Attachment A – Quarterly Financial Report (QFR)

	. Grantee Information						
	1. Grant Number 2021-041	LakeNet LLC					
	3. Address 16690 Gratiot Rd		. City Hemlock	5. State MI	i I (m)	6. ZIP Code 48626	
	II. Financial Report (Due 30 Days	After th	e End of a Reporting Perio	d)			
	7. Reporting Period						
Σ	7/1/2021 – 8/31/2021	/1/2021 - 11/30/2021	021 – 11/30/2021		12/1/2021 – 2/28/2022		
23 17 172021 0/01/2021			/1/2022 - 8/31/2022		☐ 9/1/2022 – 11/30/2022		
			/1/2023 – 5/31/2023	1/2023		3 - 8/31/2023	
	9/1/2023 – 11/30/2023	☐ 1:	2/1/2023 – 2/28/2024		☐ 3/1/2024 – 5/31/2024		
	6/1/2024 - 8/31/2024	□ 9/	/1/2024 - 11/30/2024]	The state of the s	24 - 2/28/2025	
	3/1/2025 – 5/31/2025	□ 6	/1/2025 - 8/31/2025		9/1/202	5 - 9/30/2025	
	III. Expenditure Detail (Attach Accompanying Quarterly Fire	nancial D	etail Report (OFDR) and in	voice/payr	nent docui	mentation)	
8. E	Expense Line Item	idirordi 2				Expense by Category	
Α	Buildings and Labor		(Total from	QFDR)	\$		
В	Customer Premise Equipment	_	(Total from 0		\$		
С	Customer Premise Installation		(Total from 0		\$220.00		
D	Electronics	(Total from 0	000 - VE 500 - 700 000 - VUID - 700 - 700	\$			
E					\$92,431.20		
F				QFDR)	\$13,178.85		
G	Permits	(Total from		\$ 200.00			
Н	Professional Services and Engineering	(Total from QFDR) \$ 6,615.00		10			
1	Other	(Total from		\$			
10. Total Expenses Incurred this Period			(Total From	QFDR)	\$112,645	5.05	
11. Total Match Amount this Period					\$ 41,115.44		
12.	Total Grant Amount Invoiced this Period	(Line #10 mi	(Line #10 minus #11) \$				
	IV. Reimbursement Request	Halificati					
13.	13. Total Lump Sum Payment Received at Project Start						
14.	14. Total Cumulative Expenditures Submitted to Date (Total from previous QFRs)			us QFRs)	\$ 112,64	5.05	
15.	15. Lump Sum Payment Remaining (Line #13 minus #14			ninus #14)	\$0		
16.	Total Grant Amount Invoiced this Period	1		Line #12)	\$ 71,529.	61	
17.	Amount Requested for Reimbursement	od (Line #16 mini \$0, whichever i	10	\$ 71,529.61			
18.	Is this your final report? Yes 🔀 I	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 9/29/21				
Printed Name of Authorized Official			Title of Authorized Official or Financial Officer Mィmらい				

For DTMB Use Only	
Approved By:	Date:
Andrew Halfman	10/12/2021
	Approved By:

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 2021-041	Grantee Company LakeNet LLC						
 Address 16690 Gratiot Rd 	, and the second		ate	6. ZIP Code			
II. Financial Report (Due 30 Days After the End of a Reporting Period)							
7. Reporting Period		, ,					
☐ 7/1/2021 − 8/31/2021							
☐ 3/1/2022 – 5/31/2022					□ 9/1/2022 – 11/30/2022		
☐ 12/1/2022 – 2/28/2023	☐ 3/1/2023 – 5/31/2023				☐ 6/1/2023 – 8/31/2023		
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☐ 3/1/2025 – 5/31/2025	_			_	☐ 9/1/2025 − 9/30/2025		
III. Expenditure Detail	_		_	_			
(Attach Accompanying Quarterly	Financial D	etail Report (QFDR) and i	nvoice/pa	yment docu	mentation)		
8. Expense Line Item		1 ()	•	-	Expense by Category		
A Buildings and Labor		(Total from	QFDR)	\$			
B Customer Premise Equipment		(Total from	QFDR)	\$ 12781.	\$ 12781.48		
C Customer Premise Installation	• • • • • • • • • • • • • • • • • • • •				\$ 1705.00		
D Electronics					\$ 33480.10		
E Network Construction Labor					\$ 2635.00		
F Network Construction Material	,			\$			
G Permits	,			\$			
H Professional Services and Enginee	Professional Services and Engineering (Total from QFDR)			\$			
I Other				\$			
10. Total Expenses Incurred this Period (Total From QFDR) \$50601.58					 58		
11. Total Match Amount this Period			\$ 18469.	\$ 18469.58			
12. Total Grant Amount Invoiced this Pe	(Line #10 m	(Line #10 minus #11) \$ 32132.00					
IV. Reimbursement Request							
13. Total Lump Sum Payment Received at Project Start \$0							
14. Total Cumulative Expenditures Subn	\$ 71529.	61					
15. Lump Sum Payment Remaining (Line #13 minus #14)							
16. Total Grant Amount Invoiced this Period (Line #12)) \$ 32132.	00			
17. Amount Requested for Reimbursement this Period (Line #16 minus #15, or \$0, whichever is greater)					00		
18. Is this your final report? 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.							
Grange Authorized Official Signature Date 12/29/2021							
Printed Name of Authorized Official Christopher Fabien	<u> </u>		12/29/2021 Title of Authorized Official or Financial Officer Member				

	For DTMB Use Only								
Reviewed	Approved By:	Date:							
	Andrew Halfman	1/6/2022							

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