

RECIPIENT NAME:GMIS
AWARD NUMBER: 22-42-B10502
DATE: 2010-10-30 20:22:24

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 22-42-B10502 | 3a. DUNS Number 782543938 |
| | | 3b. EIN 720934321 |
| 4. Recipient Organization (Name and complete address including country, congressional district, and zip code) Deaf Action Center of Louisiana 601 Jordan St., Shreveport, LA 71101-4748 | | |
| 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 David W Hylan Executive Director | 7c. Telephone (area code, number and extension) (318) 425-7781 X205 | 7d. Email Address david@deafactioncenter.org |
| 7b. Signature of Certifying Official Submitted Electronically | 7e. Date Report Submitted (MM/DD/YYYY): 10-30-2010 | |

Project Indicators (This Quarter)

1. Please describe significant project accomplishments completed during this quarter (150 words or less).
 Began rollout of new PCC's as the deaf services network infrastructure was activated. Solicited and solidified community partner sites for the placement of these remote interpretation workstations available to the deaf and those who interact with them. Notably, have development partnership contract with Palm Beach Police Department and the State of Kentucky judicial system as users of this deaf services network.

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 | 50 | Economic downturn has shifted some community partner sites, delaying their actual usage of system. Hiring, outreach, and training portions of project are at or above expectations. |
| 2.b. | Equipment / Supply Purchases | 100 | N/A |
| 2.c. | Public Computer Centers Established | 25 | Actualization is below expectation due to (a) poor economics for some of our community partners who find themselves without funding to pay for interpretation, and (b) rollout to 2 large new community partner groups has not begun. Equipment is being held in reserve for their use while contract details are in process of being finalized. |
| 2.d. | Public Computer Centers Improved | 100 | N/A |
| 2.e. | New Workstations Installed | 30 | Each PCC is a stand-alone workstation, so the answer to this question duplicates 2.c. Actualization is below expectation due to (a) poor economics for some of our community partners who find themselves without funding to pay for interpretation, and (b) rollout to 2 large new community partner groups has not begun. Equipment is being held in reserve for their use while contract details are in process of being finalized. |
| 2.f. | Existing Workstations Upgraded | 0 | N/A |
| 2.g. | Outreach Activities | 100 | We have exceeded our initial outreach goal set before this project began. We now total 35 outreach activities, when our original project goal was 24 over the term of the grant. |
| 2.h. | Training Programs | 17 | N/A |
| 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).

Our rate of rollout of new PCCs has been negatively impacted by the economic picture for many of our initial community partners where our deaf services PCCs were to be placed - some of them do not have funding to pay for interpretation services. For this reason we have sought new community partners to replace those with financial difficulties in order that our virtual remote interpretation network can reach the largest segment of the deaf.

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 | 13 | We have a total of 34 workstations/PCCs in operation. The equipment for a large number of workstations is being held in reserve for several new community partner groups who will take most of the remaining workstations. |

| | Indicator | Total | Narrative (describe your reasons for any variance from the baseline plan or any other relevant information) |
|------|--|--------------|--|
| 4.b. | Average users per week | 7 | Actualization is below expectation due to (a) poor economics for some of our community partners who find themselves without funding to pay for interpretation, and (b) rollout to 2 large new community partner groups has not begun. Equipment is being held in reserve for their use while contract details are in process of being finalized. |
| 4.c. | Upgraded broadband connectivity at PCC | 15 | Applies to pre-existing PCC workstations only. |
| 4.d. | Establish broadband wireless connectivity at PCC | 0 | N/A |
| 4.e. | Number of additional hours per week an existing PCC is open to the public as a result of BTOP funds | 0 | Existing workstations were available 168 hr. per week, so this has not changed. |

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 |
|---|------------------------------------|------------------------------------|--------------------------------------|
| Job Skills for the Deaf | 6 | 1 | 6 |
| Training on Use of Videoconferencing Equipment for interpreters | 1 | 1 | 1 |
| Training on Use of Videoconferencing Equipment for End Users/Community Partners | 1 | 1 | 1 |
| What AccessAmerica VRI Means to You (for the General Public) | 1 | 1 | 1 |

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (150 words or less).
 We will continue development of our videos accessible over broadband to the deaf, to interpreters, to end users/communitiy partners, and to the general public - these are the backbone of our training programs. We hope to have as 3-5 more video segments developed by the end of Q4.

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 | 75 | Despite initial slowdown due to downward shifting economics for our community partners, our new partner groups should begin to bring our completion percentage back in line with original expectations. |
| 2.b. | Equipment / Supply Purchases | 100 | N/A |
| 2.c. | Public Computer Centers Established | 84 | N/A |
| 2.d. | Public Computer Centers Improved | 100 | N/A |
| 2.e. | New Workstations Installed | 50 | This number is an estimate since we have committed to partner with two large community organizations, each of which is a local or state government entity. Contracts have been submitted and are in teh approval process, but the actual rate of rollout depends on the speed of the contract review process inside the government entities. |
| 2.f. | Existing Workstations Upgraded | 100 | N/A |
| 2.g. | Outreach Activities | 100 | N/A |
| 2.h. | Training Programs | 34 | N/A |
| 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).
 N/A

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 | \$310,820 | \$110,820 | \$200,000 | \$69,907 | \$26,811 | \$43,096 | \$150,000 | \$50,000 | \$100,000 |
| b. Fringe Benefits | \$56,569 | \$20,169 | \$36,400 | \$11,466 | \$7,092 | \$4,374 | \$23,000 | \$15,000 | \$8,000 |
| c. Travel | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| d. Equipment | \$686,068 | \$0 | \$686,068 | \$647,288 | \$0 | \$647,288 | \$647,288 | \$0 | \$647,288 |
| e. Supplies | \$149,559 | \$5,601 | \$143,958 | \$135,668 | \$4,109 | \$131,559 | | | |
| f. Contractual | \$390,156 | \$194,069 | \$196,087 | \$228,504 | \$0 | \$228,504 | | | |
| g. Construction | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| h. Other | \$223,000 | \$105,000 | \$118,000 | \$14,308 | \$0 | \$14,308 | \$15,000 | \$0 | \$15,000 |
| i. Total Direct Charges (sum of a through h) | \$1,816,172 | \$435,659 | \$1,380,513 | \$1,107,141 | \$38,012 | \$1,069,129 | \$835,288 | \$65,000 | \$770,288 |
| j. Indirect Charges | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 | \$0 |
| TOTALS (sum of i and j) | \$1,816,172 | \$435,659 | \$1,380,513 | \$1,107,141 | \$38,012 | \$1,069,129 | \$835,288 | \$65,000 | \$770,288 |

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 |
|---|--------------------------------|