

**QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS**

**General Information**

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| <b>1. Federal Agency and Organizational Element to Which Report is Submitted</b><br><br>Department of Commerce, National Telecommunications and Information Administration | <b>2. Award Identification Number</b><br><br>13-42-B10583 | <b>3. DUNS Number</b><br><br>831038190 |
|--|---|--|

**4. Recipient Organization**  
  
 Professional Resources Management of Rabun, LLC 196 Ridgecrest Circle, Clayton, GA 30525-4111

|  |   |
|--|---|
| <b>5. Current Reporting Period End Date (MM/DD/YYYY)</b><br><br>06-30-2013 | <b>6. Is this the last Report of the Award Period?</b><br><br><p style="text-align: center;"><input type="radio"/> Yes    <input checked="" type="radio"/> No</p> |
|--|---|

**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.**

|   |  |
|---|--|
| <b>7a. Typed or Printed Name and Title of Certifying Official</b><br><br>Kimberly S Ingram<br><br>CEO | <b>7c. Telephone (area code, number and extension)</b><br><br>706-782-0401 |
|   | <b>7d. Email Address</b><br><br>kingram@inmedgroup.com                     |

|   |  |
|---|--|
| <b>7b. Signature of Certifying Official</b><br><br>Submitted Electronically | <b>7e. Date Report Submitted (MM/DD/YYYY):</b><br><br>08-07-2013 |
|---|--|

**Project Indicators (This Quarter)**

**1. Please describe significant project accomplishments completed during this quarter (600 words or less).**  
A representative from InMed Group attended the CompterWorld Honors Laureate Program Gala in Washington DC to accept our medallion recognizing Technology Works! contribution in bringing digital literacy and computer accessibility to the community. The Amara Center location increased efforts with additional community based health and wellness classes.

**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                     | 92               | Downtown and Amara Center PCC's are fully operational and experiencing increases in users.                  |
| 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).**

This quarter saw a consistent number of users at both PCC locations. Several instructor lead classes offered by North Georgia Technical College and Technology Works! were held at the downtown location. Continuing Medical Education (CME) classes continue this quarter at The Amara Center location for MD's, CRNP's, PA's and nursing providers. Several health education classes were held for the general public at The Amara Center location this quarter. The downtown center saw an increase in the number of instructor led hours including continuing education courses offered by NGTC.

**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 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   | 31    | All PC's and devices are installed and available to the public   |
| 4.b. | Average users per week (NOT cumulative)  | 277   | Both locations are planning a variety of instructor led classes and presentations.   |
| 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 | 158   | Two Public Computer Centers open 158 total hours per week with extended hours at downtown location two nights per week and on Saturdays. |

DATE: 08/07/2013

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

| <b>Name of Training Program</b>                   | <b>Length of Program (per hour basis)</b> | <b>Number of Participants per Program</b> | <b>Number of Training Hours per Program</b> |
|---|---|---|---|
| "Veterans Information Workshop"                   | 3   | 18  | 54  |
| "How To Get The Most From Your Device"            | 2   | 11  | 22  |
| "New Technology"                                  | 2   | 13  | 26  |
| "Chamber of Commerce Business After Hours"        | 2   | 43  | 86  |
| "Computer Fun 101" Part I                         | 2   | 14  | 28  |
| "Computer Fun 101" Part II                        | 2   | 15  | 30  |
| "Technology Badge" Brownie Troop 11313            | 2   | 11  | 22  |
| NGTC Continuing Education- Web Design             | 6   | 4   | 24  |
| NGTC Continuing Education - Jr. LEGO Camp         | 3   | 11  | 33  |
| NGTC Continuing Education - LEGO Engineering Camp | 3   | 4   | 12  |
| NGTC Adult Education/GED/ESL                      | 4   | 588                                       | 2,423                                       |
| Alpha Delta Kappa Teacher Conference              | 3   | 18  | 54  |
| Business Office Policy                            | 1   | 12  | 12  |
| CPR Certification                                 | 6   | 4   | 24  |
| DOC Employment Workshop                           | 10  | 11  | 110   |
| MLMC Continuing Education                         | 2   | 99  | 198   |
| Evening at the Amara                              | 2   | 83  | 166   |
| Firearm Safety                                    | 2   | 6   | 12  |
| Friday Grand Rounds                               | 1   | 62  | 62  |
| GHA Conference                                    | 1   | 13  | 13  |
| Healthy Connections                               | 1   | 8   | 8   |
| Hometown Health                                   | 1   | 14  | 14  |
| Hospital Auxillary                                | 1   | 39  | 78  |
| Introduction to Qigong                            | 2   | 22  | 44  |
| Med Staff Meeting                                 | 2   | 33  | 66  |

