# Attachment A – Quarterly Financial Report (QFR)

	I. Grantee Information						
	1. Grant Number 2. Grantee Company						
2	2021-030	Specti	rum Mid_America LLC	2			
:	3. Address 4		. City	5. St	ate	6. ZIP Code	
	4670 East Fulton, Suite 102	A	da	MI		49301	
	II. Financial Report (Due 30 Da	ays After th	e End of a Reporting Peri	od)			
	7. Reporting Period						
$\geq$	3 7/1/2021 – 10/31/2021	□ <b>1</b> 1	/1/2021 – 1/31/2022		2/1/202	2 - 4/30/2022	
	5/1/2022 – 7/31/2022	8/	1/2022 – 10/31/2022		□ 11/1/20	22 – 1/31/2023	
	2/1/2023 – 4/30/2023	5/	1/2023 – 7/31/2023			3 – 10/31/2023	
	] 11/1/2023 – 1/31/2024	□ 2/	1/2024 – 4/30/2024		5/1/202	4 - 7/31/2024	
	8/1/2024 – 10/31/2024	□ 11	/1/2024 – 1/31/2025	_		5 - 4/30/2025	
	5/1/2025 – 7/31/2025	8/	1/2025 – 9/30/2025				
	III. Expenditure Detail						
	(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and i	nvoice/pa	ayment docui	mentation)	
8. E	xpense Line Item				9. Total E	xpense by Category	
А	Buildings and Labor		(Total from	n QFDR)	\$		
В	Customer Premise Equipment		(Total from	QFDR)	\$		
С	Customer Premise Installation		(Total from	QFDR)	\$		
D	Electronics		(Total from	QFDR)	\$ 211.20		
Е	Network Construction Labor		(Total from	QFDR)	\$ 12,044.	46	
F	Network Construction Material (Total from G			QFDR)	\$ 418.67		
G	Permits (Total from QFDR)			\$			
Н	Professional Services and Enginee	(Total from	ו QFDR)				
Ι	Other	(Total from	tal from QFDR) \$				
10.	Total Expenses Incurred this Period		(Total From	n QFDR)	\$ 12,724.	96	
11.	Total Match Amount this Period		\$ 6489.		\$ 6489.73	3	
12.	Total Grant Amount Invoiced this Per	iod	(Line #10 minus #11) \$ 6235.23			3	
	IV. Reimbursement Reques	t					
13.	13. Total Lump Sum Payment Received at Project Start     \$ 2590.25						
14.	Total Cumulative Expenditures Subm	itted to Date	(Total from previ	ous QFRs	5) \$0		
15.	Lump Sum Payment Remaining	(Line #13 minus #14)		) \$ 2590.25	5		
16.	Total Grant Amount Invoiced this Per	iod	(Line #12)		) \$ 6235.23	\$ 6235.23	
17.	Amount Requested for Reimburseme		(Line #16 minus #15, or \$0, whichever is greater) \$ 3644.98		3		
18.	18. Is this your final report?  Yes 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						
	Dana Pendergrass 11/17/2021						
	Printed Name of Authorized Official Dana Pendergrass	Title of Authorized Official or Financial Officer Vice President of Field Operations					

For DTMB Use Only						
Reviewed	Approved By:	Date:				
	Andrew Halfman	2/17/2022				

## Attachment A – Quarterly Financial Report Instructions

The Quarterly Financial Report (QFR) and accompanying Quarterly Financial Detail Report (QFRD) are to be submitted within 30 days after the end of each reporting period. This report is a summary of grant funded expenditures for the indicated reporting period and serves as your formal request for reimbursement. If you received multiple awards, a separate and complete form must be submitted for each project.

- 1 6: Grantee information as it appears in the Grant Agreement.
- 7: Check the appropriate box to indicate the reporting period for this report
- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
- 9 A-I: Enter the total expenditures by line item for this reporting period. Totals must equal the expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
- 13: Enter the initial lump sum payment received at the project start.
- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
- 15: Subtract Line 13 from Line 14. This is the amount remaining from the initial lump sum payment received and must be fully expended before additional payments can be requested.
- 16: Enter the total Grant Amount Invoiced this Period from Line 12 from this report.
- 17: Subtract Line 16 from Line 15. This is the reimbursement amount you are requesting for this period.
  - Your lump sum payment must be completely exhausted before any additional funds may be requested.
  - If you have not spent down your initial lump sum payment, you must still submit a report with a \$0 total
- 18: Indicate if this is your final report, which will begin the project closeout process.

