RECIPIENT NAME:Deaf Action Center of Louisiana

AWARD NUMBER: 22-42-B10502

DATE: 05/29/2012

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

QUARTERLY PERFORMANCE PR	ROGRES	SS REPORT	FOR PUBLIC COM	PUTER CENTERS	
General Information					
Federal Agency and Organizational Element to Which Report is Submitted	2. Award	I Identification N	lumber	3. DUNS Number	
Department of Commerce, National Telecommunications and Information Administration	310502	782543938			
4. Recipient Organization					
Deaf Action Center of Louisiana 601 Jordan St., Shre	veport, L	A 71101-4748			
5. Current Reporting Period End Date (MM/DD/YYYY)		6. Is this the la	st Report of the Award	Period?	
03-31-2012			○ Yes	No	
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	I		7c. Telephone (area c	ode, number and extension)	
David W Hylan			(318) 425-7781 X205		
			7d. Email Address		
Executive Director			david@deafactioncenter.org		
7b. Signature of Certifying Official			7e. Date Report Subm	itted (MM/DD/YYYY):	
Submitted Electronically			05-29-2012		

RECIPIENT NAME: Deaf Action Center of Louisiana

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Project Indicators (This Quarter)

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

We were not selected for Harris County, TX pilot program. The program was discontinued late 2011. We have continued to offer webinar training which is accessed through our VTOP equipment. We are following up on referrals for additional partners in order to continue the program beyond the grant term.

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	98	All objectives have nearly been completed and is on schedule.
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 significant challenges or issues in this 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 <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	92	No new workstations installed this quarter.
4.b.	Average users per week (NOT cumulative)	48	No significant change in the average number of users.
	Number of PCCs with upgraded broadband connectivity	0	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	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
Preacher's Words That Make You Go "HUH!"	3	72	216

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The Code of Professional Conduct	3	67	201
AnginaWhat? How Do I Sign That?: Basic Interpreting in the Medical Field	3	174	522

The Code of Professional Conduct	3	67	201	
AnginaWhat? How Do I Sign That?: Basic Interpreting in the Medical Field	3	174	522	
Add Ti	raining Program	Remove Training Pr	ogram	

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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).
 We will continue to produce even more multi-hour training opportunities. We will strive to increase the number of participants and enhance the quality of the training by utilizing participant feedback.
- 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	98	Continuing to monitor budget. Project objectives are being met as scheduled.
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. Ple	ease describe any (challenges or i	issues anticipated d	uring the next quart	er that may impact	t planned progress ag	gainst the project	
miles	tones listed above	. In particular,	please identify any	areas or issues whe	ere technical assist	tance from the BTOP	program may be us	sefu
(<mark>600</mark> \	words or less).							

None anticipated.

DATE: 05/29/2012

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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	\$310,820	\$110,820	\$200,000	\$280,377	\$87,271	\$193,106	\$309,569	\$93,385	\$216,184
b. Fringe Benefits	\$56,569	\$20,169	\$36,400	\$36,556	\$17,345	\$19,211	\$39,929	\$18,300	\$21,629
c. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Equipment	\$686,068	\$0	\$686,068	\$658,422	\$11,134	\$647,288	\$658,422	\$11,134	\$647,288
e. Supplies	\$149,559	\$5,601	\$143,985	\$148,535	\$6,653	\$141,882	\$151,752	\$6,653	\$145,099
f. Contractual	\$390,156	\$194,069	\$196,087	\$433,479	\$204,975	\$228,504	\$458,122	\$229,618	\$228,504
g. Construction	\$0	\$0	\$0	\$1,318	\$1,318	\$0	\$1,318	\$1,318	\$0
h. Other	\$223,000	\$105,000	\$118,000	\$415,651	\$324,595	\$91,056	\$415,651	\$324,595	\$91,056
i. Total Direct Charges (sum of a through h)	\$1,816,172	\$435,659	\$1,380,540	\$1,974,338	\$653,291	\$1,321,047	\$2,034,763	\$685,003	\$1,349,760
j. Indirect Charges									
k. TOTALS (sum of i and j)	\$1,816,172	\$435,659	\$1,380,540	\$1,974,338	\$653,291	\$1,321,047	\$2,034,763	\$685,003	\$1,349,760

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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