|   |    |    |     |
|---|----|----|-----|
| MLMC Employee Orientation                       | 17 | 8  | 136 |
| North Shore HCA Presentation                    | 2  | 33 | 66  |
| Pediatric Advance Life Support                  | 17 | 8  | 136 |
| Physician Communication and Engagement          | 1  | 9  | 9   |
| Prevention and Healing Symposium                | 12 | 51 | 612 |
| Reducing Readmissions                           | 1  | 4  | 4   |
| Sid Weber Cancer Fund Quarterly                 | 2  | 21 | 42  |
| Southern Alliance for Clean Energy              | 5  | 2  | 10  |
| Stemi Conference                                | 4  | 10 | 40  |
| Understanding the Value of Advanced Diagnostics | 1  | 3  | 3   |

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).**  
 Continue outreach to community and schools. Promote upcoming I Phone/I Pad classes and Basic Computer classes. Community marketing of health and wellness presentations.

**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                     | 100                      | We anticipate being at 100% complete by the end of the next quarter.                         |
| 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).**

Increase in the number of health education classes offered at the Amara Center with the participation of additional MD's from the county. Increase outreach efforts this Fall which will target school age children and make their families aware of the downtown location. Increase Outreach efforts continue to make visitors aware of the hours and availability of the PCC at the hospital campus. Increase the number of Continuing Education classes through NGTC and classes offered through Technology Works! in the downtown PCC.

**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.

| 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 |                |               |
|--|-------------------|-----------------------|----------------------|--|----------------|---------------|---|----------------|---------------|
| Cost Classification                          | Total Cost (plan) | Matching Funds (plan) | Federal Funds (plan) | Total Cost   | Matching Funds | Federal Funds | Total Costs   | Matching Funds | Federal Funds |
| a. Personnel                                 | \$463,200         | \$193,500             | \$269,700            | \$279,250  | \$44,900       | \$234,350     | \$316,100   | \$46,400       | \$269,700     |
| b. Fringe Benefits                           | \$84,016          | \$48,375              | \$35,641             | \$35,207   | \$4,989        | \$30,218      | \$40,841  | \$5,200        | \$35,641      |
| c. Travel                                    | \$6,000           | \$6,000               | \$0                  | \$5,962  | \$5,962        | \$0           | \$5,962   | \$5,962        | \$0           |
| d. Equipment                                 | \$346,498         | \$0                   | \$346,498            | \$345,979  | \$0            | \$345,979     | \$345,979   | \$0            | \$345,979     |
| e. Supplies                                  | \$146,854         | \$0                   | \$146,854            | \$149,429  | \$3,669        | \$145,760     | \$151,854   | \$5,000        | \$146,854     |
| f. Contractual                               | \$244,775         | \$0                   | \$244,775            | \$233,325  | \$0            | \$233,325     | \$233,325   | \$0            | \$233,325     |
| g. Construction                              | \$465,000         | \$465,000             | \$0                  | \$697,699  | \$697,699      | \$0           | \$697,699   | \$697,699      | \$0           |
| h. Other                                     | \$73,623          | \$20,000              | \$53,623             | \$63,346   | \$4,079        | \$59,267      | \$70,592  | \$5,000        | \$65,592      |
| i. Total Direct Charges (sum of a through h) | \$1,829,966       | \$732,875             | \$1,097,091          | \$1,810,197  | \$761,298      | \$1,048,899   | \$1,862,352   | \$765,261      | \$1,097,091   |
| j. Indirect Charges                          | \$0               | \$0                   | \$0                  | \$0  | \$0            | \$0           | \$0   | \$0            | \$0           |
| k. TOTALS (sum of i and j)                   | \$1,829,966       | \$732,875             | \$1,097,091          | \$1,810,197  | \$761,298      | \$1,048,899   | \$1,862,352   | \$765,261      | \$1,097,091   |

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 |
|---|--------------------------------|