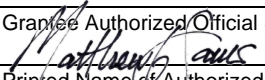


Attachment A – Quarterly Financial Report (QFR)

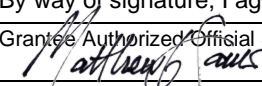
I. Grantee Information			
1. Grant Number 2021-042		2. Grantee Company Mercury Wireless Indiana, LLC.	
3. Address 6004 Highview Drive, Ste B.		4. City Fort Wayne	5. State IN
		6. ZIP Code 46818	
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
<input type="checkbox"/> 10/1/2020 – 12/31/2020	<input type="checkbox"/> 10/1/2021 – 12/31/2021	<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 checked="" 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)	\$ 0.00
B	Customer Premise Equipment	(Total from QFDR)	\$ 0.00
C	Customer Premise Installation	(Total from QFDR)	\$ 0.00
D	Electronics	(Total from QFDR)	\$ 0.00
E	Network Construction Labor	(Total from QFDR)	\$ 0.00
F	Network Construction Material	(Total from QFDR)	\$ 0.00
G	Permits	(Total from QFDR)	\$ 0.00
H	Professional Services and Engineering	(Total from QFDR)	\$ 0.00
I	Other	(Total from QFDR)	\$ 0.00
10. Total Expenses Incurred this Period			(Total From QFDR) \$ 0.00
11. Total Match Amount this Period			\$ 0.00
12. Total Grant Amount Invoiced this Period			(Line #10 minus #11) \$ 0.00
IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 154,585.75
14. Total Cumulative Expenditures Submitted to Date			(Total from previous QFRs) \$ 0.00
15. Lump Sum Payment Remaining			(Line #13 minus #14) \$ 154,585.75
16. Total Grant Amount Invoiced this Period			(Line #12) \$ 0.00
17. Amount Requested for Reimbursement this Period			(Line #16 minus #15, or \$0, whichever is greater) \$ 0.00
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 		Date 10/27/2021	
Printed Name of Authorized Official Matthew Sams		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed		Approved 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)

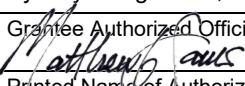
I. Grantee Information			
1. Grant Number 2021-042		2. Grantee Company Mercury Wireless Indiana, LLC.	
3. Address 6004 Highview Drive, Ste B.		4. City Fort Wayne	5. State IN
		6. ZIP Code 46818	
II. Financial Report (Due 30 Days After the End of a Reporting Period)			
7. Reporting Period			
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<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	
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I	Other	(Total from QFDR)	\$ 0.00
10. Total Expenses Incurred this Period			(Total From QFDR) \$ 0.00
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IV. Reimbursement Request			
13. Total Lump Sum Payment Received at Project Start			\$ 154,585.75
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16. Total Grant Amount Invoiced this Period			(Line #12) \$ 0.00
17. Amount Requested for Reimbursement this Period			(Line #16 minus #15, or \$0, whichever is greater) \$ 0.00
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 		Date 1/31/22	
Printed Name of Authorized Official Matthew Sams		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed		Approved By:	Date:

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Attachment A – Quarterly Financial Report (QFR)

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1. Grant Number 2021-042		2. Grantee Company Mercury Wireless Indiana, LLC	
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		6. ZIP Code 46818	
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7. Reporting Period			
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<input type="checkbox"/> 1/1/2021 – 3/31/2021	<input checked="" 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	
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Grantee Authorized Official Signature 		Date 4/29/22	
Printed Name of Authorized Official Matthew Sams		Title of Authorized Official or Financial Officer Chief of Staff	
For DTMB Use Only			
Reviewed		Approved By:	Date:

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