AWARD NUMBER: 37-42-B10505

DATE: 03/06/2013

| Number                  | 3. DUNS Number   |  |  |
|-------------------------|--|--|--|
| Number                  | 3. DUNS Number   |  |  |
|                         |  |  |  |
|                         | 809784742  |  |  |
|                         |  |  |  |
| 3 39, Bakersville, NC 2 | 8705   |  |  |
| ast Report of the Award | Period?  |  |  |
|                         |  |  |  |
| s correct and complete  | for performance of activities for the  |  |  |
| 7c. Telephone (area c   | ode, number and extension)   |  |  |
| 828-284-1914            |  |  |  |
| 7d. Email Address       |  |  |  |
| drdanbarron@gmail.com   |  |  |  |
| 7e. Date Report Subm    | nitted (MM/DD/YYYY):   |  |  |
| 03-06-2013              |  |  |  |
|                         | is correct and complete<br>7c. Telephone (area c<br>828-284-1914<br>7d. Email Address<br>drdanbarron@gmail<br>7e. Date Report Subm |  |  |

AWARD NUMBER: 37-42-B10505

Project Indicators (This Quarter)

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

We had 3104 individuals use the community meeting space and averaged over 330 users per week in our computer lab. With the final additions of the thin client computers and mobile units, we have begun digital/information literacy lessons for new users, victims of domestic violence and agriculture workers.

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<br>Complete | Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)   |
|------|-------------------------------------|---------------------|---|
| 2.a. | Overall Project                     | 100                 | We have accomplished what we consider to be the foundation<br>phase of our project. We have spent the available funds and<br>have expended the required matching funds. |
| 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 or issues beyond day to day operation and regular services. We appreciate all the technical and logistical support that we have received.

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 baseling<br>plan or any other relevant information)                         |  |  |  |  |
|---|--|-------|--|--|--|--|--|
| 4.a. New workstations installed and available to the public |  | 30    | no variance  |  |  |  |  |
| 4.b.  | Average users per week (NOT cumulative)  | 330   | no variance  |  |  |  |  |
| 4.c.  | Number of PCCs with upgraded broadband connectivity  | 2     | Originally this was not a part of the plan, but we were able to accomplish it within the same costs structures as originally proposed. |  |  |  |  |
|   | Number of PCCs with new broadband<br>wireless connectivity   | 2     | Originally this was not a part of the plan, but we were able to accomplish it within the same costs structures as originally proposed. |  |  |  |  |
| 4.e.  | Number of additional hours per week<br>existing and new PCCs are open to the<br>public as a result of BTOP funds | 0     | No new hours, but considerably more and better access.   |  |  |  |  |

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

RECIPIENT NAME: Mitchell County Historic Courthouse Foundation

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| Name of Training Program | Length of Program (per hour basis) | Number of Participants per<br>Program | Number of Training Hours per<br>Program |  |  |
|--------------------------|------------------------------------|---------------------------------------|---|--|--|
| Intro to new users       | 2                                  | 8                                     | 16                                      |  |  |
| Intro to new users       | 2                                  | 6                                     | 12                                      |  |  |
| Social Media 101         | 3                                  | 10                                    | 30                                      |  |  |
| Effective Presentations  | 3                                  | 11                                    | 33                                      |  |  |

Add Training Program

Remove Training Program

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Project Indicators (Next Quarter)

**1.** Please describe significant project accomplishments planned for completion during the next quarter (600 words or less). This is the end of the project as far as BTOP is concerned, but the beginning of a wonderful community service.

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<br>Percent<br>Complete | Narrative (describe reasons for any variance from baseline plan or any relevant information) |
|------|-------------------------------------|--------------------------------|--|
| 2.a. | Overall Project                     | 100                            | We have spend all our funding and expended our matching funds.                               |
| 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).

This is our final report and we greatly appreciate the technical support that we have received and all the efforts of the BTOP team to make our project successful to date.

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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<br>through End of Current Reporting<br>Period |               |                   | Anticipated Actuals from Project<br>Inception through End of Next<br>Reporting Period |                |                   |                  |
|--|----------------------|-----------------------------|--|---------------|-------------------|---|----------------|-------------------|------------------|
| Cost Classification                                | Total Cost<br>(plan) | Matching<br>Funds<br>(plan) | Federal<br>Funds<br>(plan)   | Total<br>Cost | Matching<br>Funds | Federal<br>Funds  | Total<br>Costs | Matching<br>Funds | Federal<br>Funds |
| a. Personnel                                       | \$32,058             | \$32,058                    | \$0  | \$32,058      | \$32,058          | \$0   | \$0            | \$0               | \$0              |
| b. Fringe Benefits                                 | \$0                  | \$0                         | \$0  | \$0           | \$0               | \$0   | \$0            | \$0               | \$0              |
| c. Travel  | \$942                | \$942                       | \$0  | \$942         | \$942             | \$0   | \$0            | \$0               | \$0              |
| d. Equipment                                       | \$167,681            | \$0                         | \$167,681  | \$167,681     | \$0               | \$167,681   | \$0            | \$0               | \$0              |
| e. Supplies  | \$0                  | \$0                         | \$0  | \$0           | \$0               | \$0   | \$0            | \$0               | \$0              |
| f. Contractual                                     | \$56,045             | \$0                         | \$56,045   | \$56,045      | \$0               | \$56,045  | \$0            | \$0               | \$0              |
| g. Construction                                    | \$0                  | \$0                         | \$0  | \$0           | \$0               | \$0   | \$0            | \$0               | \$0              |
| h. Other   | \$42,528             | \$27,060                    | \$15,468   | \$42,528      | \$27,060          | \$15,468  | \$0            | \$0               | \$0              |
| i. Total Direct<br>Charges (sum of a<br>through h) | \$299,254            | \$60,060                    | \$239,194  | \$299,254     | \$60,060          | \$239,194   | \$0            | \$0               | \$0              |
| j. Indirect Charges                                |                      |                             |  |               |                   |   |                |                   |                  |
| k. TOTALS (sum of i<br>and j)                      | \$299,254            | \$60,060                    | \$239,194  | \$299,254     | \$60,060          | \$239,194   | \$0            | \$0               | \$0              |

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