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

QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS

General Information								
Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce - NTIA	2. Award Identifica 35-42-B10504	ition Number		DUNS Number 185269495 EIN 850385312				
4. Recipient Organization (Name and complete address including country, congressional district, and zip code) Santa Fe Civic Housing Authority, 664 Alta Vista Street Santa Fe, NM 87505 USA Congressional District 3								
5. Current Reporting Period End Date (MM/DD/YYY 06/30/2010	6. Is this the last F	the last Report of the Award Period?						
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.								
7a. Typed or Printed Name and Title of Certifying Official			7c. Telephone (area code, number and extension)					
Ed Romero Executive Director		505 988	505 988-2859 ext. 125					
		7d. Em	7d. Email Address					
		edrom	ero@sfcha.	com				
7b. Signature of Certifying Official			7e. Date Report Submitted (MM/DD/YYYY): 07/28/2010					

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

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (150 words or less).

We had the Grand Opening for our new PCC on June 3, 2010. Our first classes began on June 7, 2010. The neighborhood is using the facility and we have had some classes filled to capacity. We are preparing to start the improvements on the existing PCC. We are hoping to have it completed by the end of Quarter 3.

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 your reasons for any variance from the baseline plan or any other relevant information)
2.a.	Overall Project	39	Haven't begun work on existing PCC @ Gallegos Lane Community Center.
2.b.	Equipment / Supply Purchases	86	
2.c.	Public Computer Centers Established	100	
2.d.	Public Computer Centers Improved	0	Haven't begun work on existing PCC @ Gallegos Lane Community Center.
2.e.	New Workstations Installed	100	
2.f.	Existing Workstations Upgraded	0	Haven't begun work on existing PCC @ Gallegos Lane Community Center.
2.g.	Outreach Activities		N/A
2.h.	Training Programs	14	
2.i.	Other (please specify):		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).

Working with our Program Officer on possibly moving the location of our existing PCC @ Gallegos Lane. We haven't officially requested approval, but it won't affect our overall budget, regardless.

4. Please provide actual total numbers to date or typical averages for the following key indicators, as specified in the question. Write "N/A" in the second column if your project does not include this activity. 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 total is different from the target provided in your baseline plan (100 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	25	We were able to install 5 extra computers, by better utilizing the space available.
4.b.	Average users per week	15	This # is lower, due to the fact that the new PCC was only opened for 1 month. The #'s will improve for 3rd Quarter when we can use all 3 months.
4.c.	Upgraded broadband connectivity at PCC	50	Yes, we have established broadband connectivity @ our new PCC, but there isn't a way to establish a total number or average for this indicator.
4.d.	Establish broadband wireless connectivity at PCC	50	Yes, we have established wireless connectivity @ or
4.e.	Number of additional hours per week an existing PCC is open to the public as a result of BTOP funds	7	

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

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		
ESL	2	15	2		
GED	2	7	2		
Computer Class	2	15	2		

Project Indicators (Next Quarter)

- 1. Please describe significant project accomplishments planned for completion during the next quarter (150 words or less).
 We are working with the SFCC in establishing distance learning, which would require students to come in to the PCC at their convenience and take classes. This should be accomplished by early September.
- 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. 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	Planned Percent Complete	Narrative (describe reasons for any variance from baseline plan or any relevant information)
2.a.	Overall Project	52	
2.b.	Equipment / Supply Purchases	88	
2.c.	Public Computer Centers Established	100	
2.d.	Public Computer Centers Improved	100	
2.e.	New Workstations Installed	100	
2.f.	Existing Workstations Upgraded	100	
2.g.	Outreach Activities		N/A
2.h.	Training Programs	28	
2.i.	Other (please specify):		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 maybe useful (150 words or less).

As indicated earlier in this report, we are considering moving the location of our established PCC on Gallegos Lane. This could cause a delay in the upgrade of "existing" workstations for the 3rd quarter, pending approval from BTOP, if we decide to make the change.

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

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	\$45,500	\$0	\$45,500	\$8,249	\$1,749	\$6,500	\$16,498	\$3,498	\$13,000
b. Fringe Benefits	\$12,240	\$0	\$12,240	\$4,175	\$2,426	\$1,749	\$8,350	\$4,852	\$3,498
c. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Equipment	\$62,100	\$13,600	\$48,500	\$53,406	\$7,521	\$45,885	\$54,855	\$8,970	\$45,885
e. Supplies	\$10,500	\$0	\$10,500	\$9,030	\$0	\$9,030	\$9,240	\$0	\$9,240
f. Contractual	\$98,060	\$38,400	\$59,660	\$16,231	\$3,624	\$12,607	\$29,869	\$9,080	\$20,789
g. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
i. Total Direct Charges (sum of a through h)	\$228,400	\$52,000	\$176,400	\$91,091	\$15,320	\$75,771	\$118,812	\$26,400	\$92,412
j. Indirect Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTALS (sum of i and j)	\$228,400	\$52,000	\$176,400	\$91,091	\$15,320	\$75,771	\$118,812	\$26,400	\$92,412

^{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