

QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS

General Information

| | | |
|--|---|--|
| 1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce, National Telecommunications and Information Administration | 2. Award Identification Number 13-42-B10583 | 3. DUNS Number 831038190 |
|--|---|--|

4. Recipient Organization

 Professional Resources Management of Rabun, LLC 196 Ridgecrest Circle, Clayton, GA 30525-4111

| | |
|--|---|
| 5. Current Reporting Period End Date (MM/DD/YYYY) 09-30-2013 | 6. Is this the last Report of the Award Period? <p style="text-align: center;"><input checked="" type="radio"/> Yes <input type="radio"/> No</p> |
|--|---|

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 Kimberly S Ingram CEO | 7c. Telephone (area code, number and extension) 706-782-0401 |
| | 7d. Email Address kingram@inmedgroup.com |

| | |
|---|--|
| 7b. Signature of Certifying Official Submitted Electronically | 7e. Date Report Submitted (MM/DD/YYYY): 11-05-2013 |
|---|--|

Project Indicators (This Quarter)

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

Our community has increased their usage of the Public Computer Centers. We are striving to bring digital literacy and computer accessibility to the area. Successfully kicked-off a Neighborhood Watch Training Program. Serving as local HQ for Army Medical Brigade Logistics to bring free healthcare to the area in 2014. Continued to provide community health and wellness classes along with classes for Basic Computer and New Technology use.

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 Complete | Narrative (describe your reasons for any variance from the baseline plan or any other relevant information) |
|------|-------------------------------------|------------------|---|
| 2.a. | Overall Project | 100 | Project complete. |
| 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).

Marketing of classes and presentations. Accessibility at the Amara Center Public Computer Classroom and Auditorium. Sustaining operation of Downtown PCC.

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) |
|------|--|-------|---|
| 4.a. | New workstations installed and available to the public | 31 | All PCC's are fully operational and experiencing increases in users |
| 4.b. | Average users per week (NOT cumulative) | 201 | Usage of the centers by the community remains strong |
| 4.c. | Number of PCCs with upgraded broadband connectivity | 0 | N/A |
| 4.d. | Number of PCCs with new broadband wireless connectivity | 0 | N/A |
| 4.e. | Number of additional hours per week existing and new PCCs are open to the public as a result of BTOP funds | 158 | Two Public Computer Centers open 158 hours per week with extended hours at downtown location two night per week and on Saturdays. |

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 |
|----------------------------|------------------------------------|------------------------------------|--------------------------------------|
| Quarterly Partners Meeting | 1 | 6 | 6 |

| | | | |
|--|-----|-----|-------|
| Basic Use of iPhone/iPad | 2 | 24 | 48 |
| Internet Safety for Parents | 1 | 3 | 3 |
| "Computer Fun 101" Part I | 2 | 12 | 24 |
| "Computer Fun 101" Part II | 2 | 8 | 16 |
| NGTC-Introduction to Digital Photography | 2 | 3 | 6 |
| NGTC Adult Education and GED | 4 | 443 | 1,772 |
| Advanced Cardiac Life Support | 9 | 8 | 72 |
| Atlanta Gastro Safety Class | 4 | 2 | 8 |
| Concious Sedation | 12 | 4 | 48 |
| Grand Rounds | 45 | 2 | 90 |
| HCAHPS Training | 12 | 1 | 12 |
| Hospital Auxiliary | 40 | 1 | 40 |
| Med. Brigade Initial Planning Conf | 30 | 8 | 240 |
| Hospital Feasibility Study | 5 | 9 | 45 |
| Neighborhood Watch Program | 128 | 3 | 384 |
| Hospital Policy and Procedures | 43 | 4 | 172 |
| Quarterly Med-Staff Meeting | 25 | 3 | 75 |
| Rapid Sequence Intubation | 6 | 2 | 12 |
| Tallulah River Watershed Council | 14 | 3 | 42 |

Add Training Program

Remove Training Program

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).
 Increase number of community health and wellness presentations. Provide addition job training. Work closely with local law enforcement to provide to provide health and safety training. Provide continuing education opportunities for health providers and first-responders.

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 Percent Complete | Narrative (describe reasons for any variance from baseline plan or any relevant information) |
|------|-------------------------------------|--------------------------|--|
| 2.a. | Overall Project | 100 | Project complete. |
| 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).

Acquiring funding for continuation of PCC after closeout of grant. Marketing of classes and presentations to the community.

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 | \$463,200 | \$193,500 | \$269,700 | \$310,996 | \$42,184 | \$268,812 | \$0 | \$0 | \$0 |
| b. Fringe Benefits | \$84,016 | \$48,375 | \$35,641 | \$41,210 | \$5,690 | \$35,520 | \$0 | \$0 | \$0 |
| c. Travel | \$6,000 | \$6,000 | \$0 | \$5,962 | \$5,962 | \$0 | \$0 | \$0 | \$0 |
| d. Equipment | \$346,498 | \$0 | \$346,498 | \$346,768 | \$0 | \$346,768 | \$0 | \$0 | \$0 |
| e. Supplies | \$146,854 | \$0 | \$146,854 | \$152,037 | \$11,239 | \$140,798 | \$0 | \$0 | \$0 |
| f. Contractual | \$244,775 | \$0 | \$244,775 | \$237,498 | \$0 | \$237,498 | \$0 | \$0 | \$0 |
| g. Construction | \$465,000 | \$465,000 | \$0 | \$687,215 | \$687,215 | \$0 | \$0 | \$0 | \$0 |
| h. Other | \$73,623 | \$20,000 | \$53,623 | \$71,224 | \$3,529 | \$67,695 | \$0 | \$0 | \$0 |
| i. Total Direct Charges (sum of a through h) | \$1,829,966 | \$732,875 | \$1,097,091 | \$1,852,910 | \$755,819 | \$1,097,091 | \$0 | \$0 | \$0 |
| j. Indirect Charges | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| k. TOTALS (sum of i and j) | \$1,829,966 | \$732,875 | \$1,097,091 | \$1,852,910 | \$755,819 | \$1,097,091 | \$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 |
|---|--------------------------------|