	I. Grantee Information					
	1. Grant Number	, , , , , , , , , , , , , , , , , , ,				
	2021-036				4-4-	C 7ID C-1-
	3. Address 41112 Concept Dr.		4. City 5. State 6. ZIP Code Plymouth MI 48170			
	II. Financial Report (Due 30 D	ays After th	e End of a Reporting Peri	od)		
	7. Reporting Period		· · · · · · · · · · · · · · · · · · ·	,		
	7/1/2021 – 8/31/2021		/1/2021 – 11/30/2021		☐ 12/1/20	021 – 2/28/2022
	3/1/2022 – 5/31/2022		/1/2022 – 8/31/2022			22 – 11/30/2022
	12/1/2022 – 2/28/2023	T I	/1/2023 – 5/31/2023			23 – 8/31/2023
	9/1/2023 – 11/30/2023		2/1/2023 – 2/28/2024			24 – 5/31/2024
	G/1/2024 – 8/31/2024		/1/2024 – 11/30/2024			024 – 2/28/2025
			/1/2025 – 8/31/2025		☐ 9/1/202	25 – 9/30/2025
	III. Expenditure Detail	_			_	
	(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and i	nvoice/p	ayment docu	mentation)
8. E	xpense Line Item		, , ,			Expense by Category
Α	Buildings and Labor		(Total from	ı QFDR)	\$ 0	
В	Customer Premise Equipment		(Total from	QFDR)	\$ 0	
С	Customer Premise Installation		(Total from	QFDR)	\$ 0	
D	Electronics		(Total from	QFDR)	\$ 0	
Е	Network Construction Labor		(Total from	QFDR)	\$ 0	
F					\$ 0	
G	Permits		(Total from	n QFDR)	\$0	
Н	Professional Services and Enginee	ring	(Total from	n QFDR)	\$ 0	
I	Other		(Total from	n QFDR)	\$ 0	
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$0	
11.	Total Match Amount this Period				\$ 0	
12.	12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$ 0					
	IV. Reimbursement Reques	st				
13.	Total Lump Sum Payment Received	at Project S	tart		\$0	
14.	Total Cumulative Expenditures Subn	nitted to Date	e (Total from previ	ous QFR	(s) \$0	
15.	Lump Sum Payment Remaining		(Line #13	minus #1	4) \$0	
16.	Total Grant Amount Invoiced this Pe	iod		(Line #1	2) \$0	
17.	Amount Requested for Reimburseme	ent this Perio	od (Line #16 mir \$0, whichever			
18.	Is this your final report?	No	, ,		,	
	III. Certification			_		
1	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					
	Croig Digattiv September 30, 2021					

Printed Name of Authorized O Craig D'Agostini		Title of Authorized Official or Financial Officer Vice President, Government & Regulatory Affairs			
	For DTMB (	Jse Only			
Reviewed	Approved By:	Date:			
	Andrew Hal	Jman 10/12/2021			

- 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.