# Attachment A – Quarterly Financial Report (QFR)

	I. Grantee Information								
	1. Grant Number	2. Gran	tee Company						
2	2021-030	Spect	rum Mid_America LLC	)					
	3. Address		. City	5. State	e	6. ZIP Code			
4	4670 East Fulton, Suite 102	A	da	MI		49301			
	II. Financial Report (Due 30 D	ays After th	e End of a Reporting Peri	od)					
	7. Reporting Period								
	7/1/2021 – 10/31/2021	⊠ 1 <sup>′</sup>	1/1/2021 – 1/31/2022		2/1/202	2/1/2022 – 4/30/2022			
	5/1/2022 – 7/31/2022	8/	1/2022 – 10/31/2022		□ 11/1/20	022 – 1/31/2023			
	2/1/2023 – 4/30/2023	□ 5/	1/2023 – 7/31/2023						
	] 11/1/2023 – 1/31/2024	□ 2/	1/2024 – 4/30/2024		5/1/202	24 – 7/31/2024			
	8/1/2024 – 10/31/2024	□ 1 <sup>·</sup>	1/1/2024 – 1/31/2025		2/1/202	25 – 4/30/2025			
	5/1/2025 – 7/31/2025	8/	1/2025 – 9/30/2025						
	III. Expenditure Detail								
	(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and i	nvoice/payı	nent docu	mentation)			
8. E	xpense Line Item				9. Total E	Expense by Category			
А	Buildings and Labor		(Total from	n QFDR)	\$				
В	Customer Premise Equipment		(Total from	QFDR)	\$				
С	Customer Premise Installation		(Total from	QFDR)	\$				
D	Electronics		(Total from	QFDR)	\$0				
Е	Network Construction Labor (Total from QFDR)			QFDR)	\$ 499.91				
F	Network Construction Material		(Total from	QFDR)	\$ 4.97				
G	Permits		(Total from	n QFDR)	\$				
Н	Professional Services and Enginee	ring	(Total from	n QFDR)	\$0				
Ι	Other		(Total from	ו QFDR)	\$				
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ 504.88				
11.	Total Match Amount this Period			\$					
12.	Total Grant Amount Invoiced this Per	iod	(Line #10 m	ninus #11)	\$ 247.39				
	IV. Reimbursement Reques	st							
13.	13. Total Lump Sum Payment Received at Project Start \$ 2590.25					5			
14.	Total Cumulative Expenditures Subm	nitted to Date	e (Total from previ	ous QFRs)	\$ 3644.9	8			
15.	Lump Sum Payment Remaining		(Line #13	minus #14)	\$0				
16.	Total Grant Amount Invoiced this Per	iod		(Line #12)	\$ 247.39				
17.	Amount Requested for Reimburseme	ent this Perio	d (Line #16 mir \$0, whichever		\$ 247.39				
18.	Is this your final report? 🛛 Yes	No							
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	Dana Pendergrass 2/27/2022								
	Printed Name of Authorized Official Dana Pendergrass	Title of Authorized Official or Financial Officer Vice President of Field Operations							

For DTMB Use Only						
Reviewed	Approved By:	Date:				
	Everett Root	8/15/22				

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- 10: Add Lines 9A through 9I. This amount must match the total expenses reported in the accompanying QFDR and include both Grant and Match expenditures.
- 11: Enter the amount of Line 10 to be applied towards your match requirement. This must be equal to the match percentage identified in your grant agreement unless a match waiver has been approved.
- 12: Subtract Line 11 from Line 10. This is the total amount of grant funded expenses incurred for this period.
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- 14: Enter the cumulative total of Line 12 Total Grant Amount Invoiced from previous QFRs to date. This total does not include expenditures reported for this period.
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# Attachment A – Quarterly Financial Report (QFR)

	. Grantee Information						
	1. Grant Number     2. Grantee Company						
	2021-030	Specti	um Mid_America LLC	2			
;	3. Address 4		. City	5. Sta	te	6. ZIP Code	
	4670 East Fulton, Suite 102	A	da	MI		49301	
	II. Financial Report (Due 30 Da	ays After th	e End of a Reporting Peri	od)			
	7. Reporting Period						
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	] 5/1/2022 – 7/31/2022	8/	1/2022 – 10/31/2022		11/1/20	)22 – 1/31/2023	
	2/1/2023 – 4/30/2023		1/2023 – 7/31/2023			23 – 10/31/2023	
	] 11/1/2023 – 1/31/2024		1/2024 – 4/30/2024		5/1/202	24 – 7/31/2024	
	8/1/2024 – 10/31/2024	□ <b>1</b> 1	/1/2024 – 1/31/2025		2/1/202	25 – 4/30/2025	
	5/1/2025 – 7/31/2025		1/2025 – 9/30/2025				
	III. Expenditure Detail			_			
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С	Customer Premise Installation		(Total from	QFDR)	\$		
D	Electronics		(Total from	QFDR)	\$0		
Е	Network Construction Labor		(Total from	QFDR)	\$0		
F	Network Construction Material				\$0		
G	Permits		(Total fron	n QFDR)	\$		
Н	Professional Services and Engineering (Total from			ו QFDR)	\$0		
Ι	I Other			n QFDR)	\$		
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$0		
11.	Total Match Amount this Period		\$ 0		\$0		
12.	Total Grant Amount Invoiced this Per	(Line #10 m	ninus #11)	\$0			
	IV. Reimbursement Reques	st					
13.	13. Total Lump Sum Payment Received at Project Start \$ 2590.25						
14.	Total Cumulative Expenditures Subm	itted to Date	(Total from previ	ous QFRs)	\$ 6482.62	2	
15.	Lump Sum Payment Remaining	(Line #13 minus #14)		\$0			
16.	16. Total Grant Amount Invoiced this Period			(Line #12)	\$0		
17.				nus #15, or is greater)			
18.	18. Is this your final report? Xes No						
	II. Certification						
t N	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						
	Dana Pendergrass 4/30/2022						
	Printed Name of Authorized Official	Title of Authorized Official or Financial Officer Vice President of Field Operations					
	Dana Pendergrass Vice President of Field Operations						

For DTMB Use Only						
Reviewed	Approved By:	Date:				
	Everett Root	8/15/22				

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