Attachment A – Quarterly Financial Report (QFR)

	I. Grantee Information					
	1. Grant Number	2. Grantee Co				
	2021-039		Broadband, Inc.			
	3. Address	4. City	t Clair	5. State MI	9	6. ZIP Code 48079
	1341 S. Range Road	Sairi		1011		46079
-	II. Financial Report (Due 30 D	ave After the End	of a Reporting Peri	od)	_	
_	7. Reporting Period	ays Alter the Life	of a Reporting Ferr	00)		
	X 7/1/2021 – 10/31/2021	11/1/202	21 – 1/31/2022		□ 2/1/2	022 – 4/30/2022
	5/1/2022 – 7/31/2022		2 – 10/31/2022			2022 – 1/31/2023
_	2/1/2023 – 4/30/2023		3 – 7/31/2023			023 – 10/31/2023
	11/1/2023 – 1/31/2024		4 – 4/30/2024			024 – 7/31/2024
	3 8/1/2024 - 10/31/2024		24 – 1/31/2025		_	025 – 4/30/2025
Г	3/1/2024 - 10/31/2024 5/1/2025 - 7/31/2025		5 – 9/30/2025			020 - 4/00/2020
			5 - 9/30/2023			
-	III. Expenditure Detail			_	_	
	(Attach Accompanying Quarterly	Financial Detail R	eport (OFDR) and i	nvoice/navn	nent doc	umentation)
8 6	Expense Line Item			interee, pagin	-	Expense by Category
A.	Buildings and Labor		(Total from		\$	0.00
В	Customer Premise Equipment		(Total from	,	\$	64,278.93
C	Customer Premise Installation		(Total from	,	\$	0.00
D	Electronics		(Total from	,	\$	13,073.49
E	Network Construction Labor		(Total from	,	Ψ \$	0.00
F	Network Construction Labor	<u> </u>	(Total from	,	\$ \$	284,153.59
G	Permits		(Total from	,	\$	8,400.00
н	Professional Services and Enginee	ring	(Total from	,	\$	23,477.37
1	Other	ing		,	\$ \$	0.00
1	Other		(Total from	IQFDR)	\$	0.00
10.	Total Expenses Incurred this Period		(Total From	QFDR)	\$	393,383.38
11.	Total Match Amount this Period				\$	66,875.17
12.	Total Grant Amount Invoiced this Per	iod	(Line #10 m	inus #11)	\$	326,508.21
				_		
	IV. Reimbursement Reques					
10	Total Lump Sum Payment Received	-	(TH)) (T	0.5- 1	\$	315,746.50
	14. Total Cumulative Expenditures Submitted to Date (Total from p			,	\$	0.00
14.	•	15. Lump Sum Payment Remaining (I		minus #14)	\$	315,746.50
14. 15.	Lump Sum Payment Remaining			,	Â	
14. 15. 16.	Lump Sum Payment Remaining Total Grant Amount Invoiced this Per			(Line #12)	\$	326,508.21
14. 15. 16.	Lump Sum Payment Remaining			(Line #12) nus #15, or	\$ \$	326,508.21 10,761.71
14. 15. 16. 17.	Lump Sum Payment Remaining Total Grant Amount Invoiced this Per	ent this Period	(Line #16 mir	(Line #12) nus #15, or		-

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			
Printed Name of Authorized C	Official	Title of Authorized Official or Financial Officer			
For DTMB Use Only					
Reviewed By: Date:	Approved	d By: Date:			

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)

	1. Grant Number 2021-039	2. Grantee Company Duke Broadband, Inc			
	3. Address 1341 S. Range Rd	4. City St. Clair	5. State	•	6. ZIP Code 48079
					10010
	II. Financial Report (Due 30 Da	ays After the End of a Reportin	g Period)		
	7. Reporting Period				
	7/1/2021 - 10/31/2021	X 11/1/2021 - 1/31/2022		2/1/2	2022 - 4/30/2022
	5/1/2022 – 7/31/2022	8/1/2022 - 10/31/2022			2022 - 1/31/2023
	2/1/2023 – 4/30/2023	5/1/2023 - 7/31/2023		-	023 - 10/31/2023
	11/1/2023 - 1/31/2024	2/1/2024 - 4/30/2024		Conc	2024 - 7/31/2024
	8/1/2024 - 10/31/2024	11/1/2024 - 1/31/2025			.025 - 4/30/2025
	5/1/2025 - 7/31/2025	8/1/2025 – 9/30/2025			
1000					
	III. Expenditure Detail				
	(Attach Accompanying Quarterly I	Financial Detail Report (QFDR)	and invoice/payn	nent doc	umentation)
8.	Expense Line Item			Sale and too	Expense by Category
А	Buildings and Labor	(Tota	I from QFDR)	\$	0.00
в	Customer Premise Equipment		from QFDR)	\$	5,443.32
С	Customer Premise Installation	(Tota	from QFDR)	\$	4,875.35
D	Electronics	(Tota	from QFDR)	\$	4,789.65
Е	Network Construction Labor		from QFDR)	\$	209,103.00
F	Network Construction Material		from QFDR)	\$	18,571.61
G	Permits		I from QFDR)	\$	0.00
н	Professional Services and Engineer		I from QFDR)	\$	38,283.56
Ĩ	Other		I from QFDR)	\$	0.00
10.	Total Expenses Incurred this Period	(Total	From QFDR)	\$	281,066.49
11.	Total Match Amount this Period			\$	47,781.30
	Total Grant Amount Invoiced this Period	od (Line	#10 minus #11)	\$	233,285.19
12.					
12.					
	IV. Reimbursement Request			ALL STATE	
	IV. Reimbursement Request Total Lump Sum Payment Received a			\$ 3	315,746.50
13. 14.	Total Lump Sum Payment Received a Total Cumulative Expenditures Submi	t Project Start	previous QFRs)		315,746.50 326,508.21
13. 14. 15.	Total Lump Sum Payment Received a Total Cumulative Expenditures Submi Lump Sum Payment Remaining	t Project Start tted to Date (Total from (Line	previous QFRs) #13 minus #14)	\$ 3	2 3
13. 14. 15. 16.	Total Lump Sum Payment Received a Total Cumulative Expenditures Submi Lump Sum Payment Remaining Total Grant Amount Invoiced this Perio	t Project Start tted to Date (Total from (Line	#13 minus #14) (Line #12)	\$3 \$0	326,508.21
13. 14. 15. 16. 17.	Total Lump Sum Payment Received a Total Cumulative Expenditures Submi Lump Sum Payment Remaining	t Project Start tted to Date (Total from (Line od nt this Period (Line # \$0, whic	#13 minus #14)	\$3 \$0 \$2	326,508.21 0.00

