AWARD NUMBER: 32-42-B10014

DATE: 06/10/2014

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 6/30/2015

| QUARTERLY PERFORMANCE F | PROGRES | SS REPORT | FOR PUBLIC COM | PUTER CENTERS | |
|--|--------------|--------------------|------------------------|---------------------------------------|--|
| General Information | | | | | |
| Federal Agency and Organizational Element to Which Report is Submitted | 2. Award | d Identification I | Number | 3. DUNS Number | |
| Department of Commerce, National Telecommunications and Information Administration | 310014 | 148299733 | | | |
| 4. Recipient Organization | | | | | |
| Las Vegas-Clark County Urban League 930 W. Ow | ens Ave., I | Las Vegas, NV | 89106 | | |
| 5. Current Reporting Period End Date (MM/DD/YYYY) | | 6. Is this the la | st Report of the Award | Period? | |
| 09-30-2013 | | | | ○ No | |
| 7. Certification: I certify to the best of my knowledge a purposes set forth in the award documents. | nd belief th | at this report is | correct and complete | for performance of activities for the | |
| 7a. Typed or Printed Name and Title of Certifying Offic | ial | | 7c. Telephone (area c | ode, number and extension) | |
| Richard Hallon | | | 702-636-3949 | | |
| | | | 7d. Email Address | | |
| | | | RHallon@lvul.org | | |
| 7b. Signature of Certifying Official | | | 7e. Date Report Subm | itted (MM/DD/YYYY): | |
| Submitted Electronically | | | 06-10-2014 | | |
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Project Indicators (This Quarter)

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

Our partners at workforce connections have taken over the cost of daily business operations at 1024 Owens. They are assisting with Job search, resume writing skills and re-education for the workforce. we have collected extra materials pertaining to outreach and campaign materials, Etc. we also have been closing out accounts for final employees

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 | 100 | N\A |
| 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).

none

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 <u>cumulatively</u> 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 | 46 | N/A |
| 4.b. | Average users per week (NOT cumulative) | 43 | Logins were no longer tracked, bye computer due to workforce connections taking ownership of network numbers are provided by paper sign. |
| 4.c. | Number of PCCs with upgraded broadband connectivity | 30 | N\A |
| 4 A | Number of PCCs with new broadband wireless connectivity | 16 | 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 | 105 | N\A |

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

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

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| Introduction to Computers | 2 | 543 | 1,086 |
|--------------------------------|---|-------|-------|
| Introduction to Internet | 2 | 425 | 850 |
| Resume Building | 2 | 314 | 628 |
| Online Job Search | 2 | 1,224 | 2,448 |
| Introduction to Microsoft Word | 2 | 1,192 | 2,384 |
| Health Cards | 3 | 57 | 171 |
| Job Readiness Workshop | 3 | 252 | 504 |

Add Training Program

Remove Training Program

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Project Indicators (Next Quarter)

- Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).
 Project Ended in September 2013
- 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 | N/A |
| 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).

Both Training and Guidance were provided in great depth and length on the closing out this program, having guidance and technical supportive services. Is paramount to our success, and not having them, during the government services, as a sounding board to clarify any issues

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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 | \$3,108,468 | | \$3,108,468 | \$3,135,741 | | \$3,135,741 | \$3,135,741 | | \$3,135,741 |
| b. Fringe Benefits | \$593,702 | | \$593,702 | \$558,311 | | \$558,311 | \$558,311 | | \$558,311 |
| c. Travel | \$39,769 | | \$39,769 | \$28,485 | | \$28,485 | \$28,485 | | \$28,485 |
| d. Equipment | \$0 | | | \$0 | | | \$0 | | |
| e. Supplies | \$417,784 | \$19,800 | \$397,984 | \$370,223 | \$19,800 | \$350,423 | \$370,223 | \$19,800 | \$350,423 |
| f. Contractual | \$106,750 | | \$106,750 | \$416 | | \$416 | \$416 | | \$416 |
| g. Construction | \$0 | | | \$0 | | | \$0 | | |
| h. Other | \$2,650,550 | \$2,216,260 | \$434,290 | \$2,823,847 | \$2,216,260 | \$607,587 | \$2,823,847 | \$2,216,260 | \$607,587 |
| i. Total Direct Charges (sum of a through h) | \$6,917,023 | \$2,236,060 | \$4,680,963 | \$6,917,023 | \$2,236,060 | \$4,680,963 | \$6,917,023 | \$2,236,060 | \$4,680,963 |
| j. Indirect Charges | | | | | | | | | |
| k. TOTALS (sum of i and j) | \$6,917,023 | \$2,236,060 | \$4,680,963 | \$6,917,023 | \$2,236,060 | \$4,680,963 | \$6,917,023 | \$2,236,060 | \$4,680,963 |

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