I.	I. Grantee Information						
	Grant Number 021-036	2. Grant Comca	tee Company ast				
-	Address 1112 Concept Dr.		City lymouth	5. Sta MI	ate	6. ZIP Code 48170	
II	. Financial Report (Due 30 Day	s After the	End of a Reporting Perio	d)			
7.	Reporting Period						
	□ 7/1/2021 – 8/31/2021 □ 12/1/2021 – 2/28/2022 □ 12/1/2021 – 2/28/2022						
	3/1/2022 – 5/31/2022	□ 6/	1/2022 – 8/31/2022		□ 9/1/20	22 – 11/30/2022	
	12/1/2022 – 2/28/2023	□ 3/	1/2023 – 5/31/2023		□ 6/1/20	23 – 8/31/2023	
	9/1/2023 — 11/30/2023	☐ 12	2/1/2023 – 2/28/2024		□ 3/1/20	24 – 5/31/2024	
	6/1/2024 — 8/31/2024	□ 9/	1/2024 – 11/30/2024		☐ 12/1/2	024 - 2/28/2025	
	3/1/2025 — 5/31/2025	☐ 6/°	1/2025 – 8/31/2025		9/1/20	25 – 9/30/2025	
	II. Expenditure Detail Attach Accompanying Quarterly Fi	nancial Det	ail Report (QFDR) and in	voice/pay	ment docun	nentation)	
8. Ex	pense Line Item				9. Total	Expense by Category	
Α	Buildings and Labor		(Total from	QFDR)	\$ 0		
В	Customer Premise Equipment		(Total from	QFDR)	\$ 0		
С	Customer Premise Installation		(Total from	QFDR)	\$ 0		
D	Electronics		(Total from	QFDR)	\$ 0		
Е	Network Construction Labor		(Total from	QFDR)	\$ 0		
F	Network Construction Material (Total from QFDR) \$ 0						
G	Permits		(Total from	n QFDR)	\$ 0		
Н	Professional Services and Engineer	ing	(Total from	QFDR)	\$ 0		
I	(**************************************						
10. T	10. Total Expenses Incurred this Period (Total From QFDR) \$ 0						
11. T	11. Total Match Amount this Period \$ 0						
12. T	otal Grant Amount Invoiced this Perio	d	(Line #10 mir	nus #11)	\$ 0		
ı	V. Reimbursement Request						
13. T	otal Lump Sum Payment Received at	Project Star	t		\$ 0		
14. To	otal Cumulative Expenditures Submitt	ed to Date	(Total from previou	us QFRs)	\$ 0		
15. Li	ump Sum Payment Remaining		(Line #13 m	inus #14)	\$ 0		
16. T	otal Grant Amount Invoiced this Perio	d	•	_ine #12)	\$ 0		
17. A	mount Requested for Reimbursement	this Period	(Line #16 minu \$0, whichever is		\$ 0		
18. ls	this your final report?  Yes X N	0					
III	. Certification						
te th of	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						
(	Croig Digattivi December 23, 2021						

Printed Name of Authorized Official	Title of Authorized Official or Financial Officer			
Craig D'Agostini	Vice President, Government & Regulatory Affairs			
For DTMB Use Only				
Reviewed By:	Approved By:	Date:		
	Andrew Halfman	1/5/2022		

- 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.

	I. Grantee Information						
	1. Grant Number		ntee Company				
_	2021-036	Como		5.00		0.710.0-1-	
	3. Address 41112 Concept Dr		4. City Plymouth	5. Sta MI	ate	6. ZIP Code 48170	
			•	مطا			
	<ul><li>II. Financial Report (Due 30 D</li><li>7. Reporting Period</li></ul>	ays After tr	ie End of a Reporting Pen	oa)			
			/4/2024 44/20/2024			2/20/2022	
	7/1/2021 – 8/31/2021		/1/2021 – 11/30/2021			021 - 2/28/2022	
	3/1/2022 – 5/31/2022 12/1/2022 – 2/28/2023		<u>/1/2022 – 8/31/2022</u> /1/2023 – 5/31/2023			<u>22 - 11/30/2022</u> 23 - 8/31/2023	
	9/1/2023 – 11/30/2023		2/1/2023 – 2/28/2024			24 - 5/31/2024	
	6/1/2024 – 8/31/2024		/1/2024 – 11/30/2024			)24 - 2/28/2025	
	3/1/2025 – 5/31/2025		/1/2024 - 11/30/2024		_	25 - 9/30/2025	
			7172023 — 0/3172023		3/1/202	- 3/30/2020	
	III. Expenditure Detail	Einanaial F	otail Banart (OEDB) and i	nvoice/no	vmont doou	montation)	
0 [	(Attach Accompanying Quarterly Expense Line Item	Financiai L	etali Report (QFDR) and i	nvoice/pa		Expense by Category	
	· 		/Total from	OEDD)		Expense by Calegory	
A	Buildings and Labor		(Total from		\$		
В	Customer Premise Equipment		(Total from	,	\$		
C	Customer Premise Installation		(Total from		\$		
D	Electronics		(Total from		\$		
Е					\$		
F					\$		
G	Permits	_	,		\$		
Н					\$ 30,616	.81	
I	Other		(Total from	n QFDR)	\$		
10.	10. Total Expenses Incurred this Period (Total From QFDR) \$30,616.81						
11.	11. Total Match Amount this Period \$ 6,123.36						
12.	Total Grant Amount Invoiced this Per	iod	(Line #10 m	ninus #11)	\$ 24,493	.45	
	IV. Reimbursement Reques	st .					
13.	Total Lump Sum Payment Received	at Project S	tart		\$		
14.	Total Cumulative Expenditures Subm	itted to Date	e (Total from previ	ous QFRs)	) \$		
15.	Lump Sum Payment Remaining		(Line #13	minus #14	) \$		
16.	Total Grant Amount Invoiced this Per	iod		(Line #12)	\$ 24,493	.45	
17.	Amount Requested for Reimburseme	ent this Perio	od (Line #16 mir \$0, whichever				
18.	Is this your final report?	No					
	III. Certification						
	I certify all statements in this report accurate to the best of my knowled termination of the grant. I unders with the conditions and provisions By way of signature, I agree with	edge. I und tand this g s required all the con	derstand failure to submi rant may be terminated by the contract covering	t any requ if DTMB o this grant	uired reports concludes I	s may result in the am not in compliance	
	Grantee Authorized Official Signature		Date 3/31/22				
	Printed Name of Authorized Official Dale Kirk		Title of Authorized Off Vice President, E				

