RECIPIENT NAME:TINCAN AWARD NUMBER: 53-42-B10004

DATE: 07/25/2012

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

12 EXPIRATION DATE: 12/31/2013

QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS							
General Information							
Federal Agency and Organizational Element to Which Report is Submitted 2.	Award	d Identification N	lumber	3. DUNS Number			
Department of Commerce, National Telecommunications and Information Administration	3-42-E	310004		133872619			
4. Recipient Organization							
TINCAN 1317 West Second Ave., Spokane, WA 99201							
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the la	st Report of the Award	Period?			
06-30-2012			◯ Yes (● No			
7. Certification: I certify to the best of my knowledge and be purposes set forth in the award documents.	elief th	at this report is	correct and complete	for performance of activities for the			
7a. Typed or Printed Name and Title of Certifying Official			7c. Telephone (area c	ode, number and extension)			
Karen Michaelson			509-744-0972				
			7d. Email Address				
Executive Director			kmichaelson@asisna	a.com			
7b. Signature of Certifying Official			7e. Date Report Subm	itted (MM/DD/YYYY):			
Submitted Electronically			07-25-2012				

RECIPIENT NAME:TINCAN AWARD NUMBER: 53-42-B10004

DATE: 07/25/2012

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).

We have added two new sites: the Corbin Senior Center and the Women's Hearth, a drop in center predominantly used by homeless women. Our classes continue to be popular and lab usage at our main site is over 1,000/month. Usage of partner sites has also increased. This quarter we surveyed all partners to determine what their need was for peripherals or other supplies now that the sites have been up and running for a time. Site visits were made to each partner to confirm needs, and additional supplies were ordered. We also discussed post-award plans with partners.

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	92	we are proceeding toward closeout
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).

no issues to report

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)
	New workstations installed and available to the public	251	workstations were installed at new PCC partners
4.b.	Average users per week (NOT cumulative)	5,361	labs continue to be actively used
	Number of PCCs with upgraded broadband connectivity	7	6 library branches and Northeast Community Center
	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	0	Budget cuts preclude additional hours

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
see attched list	0	0	0

RECIPIENT NAME:TINCAN

AWARD NUMBER: 53-42-B10004

DATE: 07/25/2012

Add Training Program Remove Training Program

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

RECIPIENT NAME:TINCAN

AWARD NUMBER: 53-42-B10004

DATE: 07/25/2012

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 (600 words or less).
 We are upgrading the ARC's lab with tools to be used with developmentally challenged and autistic individuals. We are adding the Salvation Army as a poartner.
- 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	99	We are proceeding to closeout.
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).

none anticipated.

DATE: 07/25/2012

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	\$182,015	\$0	\$182,015	\$189,260	\$15,538	\$173,722	\$216,000	\$16,000	\$200,000
b. Fringe Benefits	\$45,504	\$0	\$45,504	\$37,391	\$0	\$37,391	\$38,000	\$0	\$38,000
c. Travel	\$0	\$0	\$0	\$944	\$944	\$0	\$944	\$944	\$0
d. Equipment	\$10,400	\$10,400	\$0	\$0	\$0	\$0	\$0	\$0	\$0
e. Supplies	\$305,867	\$0	\$305,867	\$494,461	\$195,074	\$299,387	\$670,000	\$320,000	\$350,000
f. Contractual	\$1,287,405	\$741,605	\$545,800	\$1,195,968	\$709,324	\$486,644	\$1,299,000	\$809,000	\$490,000
g. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Other	\$18,648	\$1,248	\$17,400	\$29,237	\$14,899	\$14,338	\$30,338	\$16,000	\$14,338
i. Total Direct Charges (sum of a through h)	\$1,849,839	\$753,253	\$1,096,586	\$1,947,261	\$935,779	\$1,011,482	\$2,254,282	\$1,161,944	\$1,092,338
j. Indirect Charges	\$187,055	\$0	\$187,055	\$170,761	\$0	\$170,761	\$176,000	\$0	\$176,000
k. TOTALS (sum of i and j)	\$2,036,894	\$753,253	\$1,283,641	\$2,118,022	\$935,779	\$1,182,243	\$2,430,282	\$1,161,944	\$1,268,338

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