

RECIPIENT NAME:GMIS
AWARD NUMBER: 25-42-B10503
DATE: 2010-11-29 17:32:52

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

QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS

General Information		
1. Federal Agency and Organizational Element to Which Report is Submitted GMIS	2. Award Identification Number 25-42-B10503	3a. DUNS Number 073799215
		3b. EIN XXXXXXXXXX
4. Recipient Organization (Name and complete address including country, congressional district, and zip code) Cambridge Housing Authority 675 Massachusetts Ave, Cambridge, MA 02139		
5. Current Reporting Period End Date (MM/DD/YYYY) 09-30-2010	6. Is this the last Report of the Award Period? <input type="radio"/> Yes <input checked="" type="radio"/> No	
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 Steven Swanger Director of Resident Services	7c. Telephone (area code, number and extension) (617) 520-6246	
	7d. Email Address sswanger@cambridge-housing.org	
7b. Signature of Certifying Official Submitted Electronically	7e. Date Report Submitted (MM/DD/YYYY): 11-29-2010	

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (150 words or less).
 Hardware and software was purchased and installed for all three computer centers. Contracts were negotiated and executed with all partners. Outreach for all programs was conducted at the beginning and the end of the summer. Five-week "Strictly Computers" classes and Open Labs were conducted throughout the summer. Fifteen-week "Strictly Computers" classes and Open Labs were begun in September. Job search clinic was begun in September. Five-week summer Gateways ESOL classes were conducted and 34-week academic year classes were begun in September.

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	14	While all equipment was purchased and installed, some bills not paid during the quarter
2.b.	Equipment / Supply Purchases	46	While all equipment was purchased and installed, some bills not paid during the quarter
2.c.	Public Computer Centers Established	0	N/A
2.d.	Public Computer Centers Improved	100	On schedule
2.e.	New Workstations Installed	100	On schedule
2.f.	Existing Workstations Upgraded	100	On schedule
2.g.	Outreach Activities	23	On schedule
2.h.	Training Programs	2	On schedule
2.i.	Other (please specify):	0	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).
 On target re milestones. No problems encountered.

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	40	On schedule
4.b.	Average users per week	89	This is close enough to baseline not to be a problem
4.c.	Upgraded broadband connectivity at PCC	1	On schedule
4.d.	Establish broadband wireless connectivity at PCC	1	On schedule
4.e.	Number of additional hours per week an existing PCC is open to the public as a result of BTOP funds	53	On schedule

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
Strictly Computers (Summer Session) * See NOTE below	15	31	465
Gateways ESOL (Summer Session) * See NOTE below	30	45	1,350
Parents ROCK/Pathways	0	0	0
Cambridge Employment Program	6	5	30

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (150 words or less).
 · Continue fall programming, including open labs, utilization for adult employment counseling and the following classes: Strictly Computers, Gateways ESOL, and Parents ROCK/Pathways
 · Conduct monthly meetings of all partners * NOTE: See Attachment for Academic Year Sessions of Strictly Computers & Gateways Programs
 · Conduct outreach for winter classes

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	33	No variance anticipated
2.b.	Equipment / Supply Purchases	100	No variance anticipated
2.c.	Public Computer Centers Established	0	N/A
2.d.	Public Computer Centers Improved	100	No variance anticipated
2.e.	New Workstations Installed	100	No variance anticipated
2.f.	Existing Workstations Upgraded	100	No variance anticipated
2.g.	Outreach Activities	34	No variance anticipated
2.h.	Training Programs	20	No variance anticipated
2.i.	Other (please specify):	0	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).
 Presence of small computer lab at CEP Program is negatively impacting the number of users coming to CHA labs. We have not finalized plans for dealing with this but anticipate replacing CEP classes with additional ESOL/Digital Literacy class for those currently on waiting list.

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	\$340,936	\$54,325	\$286,611	\$63,586	\$30,000	\$33,586	\$111,341	\$0	\$81,341
b. Fringe Benefits	\$54,009	\$0	\$54,009	\$3,621		\$3,621	\$8,621	\$0	\$8,621
c. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Equipment	\$60,100	\$0	\$60,100	\$27,528	\$0	\$27,528	\$47,528	\$0	\$47,528
e. Supplies	\$26,364	\$22,500	\$3,864	\$0	\$0	\$0	\$625	\$0	\$625
f. Contractual	\$470,372	\$136,071	\$294,340	\$23,833	\$23,833	\$0	\$74,232	\$42,667	\$31,565
g. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Other	\$288,288	\$288,288	\$0	\$53,848	\$53,848	\$0	\$77,872	\$77,872	\$0
i. Total Direct Charges (sum of a through h)	\$1,240,069	\$501,184	\$698,924	\$172,416	\$107,681	\$64,735	\$320,219	\$120,539	\$169,680
j. Indirect Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k. TOTALS (sum of i and j)	\$1,240,069	\$501,184	\$698,924	\$172,416	\$107,681	\$64,735	\$320,219	\$120,539	\$169,680

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
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