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		1				
Then befoll		2022				
Printed Name of Authorized (Official Title of Author	Title of Authorized Official or Financial Officer				
Dave Ladoke	PRESI	PRESIDENT				
For DTMB Use Only						
Reviewed						
By:	Approved By:	Date:				
Date:						
	Everett Root	8/15/22				

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	3. Address 1341 S. Range Rd	4. City St. Clair	5. State MI	9	6. ZIP Code 48079
E					
	II. Financial Report (Due 30 Da	ys After the End of a Reporting Pe	riod)		· · · · · · · · · · · · · · · · · · ·
	7. Reporting Period	-			
[7/1/2021 – 10/31/2021	□ 11/1/2021 – 1/31/2022		X 2/1/	2022 – 4/30/2022
[5/1/2022 – 7/31/2022	8/1/2022 – 10/31/2022		11/1	/2022 – 1/31/2023
[2/1/2023 – 4/30/2023	5/1/2023 – 7/31/2023		8/1/2	2023 – 10/31/2023
[11/1/2023 – 1/31/2024	2/1/2024 – 4/30/2024		5/1/2	2024 – 7/31/2024
[8/1/2024 – 10/31/2024	□ 11/1/2024 – 1/31/2025		2/1/2	2025 – 4/30/2025
[5/1/2025 – 7/31/2025	8/1/2025 – 9/30/2025			
Start I				and the second	
	Expense Line Item	/T=4=1.6			I Expense by Category
А	Buildings and Labor	(Total fro	m QFDR)	\$	
в	Customer Premise Equipment	(Total from	m QFDR)	\$	4,897.20
С	Customer Premise Installation	(Total from	m QFDR)	\$	8,639.65
D	Electronics	(Total fror	n QFDR)	\$	47,835.36
Е	Network Construction Labor	(Total fror	n QFDR)	\$	28,556.00
F	Network Construction Material	(Total from	n QFDR)	\$	43,394.45
G	Permits	(Total fro	om QFDR)	\$	20,794.17
Н	Professional Services and Engineer	ing (Total fro	m QFDR)	\$	15,817.50
I	Other	(Total fro	om QFDR)	\$	
40	Tatal Funancia Inc		05051		100.004.00
	Total Expenses Incurred this Period Total Match Amount this Period	(Total From	m QFDK)	\$ \$	169,934.33
	Total Grant Amount Invoiced this Period	od (Line #10	minus #11)	\$ \$	28,888.84 141,045.49
12.	istal orant / into and involocid this i chi			Γ.Ψ	
	IV. Reimbursement Request		Aleren Sector		
				\$	315,746.50
13.	Total Lump Sum Payment Received a	14. Total Cumulative Expenditures Submitted to Date (Total from previous Q		\$	559,793.40
		tied to Date (Total from prev			0.00
14.			3 minus #14)	\$	0.00
14. 15. 16.	Total Cumulative Expenditures Submi Lump Sum Payment Remaining Total Grant Amount Invoiced this Perio	(Line #1:	(Line #12)	\$	141,045.49
14. 15. 16. 17.	Total Cumulative Expenditures Submi Lump Sum Payment Remaining	(Line #13 od nt this Period (Line #16 m \$0, whicheve			

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Grantee Authorized Official Si	ignature Date 05/04	4/22				
Printed Name of Authorized C Dave LaDuke		Title of Authorized Official or Financial Officer President				
	For DTMB Use Only					
Reviewed By: Date:	Approved By:	Date:				
	Everett Root	8/15/22				

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