Attachment A – Quarterly Financial Report (QFR)

	1. Grant Number	2. Grantee Company				
	2021-036 Comcast				Γ	
3. Address 41112 Concept Dr.		4. City 5. State Plymouth MI		e	6. ZIP Code 48170	
	II. Financial Report (Due 30 D	ays After the End of a Reporting Pe	riod)			
	7. Reporting Period					
\geq	☑ 7/1/2021 – 8/31/2021	9/1/2021 – 11/30/2021	□ 9/1/2021 – 11/30/2021		□ 12/1/2021 - 2/28/2022	
	3/1/2022 – 5/31/2022	6/1/2022 – 8/31/2022		9/1/2022 – 11/30/2022		
□ 12/1/2022 – 2/28/2023		□ 3/1/2023 – 5/31/2023			6/1/2023 - 8/31/2023	
	9/1/2023 - 11/30/2023	□ 12/1/2023 – 2/28/2024		3/1/202	□ 3/1/2024 – 5/31/2024	
	6/1/2024 - 8/31/2024	9/1/2024 - 11/30/2024		12/1/2	024 – 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	Financial Detail Report (QFDR) and	invoice/nev	mont doou	mentation)	
8 F	Expense Line Item	rinancial Detail Report (QFDR) and	invoice/pay	1	Expense by Category	
о. <u>с</u> А	Buildings and Labor	(Total fro	m QFDR)	\$ 0		
В	Customer Premise Equipment	,	(Total from QFDR) (Total from QFDR)			
C	Customer Premise Installation	Υ.	\$ 0 \$ 0			
D	Customer Premise Installation (Total from QFDR)			\$0		
E	Network Construction Labor (Total from QFDR)			\$0		
F	Network Construction Labor (Total from QFDR) Network Construction Material (Total from QFDR)			\$0		
G	Permits (Total from QFDR)			\$0		
<u>н</u>	Professional Services and Enginee					
1	Other	č	m QFDR)	\$ 0 \$ 0		
10.	Total Expenses Incurred this Period	(Total Fro	m QFDR)	\$0		
11.	Total Match Amount this Period	· · · · ·	,,,,,,			
12.	Total Grant Amount Invoiced this Per	iod (Line #10	(Line #10 minus #11)			
	IV. Reimbursement Reques	st				
13.	Total Lump Sum Payment Received	at Project Start		\$0		
14.	Total Cumulative Expenditures Subm	nitted to Date (Total from pre	vious QFRs)	\$0		
15.	Lump Sum Payment Remaining	(Line #13	3 minus #14)	\$0		
16.	Total Grant Amount Invoiced this Per		(Line #12)	,		
17. Amount Requested for Reimbursement this Period			(Line #16 minus #15, or \$0, whichever is greater)		\$ 0	
18.	Is this your final report? 🗌 Yes X	No	,			
	III. Certification					
	accurate to the best of my knowle termination of the grant. I undersi the conditions and provisions req	ort, including all requested suppler edge. I understand failure to subm and this grant may be terminated uired by the contract covering this the conditions of this grant progra	it any requi if DTMB co grant, or h	red reports ncludes I a	s may result in the am not in compliance wi	

Grantee Authorized Official Signature

Craig Disgortin'

Date September 30, 2021

Printed Name of Authorized C Craig D'Agostini		Title of Authorized Official or Financial Officer Vice President, Government & Regulatory Affairs				
For DTMB Use Only						
Reviewed	Approved By:	Date:				
	Andrew 9	Halfman 10/12/2021				

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.
- 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)

	Grant Number 021-036	2. Grantee Co Comcast	ompany			
3. Address 41112 Concept Dr.		4. City	4. City5. StatePlymouthMI		ate 6. ZIP Code 48170	
		Plymo				
II	. Financial Report (Due 30 Day	s After the End o	f a Reporting Perio	od)		
7.	Reporting Period					
□ 7/1/2021 - 8/31/2021			1/2021 – 11/30/2021		□ 12/1/2021 – 2/28/2022	
□ 3/1/2022 – 5/31/2022		6/1/202	☐ 6/1/2022 – 8/31/2022		9/1/2022 – 11/30/2022	
	12/1/2022 – 2/28/2023	3/1/202	☐ 3/1/2023 – 5/31/2023		6/1/2023 – 8/31/2023	
	9/1/2023 - 11/30/2023	12/1/202	□ 12/1/2023 – 2/28/2024		☐ 3/1/2024 – 5/31/2024	
	6/1/2024 - 8/31/2024	9/1/2024	4 – 11/30/2024		□ 12/1/2	024 – 2/28/2025
	3/1/2025 – 5/31/2025	6/1/202	5 – 8/31/2025		9/1/20	25 – 9/30/2025
I	II. Expenditure Detail					
(Attach Accompanying Quarterly F	inancial Detail Re	port (QFDR) and in	voice/payr	nent docun	nentation)
8. Exp	pense Line Item				9. Total	Expense by Category
A	Buildings and Labor		(Total fron	n QFDR)	\$0	
В	Customer Premise Equipment		(Total from QFDR)			
С	Customer Premise Installation		(Total from	n QFDR)	\$0	
D	Electronics		(Total from QFDR)			
E	Network Construction Labor		(Total from QFDR)			
F	Network Construction Material		(Total from QFDR)			
G	Permits		(Total fror	n QFDR)	\$0	
Н	Professional Services and Engineer	ing	(Total fron	n QFDR)	\$0	
I	Other		(Total from	n QFDR)	\$0	
10. To	otal Expenses Incurred this Period		(Total From	QFDR)	\$0	
11. Total Match Amount this Period					\$0	
11. I c	otal Grant Amount Invoiced this Perio	d	(Line #10 minus #11)			
12. To	V. Reimbursement Request				^ ^	
12. To	V. Reimbursement Request otal Lump Sum Payment Received at	Project Start			\$0	
12. To I 13. To		-	(Total from previo	us QFRs)	\$0 \$0	
12. To 13. To 14. To	otal Lump Sum Payment Received at	-	(Total from previo (Line #13 m	/		
12. To 13. To 14. To 15. Lu	otal Lump Sum Payment Received at otal Cumulative Expenditures Submit	ed to Date	(Line #13 m	/	\$0	
12. To I 13. To 14. To 15. Lu 16. To	otal Lump Sum Payment Received at otal Cumulative Expenditures Submit ump Sum Payment Remaining	d	(Line #13 m	hinus #14) Line #12) us #15, or	\$ 0 \$ 0	

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

Craig Disgortin'

Date December 23, 2021

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

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