

## Attachment A – Quarterly Financial Report (QFR)

I. Grantee Information			
1. Grant Number CMIC-2021-020	2. Grantee Company Lennon Telephone Company		
3. Address PO Box 329	4. City Lennon	5. State MI	6. ZIP Code 48449
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 checked="" type="checkbox"/> 11/1/2021 – 1/31/2022	<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)	\$	
B	Customer Premise Equipment (Total from QFDR)	\$	
C	Customer Premise Installation (Total from QFDR)	\$	
D	Electronics (Total from QFDR)	\$	
E	Network Construction Labor (Total from QFDR)	\$109,533.95	
F	Network Construction Material (Total from QFDR)	\$26,047.84	
G	Permits (Total from QFDR)	\$	
H	Professional Services and Engineering (Total from QFDR)	\$	
I	Other (Total from QFDR)	\$	
10. Total Expenses Incurred this Period (Total From QFDR)			\$135,581.79
11. Total Match Amount this Period			\$ 14,914.00
12. Total Grant Amount Invoiced this Period (Line #10 minus #11)			\$ 120,667.79
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 42,795.25
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)			\$ 0.00
15. Lump Sum Payment Remaining (Line #13 minus #14)			\$ 42,795.25
16. Total Grant Amount Invoiced this Period (Line #12)			\$ 120,667.79
17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater)			\$ 77,872.54
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 <i>Randy Fletcher</i>		Date 3/16/2022	
Printed Name of Authorized Official <b>Randy Fletcher</b>		Title of Authorized Official or Financial Officer General Manager	
For DTMB Use Only			
Reviewed	Approved By:	Date:	