DATE: 02/19/2011

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

QUARTERLY PERFORMANCE PROGRE	SS REPORT F	OR SUSTAINABLE BR	OADBAND ADOPTION				
General Information							
Federal Agency and Organizational Element to Which Report is Submitted 2.	Award Identifica	tion Number	3. DUNS Number				
Department of Commerce, National Telecommunications and Information Administration	78-43-B10569		789438293				
4. Recipient Organization							
Virgin Islands Public Finance Authority 32-33 Kongens	Gade, St. Thoma	as, VI 00802-0430					
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the last Report of t	he Award Period?				
12-31-2010	pency and Organizational Element to is Submitted 2. Award Identification Number 78-43-B10569 78-43-B10569 78-43-B10569 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 78-9438293 79-9482829 79-9482829 79-9482829 79-9482829 79-9482829 79-9482829 79-9482829 79-9482829 79-9482829 79-9482829 79-9482829 79						
7. Certification: I certify to the best of my knowledge and b purposes set forth in the award documents.	pelief that this rep	ort is correct and complete	for performance of activities for the				
7a. Typed or Printed Name and Title of Certifying Official		7c. Telephone (area c	7c. Telephone (area code, number and extension)				
Julito Francis	(340) 714-1635						
		7d. Email Address					
		jafrancis@usvipfa.co	om				
7b. Signature of Certifying Official		7e. Date Report Subm	itted (MM/DD/YYYY):				
Submitted Electronically		02-19-2011					

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013 DATE: 02/19/2011

Project Indicators (This Quarter)

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

We began outreach efforts and began planning the advertising campaign.

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).

	r		
	Milestone	Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2.a.	Overall Project	0	There are no changes to our baseline.
2.b.	Equipment / Supply Purchases	-	Progress reported in Question 4 below
2.c.	Awareness Campaigns	-	Progress reported in Question 4 below
2.d.	Outreach Activities	-	Progress reported in Question 4 below
2.e.	Training Programs	-	Progress reported in Question 4 below
2.f.	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

Although we are on track per the baseline submitted, we wish to note that viNGN has taken decisive steps that have moved the project into its operational phase. Key human resources have been put into place to lead the projects. A core of important stakeholders has agreed to participate in the working groups that will provide leadership and support for implementation of the SBA and PCC projects.

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 (600 words or less). Figures should be reported cumulatively from award inception to the end of the most recent reporting quarter. Please ensure that the numbers of new household subscribers and business or community anchor institution (CAI) subscribers reflected in the "Total" row represent the unduplicated number of new subscribers that can be attributed to your SBA project as a whole.

Name of the SBA Activity	Location of SBA Activity	Description of Activity (600 words or less)	Size of Target Audience	Actual Number of Participants	New Subscribers: Households	New Subscribers: Businesses and/or CAIs
N/A	N/A	N/A	0	0	0	0
Total:			0	0	0	0

4b. Please describe your method for determining the number of households, businesses, and/or (CAIs) subscribing to broadband as a result of your SBA programs (600 words or less).

This effort that will be conducted over the next two quarters.

4c. Please provide a narrative explanation if the total number of new subscribers is different from the targets provided in your baseline plan (600 words or less).

Our baseline plan's projections do not include new subscribers at this stage of the project.

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013 DATE: 02/19/2011

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

Households: 0 Businesses and CAIs: 0

Project Indicators (Next Quarter)

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

Outreach Collateral approved by Program Officer, Media Campaign Underway; integration of activities with PCC; Incorporation of AI and PCC into broader strategy for adoption.

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. 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 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	Percent Complete	Narrative (describe reasons for any variance from baseline plan or any other relevant information)
2.a.	Overall Project	0	While our baseline will not show slippage, we in fact have initiated the SBA program and continue to work with our partnerships and program implementation.
2.b.	Equipment Purchases	-	Milestone Data Not Required
2.c.	Awareness Campaigns	-	Milestone Data Not Required
2.d.	Outreach Activities	-	Milestone Data Not Required
2.e.	Training Programs	1	Milestone Data Not Required
2.f.	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).

Our biggest challenge will be to complete the assessment of our options and formalize a definitive strategy reflected in our detailed work plan that achieves all our commitments.

OMB CONTROL NUMBER: 0660-0037 EXPIRATION DATE: 12/31/2013 DATE: 02/19/2011

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	\$574,754	\$0	\$574,754	\$0	\$0	\$0	\$15,000	\$0	\$15,000	
b. Fringe Benefits	\$165,351	\$0	\$165,351	\$0	\$0	\$0	\$5,000	\$0	\$5,000	
c. Travel	\$125,625	\$0	\$125,625	\$0	\$0	\$0	\$0	\$0	\$0	
d. Equipment	\$31,350	\$0	\$31,350	\$0	\$0	\$0	\$0	\$0	\$0	
e. Supplies	\$40,000	\$0	\$40,000	\$0	\$0	\$0	\$0	\$0	\$0	
f. Contractual	\$1,372,002	\$0	\$1,372,002	\$0	\$0	\$0	\$10,000	\$0	\$10,000	
g. Construction				\$0	\$0	\$0	\$0	\$0	\$0	
h. Other	\$1,376,749	\$1,150,749	\$226,000	\$0	\$0	\$0	\$0	\$0	\$0	
i. Total Direct Charges (sum of a through h)	\$3,685,831	\$1,150,749	\$2,535,082	\$0	\$0	\$0	\$30,000	\$0	\$30,000	
j. Indirect Charges										
k. TOTALS (sum of i and j)	\$3,685,831	\$1,150,749	\$2,535,082	\$0	\$0	\$0	\$30,000	\$0	\$30,000	

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.