Attachment A - Quarterly Financial Report (QFR)

I. C	Grantee Information					
	Grant Number	2	. Grantee Company			
20	21-037	C	Comcast			
-	Address		4. City	5. Stat	e	6. ZIP Code
41	112 Concept Dr.		Plymouth	MI		48170
II.	Financial Report (Due 30 Days After	the E	ind of a Reporting Period)			
7.	Reporting Period					
⊠ 7	//1/2021 – 8/31/2021		☐ 9/1/2021 – 11/30/2021		☐ 12/1 <i>i</i>	/2021 –
□ 3	3/1/2022 – 5/31/2022		☐ 6/1/2022 – 8/31/2022		□ 9/1/2	2022 –
	2/1/2022 – 2/28/2023		☐ 3/1/2023 – 5/31/2023		□ 6/1/2	2023 –
	9/1/2023 – 11/30/2023		☐ 12/1/2023 − 2/28/2024		□ 3/1/2	2024 –
	6/1/2024 — 8/31/2024		☐ 9/1/2024 − 11/30/2024		☐ 12/1/	/2024 –
	3/1/2025 – 5/31/2025	\perp	☐ 6/1/2025 — 8/31/2025		9/1/2	2025 –
III	. Expenditure Detail					
	Attach Accompanying Quarterly Financial	l Deta	il Report (QFDR) and invoice	/payment d	locumen	tation)
8. Exp	ense Line Item				9. Tota	l Expense by Category
Α	Buildings and Labor		(Total from QF	DR)	\$ 0	
В	Customer Premise Equipment		(Total from QFI	DR)	\$ 0	
С	Customer Premise Installation		(Total from QFI	DR)	\$ 0	
D	Electronics		(Total from QFI	OR)	\$ 0	
Е	Network Construction Labor		(Total from QFI	DR)	\$ 0	
F	Network Construction Material		(Total from QFD	R)	\$ 0	
G	Permits		(Total from QF	DR)	\$ 0	
Н	Professional Services and Engineering		(Total from QF	DR)	\$ 0	
I	Other		(Total from QF	DR)	\$ 0	
10. To	tal Expenses Incurred this Period		(Total From QFDR	.)	\$0	
11. To	tal Match Amount this Period				\$ 0	
12. To	tal Grant Amount Invoiced this Period		(Line #10 minus #1	1)	\$ 0	
I۱	/. Reimbursement Request					
13. To	tal Lump Sum Payment Received at Project	Start			\$ 0	
14. To	tal Cumulative Expenditures Submitted to Da	ate	(Total from previous QF	Rs)	\$ 0	
15. Lui	np Sum Payment Remaining		(Line #13 minus #	‡ 14)	\$ 0	
16. To	tal Grant Amount Invoiced this Period		(Line #	12)	\$ 0	
17. Am	17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater) \$ 0					
18. ls t	his your final report?					
III.	Certification					
	artify all statements in this report, include	lina s	ıll reguested sunnlemental in	nformation	are tru	e complete and

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
Craig Disgo	tw'	September 30, 2021
Printed Name of Authorized Official		Title of Authorized Official or Financial Officer
Craig D'Agostini		Vice President, Government & Regulatory
	For DTMB	Use Only
Reviewed By:	Approved By:	Date:
	Andrew ;	Halfman 10/12/2021

