

QUARTERLY PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS

General Information

1. Federal Agency and Organizational Element to Which Report is Submitted Department of Commerce, National Telecommunications and Information Administration	2. Award Identification Number 22-42-B10502	3. DUNS Number 782543938
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4. Recipient Organization

 Deaf Action Center of Louisiana 601 Jordan St., Shreveport, LA 71101-4748

5. Current Reporting Period End Date (MM/DD/YYYY) 09-30-2012	6. Is this the last Report of the Award Period? <p style="text-align: right;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
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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): 11-21-2012
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Project Indicators (This Quarter)

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

We submitted a bid for a program with Kaiser Permanente at their invitation. We have also submitted an RFI to Massachusetts Commission for Deaf and Hard of Hearing in hopes of being selected for their program.

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	100	All objectives completed; no obstacles foreseen.
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).

There have not been any difficulties experienced 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 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	92	There have not been any new workstations install.
4.b.	Average users per week (NOT cumulative)	68	A slight increase in the number of users.
4.c.	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
City, State, Country Sign How	3	62	186
Medical Interpreting Part 2: Basic Concepts	3	53	159

RECIPIENT NAME:Deaf Action Center of Louisiana

AWARD NUMBER: 22-42-B10502

DATE: 11/21/2012

OMB CONTROL NUMBER: 0660-0037

EXPIRATION DATE: 12/31/2013

Voicing with Flair	3	92	276
Bible Sign How?	3	71	213
It is Well with My Soul	5	21	105
Code of Professional Conduct	3	14	42
AIDS... The Untold Story	3	10	30
Cochlear Implants	3	14	42
Interpreting in the Medical Field	3	37	111
Preacher's words that make you go huhh?	3	12	36

Add Training Program

Remove Training Program

Project Indicators (Next Quarter)

1. Please describe significant project accomplishments planned for completion during the next quarter (600 words or less).
 We hope to be selected for one or more programs for which we have applied within the next quarter. We also will continue offering programs as we work to incorporate 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	100	Our objectives are met as outlined. The budget continues to be monitored with no changes anticipated.
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).

The program has become self sufficient with no changes anticipated.

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	\$304,301	\$93,501	\$200,000	\$304,301	\$93,501	\$200,000
b. Fringe Benefits	\$56,569	\$20,169	\$36,400	\$54,651	\$18,251	\$36,400	\$54,651	\$18,251	\$36,400
c. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
d. Equipment	\$686,068	\$0	\$686,068	\$697,202	\$11,134	\$686,068	\$697,202	\$11,134	\$686,068
e. Supplies	\$149,559	\$5,601	\$143,958	\$151,956	\$7,971	\$143,958	\$151,956	\$7,971	\$143,958
f. Contractual	\$390,156	\$194,069	\$196,087	\$421,685	\$225,598	\$196,087	\$421,685	\$225,598	\$196,087
g. Construction	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
h. Other	\$223,000	\$105,000	\$118,000	\$442,595	\$324,595	\$118,000	\$424,595	\$324,595	\$118,000
i. Total Direct Charges (sum of a through h)	\$1,816,172	\$435,659	\$1,380,513	\$2,072,390	\$681,050	\$1,380,513	\$2,054,390	\$681,050	\$1,380,513
j. Indirect Charges	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
k. TOTALS (sum of i and j)	\$1,816,172	\$435,659	\$1,380,513	\$2,072,390	\$681,050	\$1,380,513	\$2,054,390	\$681,050	\$1,380,513

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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