

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
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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) 03-31-2012	6. Is this the last Report of the Award Period? <input type="radio"/> Yes <input checked="" type="radio"/> No
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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 Kimberly S Ingram CEO	7c. Telephone (area code, number and extension) 706-782-0401
	7d. Email Address kingram@inmedgroup.com

7b. Signature of Certifying Official Submitted Electronically	7e. Date Report Submitted (MM/DD/YYYY): 04-20-2012
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Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (600 words or less).
 The Downtown PCC Facilitator was employed this quarter. The lease for the Downtown PCC was executed this quarter with Partner Rabun County Development Authority. The Downtown PCC held it's Grand Opening which was attended by over 100 community members, organizations and community leaders. Thirteen PC's and video-conferencing equipment were deployed and are in use at the Downtown location. Registration for Summer semester college courses to be held at the Downtown PCC is underway. Multiple instructor lead training events were held at the Wellness location this quarter. Quarterly BTOP Partner meetings were held. Community Outreach to target populations thru radio, print media, email distribution, and flyers were conducted. Presentations for Civic organizations and business groups held. Training program development is ongoing

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	41	PCC Equipment deployment at the Downtown location is complete. Equipment deployment at Wellness location to begin with installation during first 2 weeks of next quarter.
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).
 Construction issues at Wellness location resolved this quarter

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	16	16 Workstations have been deployed and we are in receipt of all the remaining workstations which are scheduled for installation during the first 2 weeks of April.
4.b.	Average users per week (NOT cumulative)	51	51 Average weekly users of PCC locations. Instructor lead training occurring at Wellness location this quarter.
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	1	1 PCC added this quarter with 96 hours per week of PCC usage time per week.

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
Critical Thinking and Clinical Judgement	1	6	6
BLS for Healthcare Providers	3	13	39
Effective Communication for Nurse Managers	3	4	12
Quality Service Delivery for Nurse Managers	3	8	24
GED Education	3	403	1,209
Diabetes Education Class	2	6	12

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).
Wellness PCC location to open during next quarter. All PC's, wireless capability, video-conferencing and technology will be deployed and functional. We expect to have completed previously scheduled events, training and program offerings at Wellness PCC location. We continue to coordinate with Program Partner North Georgia Technical College to improve access to a variety of educational offerings at Downtown PCC location. Continue to coordinate with Program partner Georgia Department of Labor to meet the needs of unemployed workers.

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	61	We anticipate being at 61% overall completion 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 the number of users at the Downtown PCC location. Enhance the overall Outreach efforts to increase users at both locations. Enhance contacts with the business community to provide outreach and make aware of available resources

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	\$508,500	\$193,500	\$315,000	\$78,008	\$0	\$78,008	\$116,538	\$0	\$116,538
b. Fringe Benefits	\$127,125	\$48,375	\$78,750	\$9,553	\$0	\$9,553	\$14,681	\$0	\$14,681
c. Travel	\$6,000	\$6,000	\$0	\$2,672	\$2,672	\$0	\$5,672	\$5,672	\$0
d. Equipment	\$427,536	\$0	\$427,536	\$304,395	\$0	\$304,395	\$389,751	\$0	\$389,751
e. Supplies	\$28,000	\$0	\$28,000	\$3,225	\$2,831	\$394	\$6,225	\$3,831	\$2,394
f. Contractual	\$234,605	\$0	\$234,605	\$114,067	\$0	\$114,067	\$192,635	\$0	\$192,635
g. Construction	\$465,000	\$465,000	\$0	\$224,546	\$224,546	\$0	\$412,771	\$412,771	\$0
h. Other	\$33,200	\$20,000	\$13,200	\$24,379	\$13,846	\$10,533	\$26,829	\$15,846	\$10,983
i. Total Direct Charges (sum of a through h)	\$1,829,966	\$732,875	\$1,097,091	\$760,845	\$243,895	\$516,950	\$1,165,102	\$438,120	\$726,982
j. Indirect Charges	\$137,397	\$137,397	\$0	\$29,960	\$29,960	\$0	\$34,910	\$34,910	\$0
k. TOTALS (sum of i and j)	\$1,967,363	\$870,272	\$1,097,091	\$790,805	\$273,855	\$516,950	\$1,200,012	\$473,030	\$726,982

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
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