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

- 1 6: Grantee information as it appears in the Grant Agreement.
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- 8 A-I: Expense Line Item categories approved in the Grant Agreement.
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- 18: Indicate if this is your final report, which will begin the project closeout process.

	I. Grantee Information						
	1. Grant Number 2021-036	2. Gran	ntee Company cast				
	3. Address 41112 Concept Dr		4. City Plymouth	5. St MI	ate	6. ZIP Code 48170	
	II. Financial Report (Due 30 Da	ys After th	ne End of a Reporting Peri	od)			
	7. Reporting Period						
	7/1/2021 – 8/31/2021	□ 9	/1/2021 – 11/30/2021		☐ 12/1/20	)21 – 2/28/2022	
	3/1/2022 – 5/31/2022		/1/2022 – 8/31/2022			22 – 11/30/2022	
	12/1/2022 – 2/28/2023	□ 3	/1/2023 – 5/31/2023			23 – 8/31/2023	
	9/1/2023 – 11/30/2023	□ 1	2/1/2023 – 2/28/2024		□ 3/1/202	24 – 5/31/2024	
	6/1/2024 – 8/31/2024	□ 9	/1/2024 – 11/30/2024		☐ 12/1/20	)24 – 2/28/2025	
	3/1/2025 – 5/31/2025	□ 6	/1/2025 – 8/31/2025		9/1/202	25 – 9/30/2025	
	III. Expenditure Detail						
	(Attach Accompanying Quarterly F	inancial E	Detail Report (QFDR) and i	nvoice/pa	ayment docu	mentation)	
8. E	Expense Line Item			-	9. Total E	Expense by Category	
Α	Buildings and Labor		(Total from	QFDR)	\$		
В	Customer Premise Equipment		(Total from	QFDR)	\$		
С	Customer Premise Installation		(Total from	QFDR)	\$		
D	Electronics		(Total from	QFDR)	\$		
Е	Network Construction Labor		(Total from	QFDR)	\$ 21,304	.28	
F					\$		
G	Permits		(Total from	QFDR)	\$ 273,09	6.89	
Н	Professional Services and Engineeri	ng	(Total from	QFDR)	\$ 57,884	.03	
I	Other		(Total from	QFDR)	\$		
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ 352,28	5.20	
	Total Match Amount this Period		,	,	\$ 70,457		
12.	12. Total Grant Amount Invoiced this Period (Line #10 minus #11) \$ 281,828.16						
	IV. Reimbursement Request						
13.	Total Lump Sum Payment Received a		tart		\$		
	Total Cumulative Expenditures Submit			ous QFRs			
	Lump Sum Payment Remaining		(Line #13		-		
16.	Total Grant Amount Invoiced this Perio	od	·	(Line #12		8.16	
17.	Amount Requested for Reimbursemer	t this Perio	od (Line #16 mir \$0, whichever				
18.	Is this your final report?    Yes X	No					
	III. Certification						
	I certify all statements in this report accurate to the best of my knowled termination of the grant. I understable with the conditions and provisions By way of signature, I agree with a	dge. I und and this g required	derstand failure to submi grant may be terminated in by the contract covering ditions of this grant program	t any req f DTMB this gran	uired reports concludes I	s may result in the am not in compliance	
	Grantee Authorized Official Signature		Date June 30, 2022				
	Printed Name of Authorized Official		Title of Authorized Offi	cial or Fir	nancial Officer		
	Craig D'Agostini		Vice President, G				

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

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