QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS

General Information		
1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce, National Telecommunications and Information Administration	**2. Award Identification Number** 13-42-B10583	**3. DUNS Number** 831038190

4. Recipient Organization

Professional Resources Management of Rabun, LLC 196 Ridgecrest Circle, Clayton, GA 30525-4111

5. Current Reporting Period End Date (MM/DD/YYYY) 03-31-2011	**6. Is this the last Report of the Award Period?** ◯ Yes ⦿ No

7. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

7a. Typed or Printed Name and Title of Certifying Official Curt Haban	**7c. Telephone (area code, number and extension)** (706) 970-0914
	7d. Email Address chaban@inmedgroup.com
7b. Signature of Certifying Official Submitted Electronically	**7e. Date Report Submitted (MM/DD/YYYY):** 06-14-2011

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (600 words or less).

Construction plans were completed on the downtown public computer center location. The construction contract was approved and awarded. Partial demolition of the downtown site began. Construction plans for the Wellness public computer center location began. Partial clearing of the site began. On site technology meetings and wireless assessments have been completed. Continued partner meetings and community outreach. Final preparations for technology purchase were ending.

2. Please provide the percent complete for the following key milestones in your project. Write "0" in the Percent Complete column and "N/A" in the Narrative column if your project does not include this activity. If you provided additional milestones in your baseline report, please insert them at the bottom of the table. Figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Percent Complete	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
2.a.	Overall Project	0	This quarter is primarily comprised of a site development being completed by the partner Rabun County Government through their matching funds contribution.
2.b.	Equipment / Supply Purchases	-	Progress reported in Question 4 below
2.c.	Public Computer Centers Established	-	Progress reported in Question 4 below
2.d.	Public Computer Centers Improved	-	Progress reported in Question 4 below
2.e.	New Workstations Installed	-	Progress reported in Question 4 below
2.f.	Existing Workstations Upgraded	-	Progress reported in Question 4 below
2.g.	Outreach Activities	-	Progress reported in Question 4 below
2.h.	Training Programs	-	Progress reported in Question 4 below
2.i.	Other (please specify):	-	Progress reported in Question 4 below

3. Please describe any challenges or issues faced during this past quarter in achieving planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

There have been no challenges that have not been overcome. The BTOP Program is excellent with assistance.

4. Please provide actual total numbers to date or typical averages for the following key indicators, as specified in the question. Write "0" in the Total column and "N/A" in the Narrative column if your project does not include this activity. Unless otherwise indicated below, figures should be reported underlined cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative explanation if the total is different from the target provided in your baseline plan (300 words or less).

	Indicator	Total	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
4.a.	New workstations installed and available to the public	0	N/A
4.b.	Average users per week (NOT cumulative)	0	N/A
4.c.	Number of PCCs with upgraded broadband connectivity	0	N/A
4.d.	Number of PCCs with new broadband wireless connectivity	0	N/A
4.e.	Number of additional hours per week existing and new PCCs are open to the public as a result of BTOP funds	0	N/A

5. Training Programs. In the chart below, please describe the training programs provided at each of your BTOP-funded PCCs.

Name of Training Program	Length of Program (per hour basis)	Number of Participants per Program	Number of Training Hours per Program

0	0	0	0

[Add Training Program]   [Remove Training Program]

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).

Construction on the downtown public computer center will be entering its final phases. Construction plans on the Wellness location public computer center will be completed. Demolition and preparation of the Wellness site will be completed. Technology will have been purchased for both sites. Technology installation will have been scheduled for the downtown site. Community needs assessment and content development will be underway. The job description and interview process for the public computer center downtown site will have begun.

2. Please provide the percent complete anticipated for the following key milestones in your project as of the end of the next quarter. Write "0" in the second column if your project does not include this activity. Figures should be reported cumulatively from award inception to the end of the next reporting quarter. Please provide a narrative description if the planned percent complete is different from the target provided in your baseline plan (300 words or less).

	Milestone	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any relevant information)
2.a.	Overall Project	30	No variance from baseline
2.b.	Equipment / Supply Purchases	-	Milestone Data Not Required
2.c.	Public Computer Centers Established	-	Milestone Data Not Required
2.d.	Public Computer Centers Improved	-	Milestone Data Not Required
2.e.	New Workstations Installed	-	Milestone Data Not Required
2.f.	Existing Workstations Upgraded	-	Milestone Data Not Required
2.g.	Outreach Activities	-	Milestone Data Not Required
2.h.	Training Programs	-	Milestone Data Not Required
2.i.	Other (please specify):	-	Milestone Data Not Required

3. Please describe any challenges or issues anticipated during the next quarter that may impact planned progress against the project milestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be useful (600 words or less).

We do not anticipate any significant challenges. As this project enters the next quarter its progress will increase significantly. We expect to be open and fully operational at the downtown location and be significantly underway with construction at the Wellness site in the third quarter.

Public Computer Center Budget Execution Details

Activity Based Expenditures (Public Computer Centers)

1. Please provide details below on your total budget, cumulative actual expenditures (for the period ending the current quarter), and cumulative anticipated expenditures (for the period ending next quarter) for each line item, including detailed disbursements of both matching funds and federal funds from project inception through end of this quarter (actual) or next quarter (anticipated). Actual and anticipated figures should be reported cumulatively from award inception to the end of the applicable reporting quarter.

Cost Classification	Budget for Entire Project			Actuals from Project Inception through End of Current Reporting Period			Anticipated Actuals from Project Inception through End of Next Reporting Period		
	Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds
a. Personnel	$508,500	$193,500	$315,000	$0	$0	$0	$34,375	$6,375	$28,000
b. Fringe Benefits	$127,125	$43,750	$78,750	$0	$0	$0	$356	$356	$0
c. Travel	$6,000	$6,000	$0	$0	$0	$0	$3,533	$3,533	$0
d. Equipment	$427,536	$0	$427,536	$0	$0	$0	$0	$0	$0
e. Supplies	$28,000	$0	$28,000	$0	$0	$0	$14,000	$0	$14,000
f. Contractual	$234,605	$0	$234,605	$0	$0	$0	$7,500	$0	$7,500
g. Construction	$550,000	$550,000	$0	$0	$0	$0	$400,000	$400,000	$0
h. Other	$33,200	$20,000	$13,200	$0	$0	$0	$12,500	$10,000	$2,500
i. Total Direct Charges (sum of a through h)	$1,914,966	$813,250	$1,097,091	$0	$0	$0	$472,264	$420,264	$52,000
j. Indirect Charges	$153,197	$153,197	$0				$2,500	$2,500	$0
k. TOTALS (sum of i and j)	$2,068,163	$966,447	$1,097,091	$0	$0	$0	$474,764	$422,764	$52,000

2. Program Income: Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.

a. Application Budget Program Income: $0	b. Program Income to Date: $0