Attachment A – Quarterly Financial Report Instructions

- 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. Grant	tee Company			
20	021-037	Comca	ast			
-	Address		City	5. S	tate	6. ZIP Code
4	1112 Concept Dr.	P	lymouth	MI		48170
II	. Financial Report (Due 30 Day	s After the E	End of a Reporting Period	d)		
7.	. Reporting Period					
	7/1/2021 — 8/31/2021	⊠ 9/	1/2021 – 11/30/2021		□ 12/1/2	021 – 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		1/2024 – 11/30/2024		<u> </u>	024 – 2/28/2025
	3/1/2025 – 5/31/2025	□ 6/	1/2025 – 8/31/2025		9/1/20	25 – 9/30/2025
I	II. Expenditure Detail					
	Attach Accompanying Quarterly Fi	nancial Deta	ail Report (QFDR) and inv	oice/pay	ment docum	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	QFDR)	\$ 0	
Н	Professional Services and Engineer	ng	(Total from	QFDR)	\$ 0	
ı	Other		(Total from	QFDR)	\$0	
10. T	10. Total Expenses Incurred this Period (Total From QFDR) \$ 0					
11. T	otal Match Amount this Period				\$ 0	
12. T	otal Grant Amount Invoiced this Period	t	(Line #10 min	us #11)	\$ 0	
ı	V. Reimbursement Request					
13. T	otal Lump Sum Payment Received at	Project Start			\$ 0	
14. T	otal Cumulative Expenditures Submitt	ed to Date	(Total from previou	ıs QFRs)	\$ 0	
15. Li	ump Sum Payment Remaining		(Line #13 mi	nus #14)	\$ 0	
16. T	otal Grant Amount Invoiced this Period	t	•	ine #12)	\$ 0	
17. A	mount Requested for Reimbursement	this Period	(Line #16 minu \$0, whichever is		\$ 0	
18. Is	this your final report? Yes X N	0				
III	l. 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 Crasg Date December 23, 2021					

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

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- 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.
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- 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 2021-037		ntee Company			
		Como		E Cto	ato	6 ZID Codo
	3. Address 41112 Concept Dr		4. City Plymouth	5. Sta MI	ite	6. ZIP Code 48170
	II. Financial Report (Due 30 D	ays After th	e End of a Reporting Peri	od)		
	7. Reporting Period					
Г	7/1/2021 – 8/31/2021	□ 9	/1/2021 – 11/30/2021		X 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		/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
	☐ 6/1/2024 — 8/31/2024	□ 9	/1/2024 – 11/30/2024)24 – 2/28/2025
	3/1/2025 – 5/31/2025	□ 6	/1/2025 – 8/31/2025			25 – 9/30/2025
	III. Expenditure Detail	_		_	_	
	(Attach Accompanying Quarterly	Financial D	Detail Report (QFDR) and i	nvoice/pa	yment 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)	\$	
F	Network Construction Material		(Total from	QFDR)	\$	
G	Permits		(Total from	n QFDR)	\$	
Н	Professional Services and Enginee	ring	(Total from	QFDR)	\$ 32,224	.53
I	Other		(Total from	n QFDR)	\$	
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ 32,224.	53
11.	Total Match Amount this Period				\$ 6,444.9)1
12.	Total Grant Amount Invoiced this Per	iod	(Line #10 m	ninus #11)	\$ 25,779	62
	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	riod		(Line #12)		.62
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 reportance 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 stand 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 Offi Vice President, E			

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

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	1. Grant Number 2021-037	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	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	□ 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 D	etail 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)	\$ 107,80	8.97
F	Network Construction Material		(Total from	QFDR)	\$	
G	Permits		(Total from	n QFDR)	\$	
Н	Professional Services and Engineeri	ng	(Total from	QFDR)	\$ 100,820	0.45
I	Other		(Total from	QFDR)	\$	
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$ 208,629	9.42
	Total Match Amount this Period		,	· · · · · · · · · · · · · · · · · · ·	\$ 41,725	.88
12.	Total Grant Amount Invoiced this Perio	od	(Line #10 m	ninus #11)	\$ 166,90	3.54
	IV. Reimbursement Request					
13.	Total Lump Sum Payment Received a		tart		\$	
	Total Cumulative Expenditures Submit			ous QFRs		
15.	Lump Sum Payment Remaining		(Line #13	minus #14	1) \$	
16.	Total Grant Amount Invoiced this Perio	od		(Line #12	\$ 166,90	3.54
17.	Amount Requested for Reimbursemer	t this Perio	od (Line #16 mir \$0, whichever		- A	
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	icial or Fin	ancial Officer	
	Craig D'Agostini		Vice President, G			

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

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