Attachment A – Quarterly Financial Report (QFR)

	I. Grantee Information							
	Grant Number 2. Grantee Company							
21*2635		Air Ac	Air Advantage, LLC					
	3. Address		I. City		State	6. ZIP Code		
465 N Franklin St. Suite C		F	rankenmuth	Michigan		48734		
	II. Financial Report (Due 30 Da	ays After th	e End of a Reporting Peri	od)				
	7. Reporting Period							
[
	4/1/2022 – 6/30/2022	□ 7.	/1/2022 – 9/30/2022		□ 10/1/20	022 – 12/31/2022		
	☐ 1/1/2023 — 3/31/2023	☐ 4 <i>,</i>	/1/2023 – 6/30/2023		□ 7/1/202	☐ 7/1/2023 – 9/30/2023		
	10/1/2023 – 12/31/2023	□ 1.	/1/2024 — 3/31/2024	☐ 4/1/2024 – 6/30/2		24 – 6/30/2024		
	7/1/2024 – 9/30/2024	□ 1	☐ 10/1/2024 − 12/31/2024		1/1/202	☐ 1/1/2025 – 3/31/2025		
	<u> 4/1/2025 – 6/30/2025</u>	□ 7.	1/2025 – 9/30/2025					
_	III. Expenditure Detail							
	(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and i	nvoice/	payment docu	mentation)		
8. E	Expense Line Item		. , , ,			Expense by Category		
Α	Buildings and Labor		(Total from	QFDR)	\$ 0.00			
В	Customer Premise Equipment		(Total from	QFDR)	\$ 15,404	\$ 15,404.40		
С	Customer Premise Installation (Total from QFDR)				\$ 260.00			
D	Electronics (Total from QFDR)				\$ 33,106	\$ 33,106.29		
Е	Network Construction Labor (Total from QFDR)				\$ 0.00	\$ 0.00		
F	Network Construction Material (Total from QFDR)				\$ 87.76			
G	Permits (Total from QFDR)				\$ 0.00	\$ 0.00		
Н	Professional Services and Engineering (Total from QFDR)			\$ 1,500.0	\$ 1,500.00			
I Other (Total from			n QFDR)	\$ 0.00				
10. Total Expenses Incurred this Period (Total From QFDR) \$50,358.45						.45		
11. Total Match Amount this Period				\$ 25,229.58				
12. Total Grant Amount Invoiced this Period ((Line #10 m	10 minus #11) \$ 25,128.87				
IV. Reimbursement Request								
13. Total Lump Sum Payment Received at Project Start \$40,116.00								
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs) \$ 0.00								
15. Lump Sum Payment Remaining (Line #13 minus #14)				14) \$ 40,116	.00			
16. Total Grant Amount Invoiced this Period (Line #12)				12) \$ 25,128	.87			
17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater) \$0.00								
18.	Is this your final report? X Yes] 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					
	Printed Name of Authorized Official Scott Zimmer		10-21-2021 Title of Authorized Offi CEO	icial or F	inancial Officer			

	For DTMB Use Only				
Reviewed	Approved By:	Date:			
	Everett Root	2/18/2022			

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 2. Grantee Company						
2021-026		Air Ac	Air Advantage, LLC				
3. Address			4. City	_	State	6. ZIP Code	
465 N Franklin Suite C		I	Frankenmuth	Michigan		48734	
	II. Financial Report (Due 30 D	ays After th	ne End of a Reporting Peri	iod)			
	7. Reporting Period						
□ 7/1/2021 - 9/30/2021 □ 10/1/2021 - 12/31/2021 □ 1/1/2022 - 3/31/2022					22 – 3/31/2022		
	☐ 4/1/2022 — 6/30/2022	□ 7	/1/2022 – 9/30/2022	□ 10/)22 – 12/31/2022	
	☐ 1/1/2023 – 3/31/2023		☐ 4/1/2023 — 6/30/2023		□ 7/1/202	☐ 7/1/2023 — 9/30/2023	
☐ 10/1/2023 – 12/31/2023		<u> </u>	☐ 1/1/2024 — 3/31/2024		☐ 4/1/202	☐ 4/1/2024 — 6/30/2024	
	7/1/2024 – 9/30/2024	□ 1	☐ 10/1/2024 – 12/31/2024		☐ 1/1/202	☐ 1/1/2025 − 3/31/2025	
	4/1/2025 – 6/30/2025	<u> </u>	7/1/2025 – 9/30/2025				
	III. Expenditure Detail						
	(Attach Accompanying Quarterly	Financial D	Detail Report (QFDR) and i	invoice/p	oayment docu	mentation)	
8. E	xpense Line Item				9. Total E	Expense by Category	
Α	Buildings and Labor		(Total fron	n QFDR)	\$ 0.00	\$ 0.00	
В	B Customer Premise Equipment		(Total from QFDR)		\$ 0.00	\$ 0.00	
С	Customer Premise Installation (Total from QFDR)			\$ 650.00	\$ 650.00		
D	Electronics (Total from QFDR)			\$ 0.00			
Е	Network Construction Labor (Total from QFDR)		\$ 1,974.6	60			
F	Network Construction Material (Total from QFDR)		\$ 0.00				
G	Permits (Total from QFDR)		\$ 0.00	\$ 0.00			
Н	Professional Services and Engineering (Total for		(Total fron	m QFDR) \$ 0.00			
I Other			(Total from QFDR)		\$ 0.00		
10. Total Expenses Incurred this Period			(Total From QFDR) \$		\$ 2,624.6	\$ 2,624.60	
11. Total Match Amount this Period				\$ 1,314.92			
12. Total Grant Amount Invoiced this Period (Lin			(Line #10 n	ninus #11	1) \$ 1,309.6	88	
	IV. Reimbursement Reques	st					
13.	13. Total Lump Sum Payment Received at Project Start \$40,116.00						
14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)				Rs) \$ 25,128	.87		
15.	15. Lump Sum Payment Remaining (Line #13 minus #14)			14) \$ 14,987	.13		
16. Total Grant Amount Invoiced this Period (Line #12)				2) \$ 1,309.6	88		
17.	17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater) \$0.00						
18.	ls this your final report? 🛚 Yes 🗌	No					
	III. Certification						
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	Grantee Authorized Official Signature Date						
	1/21/2022 Printed Name of Authorized Official Title of Authorized Official or Financial Officer						
Printed Name of Authorized Official Title of Authorized Official or F Katie Roebuck Office Manager			anda Onicei				

	For DTMB Use Only					
Reviewed	Approved By:	Date:				
	Everett Root	2/18/2022				

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