
G	Permits (Total from QFDR)	\$ 2,150	
H	Professional Services and Engineering (Total from QFDR)	\$ 101,384	
I	Other (Total from QFDR)	\$	
10. Total Expenses Incurred this Period (Total From QFDR)		\$ 1,162,521.61	
11. Total Match Amount this Period		\$ 313,880.84	
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)		\$ 848,370.77	
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start		\$ 808,404.50	
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)		\$ 0	
15. Lump Sum Payment Remaining (Line #13 minus #14)		\$ 808,404.50	
16. Total Grant Amount Invoiced this Period (Line #12)		\$ 848,370.77	
17. Amount Requested for Reimbursement this Period (Line #15 minus #16)		\$ 39,966.27	
18. Is this your final report? <b>NO</b>			
III. Certification			
<p>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.</p>			
Grantee Authorized Official Signature <b>Signed copy below</b>		Date <b>March 2, 2021</b>	
Printed Name of Authorized Official <b>Kathleen M Cadwallader</b>		Title of Authorized Official or Financial Officer Grant Administrator	
For DTMB Use Only			
Reviewed	Approved By:		Date:
	<i>Andrew Halfman</i>		3/11/2021

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Grantee Authorized Official Signature 		Date March 2, 2021	
Printed Name of Authorized Official <b>Kathleen M Cadwallader</b>		Title of Authorized Official or Financial Officer Grant Administrator	
For DTMB Use Only			
Reviewed	Approved By:		Date: