RECIPIENT NAME:Professional Resources Management of Rabun, LLC

AWARD NUMBER: 13-42-B10583

DATE: 11/16/2011

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

QUARTERLY PERFORMANCE F	POCPE	SO DEDODT EOD	DI IBI IC COI	MDIITED CENTEDS
General Information	NOOKE	JO KLI OKI I OK	I OBLIC COI	WII OTER CERTERS
Federal Agency and Organizational Element to Which Report is Submitted	2. Award	I Identification Numbe	r	3. DUNS Number
Department of Commerce, National Telecommunications and Information Administration	13-42-B	310583		831038190
4. Recipient Organization				
Professional Resources Management of Rabun, LL	C 196 Ridç	gecrest Circle, Clayto	on, GA 30525-4	4111
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the last Rep	ort of the Awar	rd Period?
09-30-2011			○ Yes	No
7. Certification: I certify to the best of my knowledge a purposes set forth in the award documents.	nd belief th	at this report is correc	ct and complete	e for performance of activities for the
7a. Typed or Printed Name and Title of Certifying Offic	ial	7c. Te	elephone (area	code, number and extension)
Curt Haban		706-9	70-0914	
		7d. E	mail Address	
		chab	an@inmedgro	pup.com
7b. Signature of Certifying Official		7e. Da	ate Report Sub	mitted (MM/DD/YYYY):
Submitted Electronically		11-1	6-2011	

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Project Indicators (This Quarter)

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

Construction on the downtown public computer center reached final phase. All infrastructure equipment has now been delivered. Network upgrading is significantly underway. Wireless design underway. Demolition at the Wellness Center location has completed. Auditorium construction has begun. Partial classroom furniture has been delivered. Program strategy and development has begun. Continued community outreach and partner coordination.

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

	Milestone	Percent Complete	Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)
2.a.	Overall Project	21	Ongoing construction and some delays pushed draw downs ahead. This will level in the upcoming quarter or two.
2.b.	Equipment / Supply Purchases	-	Progress reported in Question 4 below
2.c.	Public Computer Centers Established	1	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

We have met some construction delays in the downtown public computer center location. We expect the opening of this location to occur in the next quarter.

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	0	N/A
4.b.	Average users per week (NOT cumulative)	0	N/A
4.c.	Number of PCCs with upgraded broadband connectivity	0	N/A
4 n	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	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
0	0	0	0

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Add Training Program	Remove Training Program

DATE: 11/16/2011

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Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).

The downtown Public Computer Center is expected to be open and operational. The implementation of coordinated programs with partners. The hiring of the facilitator. The Wellness center location construction will be well underway and reaching final phases. Installation of infrastructure equipment will be completed. Network upgrading will be completed. Wireless connectivity will be completed.

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	50	Draw downs awaited construction staging. This will level in the upcoming quarter or two.
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
nilestones listed above. In particular, please identify any areas or issues where technical assistance from the BTOP program may be usefu
600 words or less).

No significant challenges expected. However, construction variables are involved. Nothing to date has not been overcome.

DATE: 11/16/2011

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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	\$508,500	\$193,500	\$315,000	\$49,046	\$0	\$49,046	\$72,046	\$0	\$72,046
b. Fringe Benefits	\$127,125	\$48,375	\$78,750	\$783	\$0	\$783	\$1,033	\$0	\$1,033
c. Travel	\$6,000	\$6,000	\$0	\$3,533	\$3,533	\$0	\$3,533	\$3,533	\$0
d. Equipment	\$427,536	\$0	\$427,536	\$157,101	\$0	\$157,101	\$182,100	\$0	\$182,100
e. Supplies	\$28,000	\$0	\$28,000	\$113	\$0	\$113	\$1,500	\$0	\$1,500
f. Contractual	\$234,605	\$0	\$234,605	\$68,460	\$0	\$68,460	\$78,568	\$0	\$78,568
g. Construction	\$465,000	\$465,000	\$0	\$130,072	\$130,072	\$0	\$230,072	\$230,072	\$0
h. Other	\$33,200	\$20,000	\$13,200	\$250	\$250	\$0	\$7,500	\$5,000	\$2,500
i. Total Direct Charges (sum of a through h)	\$1,829,966	\$732,875	\$1,097,091	\$409,358	\$133,855	\$275,503	\$576,352	\$238,605	\$337,747
j. Indirect Charges	\$137,397	\$137,397	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k. TOTALS (sum of i and j)	\$1,967,363	\$870,272	\$1,097,091	\$409,358	\$133,855	\$275,503	\$576,352	\$238,605	\$337,747

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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