

RECIPIENT NAME:  
AWARD NUMBER:  
DATE:

OMB CONTROL NUMBER: 0660-0037  
EXPIRATION DATE: 12-31-2010

### QUARTERLY PERFORMANCE PROGRESS REPORT FOR SUSTAINABLE BROADBAND ADOPTION

General Information		
<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> Department of Commerce, NTIA	<b>2. Award Identification Number</b> 36-43-B10512	<b>3a. DUNS Number</b> 884226288
		<b>3b. EIN</b> 136400434
<b>4. Recipient Organization (Name and complete address including country, congressional district, and zip code)</b> City of New York Department of Information Technology and Telecommunications 75 Park Place, 9th Floor New York, NY 10007 USA Congressional District 08		
<b>5. Current Reporting Period End Date (MM/DD/YYYY)</b> 06/30/2010	<b>6. Is this the last Report of the Award Period?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No	
<b>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.</b>		
<b>7a. Typed or Printed Name and Title of Certifying Official</b>  Carole Wallace Post, Commissioner	<b>7c. Telephone (area code, number and extension)</b>  (212) 788-6633	
	<b>7d. Email Address</b>  cpost@doitt.nyc.gov	
<b>7b. Signature of Certifying Official</b>	<b>7e. Date Report Submitted (MM/DD/YYYY):</b> 07/29/2010	

**Project Indicators (This Quarter)**

**1. Please describe significant project accomplishments completed during this quarter (150 words or less).**  
 First cohort of schools to be served by the program have been selected; most subrecipient/vendor contracts have been finalized; grant administrative requirements have been satisfied; program management staff have been hired by DoITT; project management and reporting structures/processes established.

**2. Please provide the percent complete for the following key milestones in your project. Write "N/A" in the second column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, 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 (100 words or less).**

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2.a.	Overall Project	0	Percentage is consistent with Baseline Report.
2.b.	Equipment Purchases	0	Percentage is consistent with Baseline Report.
2.c.	Awareness Campaigns	0	Percentage is consistent with Baseline Report.
2.d.	Outreach Activities	0	Percentage is consistent with Baseline Report.
2.e.	Training Programs	0	Percentage is consistent with Baseline Report.
2.f.	Other (please specify):	0	N/A

**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 (150 words or less).**  
 N/A

**4a. In the chart below, please provide the requested information on your BTOP grant-funded SBA activities. Please also provide a short description of the activity (100 words or less). Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter.**

Name of the SBA Activity	Location of SBA Activity	Description of Activity (100 words or less)	Size of Target Audience	Actual Number of Participants	New Subscribers (Households and / or Businesses)
No federal funds have been spent, as outlined in Baseline Report.					
<b>Total:</b>					

**4b. Please describe your method for determining number of households and/or businesses subscribing to broadband as a result of your SBA programs (100 words or less).**  
 Not applicable for the current quarter.

**4c. Please provide a narrative description if the total number of new subscribers is different from the targets provided in your baseline plan (100 words or less).**  
 Not applicable for the current quarter.

**4d. Please provide the number of households and the number of businesses receiving discounted broadband service as result of BTOP funds.**

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<b>Households:</b> 0	<b>Businesses:</b> 0
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**Project Indicators (Next Quarter)**

**1. Please describe significant project accomplishments planned for completion during the next quarter (150 words or less).**

Program management staff will be hired by DOE; project management and reporting structures/processes will be finalized; all remaining subrecipient/vendor contracts will be finalized; roll-out in first cohort of schools will commence.

**2. Please provide the percent complete anticipated for the following key milestones in your project as of the end of the next quarter. Write "N/A" in the second column if your project does not include this activity. If you provided additional milestones in your baseline plan, please insert them at the bottom of the table. Unless otherwise indicated in the instructions, figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please provide a narrative description if the planned percent complete is different from the target provided in your baseline plan (100 words or less).**

	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2.a.	Overall Project	1	Percentage is consistent with Baseline Report.
2.b.	Equipment Purchases	0	Percentage is consistent with Baseline Report.
2.c.	Awareness Campaigns	0	Percentage is consistent with Baseline Report.
2.d.	Outreach Activities	0	Percentage is consistent with Baseline Report.
2.e.	Training Programs	1	Percentage is consistent with Baseline Report.
2.f.	Other (please specify):	0	N/A

**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 (150 words or less).**

N/A

### Sustainable Broadband Adoption Budget Execution Details

**Activity Based Expenditures (Sustainable Broadband Adoption)**

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	\$161,412	\$161,412	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Fringe Benefits	\$82,320	\$82,320	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e. Supplies	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
f. Contractual	\$285,120	\$0	\$285,120	\$0	\$0	\$0	\$42,134	\$0	\$42,134
g. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Other	\$27,498,24	\$5,620,62	\$21,877,71	\$0	\$0	\$0	\$79,643	\$0	\$79,643
i. Total Direct Charges (sum of a through h)	\$28,027,14	\$5,864,36	\$22,162,81	\$0	\$0	\$0	\$121,777	\$0	\$121,777
j. Indirect Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTALS (sum of i and j)</b>	<b>\$28,027,14</b>	<b>\$5,864,36</b>	<b>\$22,162,81</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$121,777</b>	<b>\$0</b>	<b>\$121,777</b>

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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