## Attachment A – Quarterly Financial Report (QFR)

	I. Grantee Information					
	1. Grant Number CMIC-2021-023		tee Company elephone Company o	of Michigan	n, Inc	
3. Address 4. 0		City lesick	- 22		6, ZIP Code 49668	
	II. Financial Report (Due 30	Days After the	e End of a Reporting Per	iod)		
	7. Reporting Period					
D	7/1/2021 – 8/31/2021	□ 9/°	1/2021 - 11/30/2021	21 - 11/30/2021		021 – 2/28/2022
		1/2022 - 8/31/2022	8/31/2022		9/1/2022 – 11/30/2022	
		1/2023 – 5/31/2023	23 - 5/31/2023		☐ 6/1/2023 <b>-</b> 8/31/2023	
		□ 12	/1/2023 - 2/28/2024	023 – 2/28/2024 🔲 3/1/2024 –		24 - 5/31/2024
☐ 6/1/2024 — 8/31/2024 [		☐ 9/°	9/1/2024 - 11/30/2024		☐ 12/1/2024 <b>–</b> 2/28/2025	
	3/1/2025 - 5/31/2025	□ 6/°	1/2025 – 8/31/2025	/2025 🗆 9/1/2025 – 9/30/202		25 – 9/30/2025
	III. Expenditure Detail					
	(Attach Accompanying Quarter	y Financial De	etall Report (QFDR) and	invoice/payr	ment docu	mentation)
. E	xpense Line Item				9. Total I	Expense by Category
1	Buildings and Labor		(Total fror	n QFDR)	\$0	
3	Customer Premise Equipment (Total from QFDR)		QFDR)	\$0		
)	Customer Premise Installation		(Total fron	(Total from QFDR) \$ 0		12 (00 120 120
0	Electronics		(Total from	(Total from QFDR) \$ 0		7000 E
<b>=</b>	Network Construction Labor		(Total from	(Total from QFDR)		
= [	Network Construction Material		(Total from	(Total from QFDR) \$ 0		
}	Permits (Total fron		n QFDR)	\$0		
Į,	Professional Services and Engineering		(Total fror	(Total from QFDR) \$ 0		
Other		(Total fror	(Total from QFDR) \$ 0		3.7	
0.	Total Expenses Incurred this Period		(Total Fron	n QFDR)	\$0	
_	Total Match Amount this Period			· ·	\$0	
12. Total Grant Amount Invoiced this Period			(Line #10 r	(Line #10 minus #11) \$ 0		
	IV. Reimbursement Reque	st				
3.	Total Lump Sum Payment Receive	d at Project Sta	art		\$0	8.0
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)				ious QFRs)	\$0	
15. Lump Sum Payment Remaining (Line #13 minus #14)				minus #14)	\$0	20000
6.	Total Grant Amount Invoiced this P	eriod		(Line #12)	\$0	
7.	Amount Requested for Reimbursen	nent this Period	d (Line #16 mi \$0, whicheve		\$0	
18.	s this your final report? Yes	⊠ No				
	II. Certification					
1	certify all statements in this repaccurate to the best of my knownermination of the grant. I unde with the conditions and provisions way of signature, pagree with	rledge. I und rstand this gr ns required b	erstand failure to submant may be terminated y the contract covering	it any requir if DTMB co this grant, o	red report ncludes l	s may result in the am not in complian
-	Grantee Authorized Official Signatu	re	Date 9 /24/2	22/		
	Printed Name of Authorized Official Todd Roesler		Title of Authorized Off CEO	ficial or <b>f</b> inan	cial Officer	

	For DTMB Use Only	
Reviewed	Approved By:	Date:
	Andrew Halfman	9/27/2021

## 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.
- 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
- 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		tee Company		-	
	CMIC-2021-023	Ace T	elephone Company o	f Michigan	, Inc	Note the annual to the second second
	3. Address	1	. City	5. State	•	6. ZIP Code
	5351 M-37	N	/lesick	MI		49668
	II. Financial Report (Due 30	Days After th	e 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 <b>–</b> 5/31/2022	□ 6/	1/2022 - 8/31/2022		9/1/202	2 - 11/30/2022
	☐ 12/1/2022 <b>–</b> 2/28/2023	□ 3/	1/2023 – 5/31/2023		□ 6/1/202	3 - 8/31/2023
	☐ 9/1/2023 — 11/30/2023	☐ 12	2/1/2023 – 2/28/2024		□ 3/1/202	4 - 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/ <sup>-</sup>			1/2025 - 8/31/2025		5 - 9/30/2025	
	III. Expenditure Detail					
	(Attach Accompanying Quarterly	y Financial D	etail Report (QFDR) and i	nvoice/payr	nent docui	mentation)
8. E	Expense Line Item	**************************************		(2 To 440) 28 (1444) - 2 44 - 11	9. Total E	xpense by Category
Α	Buildings and Labor		(Total from	QFDR)	\$0	
В	Customer Premise Equipment	(Total from	(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)			QFDR)	\$ 0	
F	Network Construction Material (Total from QFDR)			QFDR)	\$0	
G	Permits (Total from QFDR)			QFDR)	\$0	
Н	Professional Services and Engineering (Total			QFDR)	\$ 5562.00	
1	Other		(Total from	QFDR)	\$0	
10.	Total Expenses Incurred this Period	the service and here put	(Total From	QFDR)	\$ 5562.00	)
11.	Total Match Amount this Period				\$ 3337.20	)
12.	Total Grant Amount Invoiced this Pe	eriod	(Line #10 m	ninus #11)	\$ 2224.80	
Zijej	IV. Reimbursement Reque	st				
13.	Total Lump Sum Payment Received		art		\$0	TANK BENGALAMAN AND AND AND AND AND AND AND AND AND A
14.	Total Cumulative Expenditures Sub	mitted to Date	(Total from previ	ous QFRs)	\$0	
15. Lump Sum Payment Remaining (Line #13 minus #14)				minus #14)	\$0	
16. Total Grant Amount Invoiced this Period (Line #12)				(Line #12)	\$ 2224.80	
17.	Amount Requested for Reimbursem	ent this Perio	d (Line #16 mir \$0, whichever		\$ 2224.80	)
18.	Is this your final report?	⊠ No				
	III. Certification					
	I certify all statements in this repaccurate to the best of my know termination of the grant. I under with the conditions and provision By way of signature. I agree with	ledge. I und stand this gi ns required b	erstand failure to submir rant may be terminated in any the contract covering	t any requir f DTMB cou this grant, c	ed reports ncludes I a	may result in the am not in compliance
	Grantee Authorized Official Signatur	re	Date 12/21/2	02/		
	Printed Name of Authorized Official Todd Roesler	Title of Authorized Offi CEO	Title of Authorized Official or Financial Officer CEO			

	For DTMB Use Only	
Reviewed	Approved By:	Date:
	Andrew Halfman	1/11/2022

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