RECIPIENT NAME:New York State Education Department

AWARD NUMBER: 36-42-B10016

DATE: 04/26/2013

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

QUARTERLY PERFORMANCE PR	OGRES	SS REPORT I	FOR PUBLIC COM	PUTER CENTERS		
General Information						
Federal Agency and Organizational Element to Which Report is Submitted	2. Award	I Identification N	lumber	3. DUNS Number		
Department of Commerce, National Telecommunications and Information Administration	36-42-B	310016		806782173		
4. Recipient Organization						
New York State Education Department 89 Washingto	n Avenue	e, Albany, NY 1	2234-1000			
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the la	st Report of the Award	Period?		
03-31-2013			Yes	○ No		
7. Certification: I certify to the best of my knowledge and purposes set forth in the award documents.	l belief th	at this report is	correct and complete	for performance of activities for the		
7a. Typed or Printed Name and Title of Certifying Official	I		7c. Telephone (area code, number and extension)			
Mary L Todd			(518) 486-4858			
			7d. Email Address			
Library Development Specialist			mtodd@mail.nysed.	gov		
7b. Signature of Certifying Official			7e. Date Report Subm	nitted (MM/DD/YYYY):		
Submitted Electronically			04-26-2013			

DATE: 04/26/2013

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

Project Indicators (This Quarter)

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

Grant closeout was completed. Special attention was paid to insuring all reporting obligations had been met. A draft version of an Impact report regarding the BTOP project was developed and is in the process of being readied for printing.

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	All aspects of the project have been completed.
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).

No particular issues existed.

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).

			Narrative (describe your reasons for any variance from the baseline
	Indicator	Total	plan or any other relevant information)
4.a.	New workstations installed and available to the public	685	Higher than baseline to meet public utilization.
4.b.	Average users per week (NOT cumulative)	0	Grant funded PCC & E-Mobile activity had ceased.
4.c.	Number of PCCs with upgraded broadband connectivity	17	N/A: All PCCs have adjusted broadband for increased computer and teleconferencing use.
4.d.	Number of PCCs with new broadband wireless connectivity	5	N/A: All E-Mobiles have purchased wireless capacity for use in remote locations.
4.e.	Number of additional hours per week existing and new PCCs are open to the public as a result of BTOP funds	0	Grant funded PCC & E-Mobile activity has ceased

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
N/A Grant funded activity has ceased	0	0	0

Add Training Program

Remove Training Program

RECIPIENT NAME:New York State Education Department

AWARD NUMBER: 36-42-B10016

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013 DATE: 04/26/2013

Project Indicators	(Next Quarter)
--------------------	----------------

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

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	Grant project is completed.
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

			Trimodorio Bala Not Noquilou			
2.i.	Other (please specify):	-	Milestone Data Not Required			
milestones	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 usefu (600 words or less).					
NA- Grant	activity is complete					

DATE: 04/26/2013

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013

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		
Total Cost (plan)	Matching Funds (plan)	Federal Funds (plan)	Total Cost	Matching Funds	Federal Funds	Total Costs	Matching Funds	Federal Funds	
\$88,000	\$88,000	\$0	\$231,999	\$231,999	\$0				
\$0	\$0	\$0	\$0	\$0	\$0				
\$15,000	\$0	\$15,000	\$15,000	\$0	\$15,000				
\$130,000	\$0	\$130,000	\$130,000	\$0	\$130,000				
\$8,000	\$0	\$8,000	\$10,517	\$0	\$10,517				
\$1,000,000	\$0	\$1,000,000	\$1,000,000	\$0	\$1,000,000				
\$0	\$0	\$0	\$0	\$0	\$0				
\$13,698,250	\$5,330,370	\$8,368,150	\$14,281,318	\$5,916,685	\$8,365,633				
\$14,939,250	\$5,418,370	\$9,521,150	\$15,668,834	\$6,148,684	\$9,521,150				
\$14,939,250	\$5,418,370	\$9,521,150	\$15,668,834	\$6,148,684	\$9,521,150				
	Total Cost (plan) \$88,000 \$0 \$15,000 \$130,000 \$8,000 \$1,000,000 \$0 \$13,698,250 \$14,939,250	Total Cost (plan) \$88,000 \$88,000 \$0 \$0 \$15,000 \$0 \$130,000 \$0 \$1,000,000 \$0 \$0 \$0 \$1,4,939,250 \$5,418,370	Total Cost (plan) Matching Funds (plan) Federal Funds (plan) \$88,000 \$88,000 \$0 \$0 \$0 \$0 \$15,000 \$0 \$15,000 \$130,000 \$0 \$130,000 \$8,000 \$0 \$8,000 \$1,000,000 \$0 \$1,000,000 \$0 \$0 \$0 \$13,698,250 \$5,330,370 \$8,368,150 \$14,939,250 \$5,418,370 \$9,521,150	Total Cost (plan) Matching Funds (plan) Federal Funds (plan) Total Cost (plan) \$88,000 \$88,000 \$0 \$231,999 \$0 \$0 \$0 \$0 \$15,000 \$0 \$15,000 \$15,000 \$130,000 \$0 \$130,000 \$130,000 \$8,000 \$0 \$1,000,000 \$10,517 \$1,000,000 \$0 \$1,000,000 \$1,000,000 \$0 \$0 \$0 \$0 \$13,698,250 \$5,330,370 \$8,368,150 \$14,281,318 \$14,939,250 \$5,418,370 \$9,521,150 \$15,668,834	Total Cost (plan) Matching Funds (plan) Federal Funds (plan) Total Cost (plan) Matching Funds (plan) \$88,000 \$88,000 \$0 \$231,999 \$231,999 \$0 \$0 \$0 \$0 \$15,000 \$0 \$15,000 \$0 \$130,000 \$0 \$130,000 \$0 \$8,000 \$130,000 \$10,517 \$0 \$1,000,000 \$0 \$1,000,000 \$1,000,000 \$0 \$0 \$0 \$0 \$1,000,000 \$1,000,000 \$1,000,000 \$0 \$13,698,250 \$5,330,370 \$8,368,150 \$14,281,318 \$5,916,685 \$14,939,250 \$5,418,370 \$9,521,150 \$15,668,834 \$6,148,684	Total Cost (plan)	Total Cost (plan)	Total Cost (plan)	

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
---	--------------------------------