RECIPIENT NAME: City of Brownsville AWARD NUMBER: 48-42-B10544

OMB CONTROL NUMBER: 0660-0037

DATE: 08/06/2012				EXPIRATION DATE: 12/31/2013		
QUARTERLY PERFORMANCE PF	ROGRES	SS REPORT	FOR PUBLIC COM	PUTER CENTERS		
General Information						
Federal Agency and Organizational Element to Which Report is Submitted	Number 3. DUNS Number					
Department of Commerce, National Telecommunications and Information Administration	48-42-B	310544		036772820		
4. Recipient Organization				I		
City of Brownsville 1001 E ELIZABETH ST 3RD FL, I	BROWNS	SVILLE, TX 785	5205128			
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the la	st Report of the Award	Period?		
06-30-2012			◯ Yes (	<ul><li>No</li></ul>		
7. Certification: I certify to the best of my knowledge and purposes set forth in the award documents.	d belief th	at 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)		
James R McCoy			(956) 548-1055 X2101			
			7d. Email Address			
Assistant Director			james@cob.us			
7b. Signature of Certifying Official			7e. Date Report Subm	nitted (MM/DD/YYYY):		
Submitted Electronically			08-06-2012			

RECIPIENT NAME:City of Brownsville AWARD NUMBER: 48-42-B10544

DATE: 08/06/2012

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

## **Project Indicators (This Quarter)**

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

The Public Computing Center Remodeling Project is almost complete. The contractor substantial completion and is working on the punch list. The furniture installation is almost complete and library staff is currently installing the computers.

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	91	Remodeling and furniture delivery has delayed the project.
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).

Remodeling and furniture delivery has delayed the project.

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 <u>cumulatively</u> 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	17	Remodeling and furniture delivery has delayed the project.
4.b.	Average users per week (NOT cumulative)	29	n/a
	Number of PCCs with upgraded broadband connectivity	2	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	40	n/a

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
n/a	0	0	0

Add Training Program

Remove Training Program

RECIPIENT NAME:City of Brownsville AWARD NUMBER: 48-42-B10544

DATE: 08/06/2012

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

## Project Indicators (Next Quarter)

1.	Please describe significant project accomplishments planned for completion during the next quarter (6	00 words o	or less)
Re	emodeling and furniture delivery has delayed the project.		

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	n/a
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

<sup>3.</sup> 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).

We do not anticipate any challenges or issues.

DATE: 08/06/2012

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 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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
b. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
c. Travel	\$2,742	\$823	\$1,919	\$2,741	\$822	\$1,919	\$2,741	\$822	\$1,919
d. Equipment	\$328,289	\$98,485	\$229,804	\$292,421	\$87,726	\$204,695	\$332,148	\$102,344	\$229,804
e. Supplies	\$10,500	\$3,150	\$7,350	\$0	\$0	\$0	\$10,500	\$3,150	\$7,350
f. Contractual	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
g. Construction	\$815,148	\$244,542	\$570,606	\$1,401,077	\$844,595	\$556,482	\$1,415,775	\$845,169	\$570,606
h. Other	\$80,349	\$24,108	\$56,241	\$39,580	\$11,874	\$27,706	\$80,349	\$24,108	\$56,241
i. Total Direct Charges (sum of a through h)	\$1,237,028	\$371,108	\$865,920	\$1,735,819	\$945,017	\$790,802	\$1,841,513	\$975,593	\$865,920
j. Indirect Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k. TOTALS (sum of i and j)	\$1,237,028	\$371,108	\$865,920	\$1,735,819	\$945,017	\$790,802	\$1,841,513	\$975,593	\$865,920

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
---	--------------------------------