AWARD NUMBER: 04-41-B10521 DATE: 02/18/2011

ANNUAL PERFORMANCE PROGRESS REPORT FOR PUBLIC COMPUTER CENTERS							
General Information							
. Federal Agency and Organizational Element to Vhich Report is Submitted 2. Award Identific		ation Number		3. DUNS Number			
Department of Commerce, National Telecommunications and Information Administration	04-41-B10521			829811475			
4. Recipient Organization							
The Office of the Governor, Arizona Office of Econor	nic Recovery 1700	W Wash	nington Street, Pho	penix, AZ 85007-2812			
5. Current Reporting Period End Date (MM/DD/YYYY)			6. Is this the last Annual Report of the Award Period?				
12-31-2010		◯ Yes    ● No					
7. Certification: I certify to the best of my knowledge an purposes set forth in the award documents.	d belief that this rep	oort is co	rect and complete	for performance of activities for the			
7a. