RECIPIENT NAME:TINCAN AWARD NUMBER: 53-42-B10004

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

| DATE: 06/01/2011   |             |                    |                        | EXT 110 (11014 B) (12. 12/31/2010     |
|--|-------------|--------------------|------------------------|---------------------------------------|
| QUARTERLY PERFORMANCE PR   | ROGRE       | 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<br>Telecommunications and Information Administration                  | 53-42-E     | 310004             |                        | 133872619                             |
| 4. Recipient Organization  |             |                    |                        |                                       |
| TINCAN 1317 West Second Ave., Spokane, WA 992  | 01          |                    |                        |                                       |
| 5. Current Reporting Period End Date (MM/DD/YYYY)  |             | 6. Is this the la  | st Report of the Award | Period?                               |
| 03-31-2011   |             |                    | ◯ Yes (                | ● No                                  |
| 7. Certification: I certify to the best of my knowledge and purposes set forth in the award documents. | d belief th | nat this report is | correct and complete   | for performance of activities for the |
| 7a. Typed or Printed Name and Title of Certifying Officia  | ıl          |                    | 7c. Telephone (area c  | ode, number and extension)            |
| Karen Michaelson   |             |                    | 509-744-0972           |                                       |
|  |             |                    | 7d. Email Address      |                                       |
| Executive Director   |             |                    | kmichaelson@asisna     | a.com                                 |
| 7b. Signature of Certifying Official   |             |                    | 7e. Date Report Subm   | itted (MM/DD/YYYY):                   |
| Submitted Electronically   |             |                    | 06-01-2011             |                                       |
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## Project Indicators (This Quarter)

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

We continued to place computers at community sites and to carry our trainings on a variety of topics. The computer placements have had significant impact. For example, at Northeast Community Center, the computers allowed the center to have daily tax assistance, instead of only a few hours/week. The tax assistance center had the second largest volume in the state. This resulted not only in tax savings for participants, but a substantial number of dollars into the community. We have also had individuals find lost family members, and reconnect with those who served with them in the armed forces.

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                     | 56                  | We are progressing at a pace commensurate with partner needs.   |
| 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

We continued to be plagued by winter weather in the first quarter of 2011, which slowed installation activities.

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)               |
|------|--|-------|---|
| 1/2  | New workstations installed and available to the public   | 235   | Northeast Community Center needs to finish construction to be able to install their final computers                       |
| 4.b. | Average users per week (NOT cumulative)  | 4,727 | some centers received their computers late in the quarter   |
| 4.c. | Number of PCCs with upgraded broadband connectivity  | 1     | weather has delayed installation of new broadband to most centers   |
| 4.d. | Number of PCCs with new broadband wireless connectivity  | 0     | not applicable  |
| 4.e. | Number of additional hours per week existing and new PCCs are open to the public as a result of BTOP funds | 0     | Due to budget cuts, no one is able to expand hours. They are fighting to keep community centers and library branches open |

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<br>Program | Number of Training Hours per<br>Program |
|--------------------------|------------------------------------|---------------------------------------|---|
|                          |                                    |                                       |   |

RECIPIENT NAME:TINCAN

AWARD NUMBER: 53-42-B10004

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RECIPIENT NAME:TINCAN

AWARD NUMBER: 53-42-B10004

DATE: 06/01/2011

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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).

We hope that the remaining Northeast Community Center computers will be installed. Partner organizations are beginning to carry out trainings at their sites.

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 plar or any relevant information) |
|------|-------------------------------------|--------------------------------|--|
| 2.a. | Overall Project                     | 59                             | We are progressing at a pace commensurate with partner needs                                 |
| 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 of | challenges or is | ssues anticipated during  | j the next quarter tha | at may impact planne  | ed progress against the | project       |
|-----|------------------------|------------------|---------------------------|------------------------|-----------------------|-------------------------|---------------|
| mi  | lestones listed above. | In particular,   | please identify any areas | s or issues where te   | chnical assistance fr | om the BTOP program     | may be useful |
| (60 | 00 words or less).     |                  |                           |                        |                       |                         | -             |

| milestones listed above. I (600 words or less). | issues where technical assistance from the B |  |
|---|--|--|
| none  |  |  |
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DATE: 06/01/2011

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<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                                       | \$182,015            | \$0                         | \$182,015  | \$78,616      | \$0               | \$78,616  | \$82,000       | \$0               | \$82,000         |
| b. Fringe Benefits                                 | \$45,504             | \$0                         | \$45,504   | \$16,934      | \$0               | \$16,934  | \$17,500       | \$0               | \$17,500         |
| c. Travel  | \$0                  | \$0                         | \$0  | \$944         | \$944             | \$0   | \$4,000        | \$4,000           | \$0              |
| d. Equipment                                       | \$10,400             | \$10,400                    | \$0  | \$106,237     | \$106,237         | \$0   | \$120,000      | \$120,000         | \$0              |
| e. Supplies  | \$327,058            | \$0                         | \$327,058  | \$287,008     | \$16,397          | \$270,611   | \$309,000      | \$19,000          | \$290,000        |
| f. Contractual                                     | \$1,359,882          | \$741,605                   | \$618,277  | \$360,887     | \$72,634          | \$288,523   | \$440,000      | \$140,000         | \$300,000        |
| g. Construction                                    | \$0                  | \$0                         | \$0  | \$0           | \$0               | \$0   | \$0            | \$0               | \$0              |
| h. Other   | \$6,648              | \$1,248                     | \$5,400  | \$12,420      | \$11,626          | \$794   | \$20,000       | \$19,000          | \$1,000          |
| i. Total Direct<br>Charges (sum of a<br>through h) | \$1,931,507          | \$753,253                   | \$1,178,254  | \$863,046     | \$207,838         | \$655,478   | \$992,500      | \$302,000         | \$690,500        |
| j. Indirect Charges                                | \$100,796            | \$0                         | \$100,796  | \$69,721      | \$0               | \$69,721  | \$75,000       | \$0               | \$75,000         |
| k. TOTALS (sum of i<br>and j)                      | \$2,032,303          | \$753,253                   | \$1,279,050  | \$932,767     | \$207,838         | \$725,199   | \$1,067,500    | \$302,000         | \$765,500        |
|  |                      |                             | •  |               | •                 |   | •              |                   |                  |

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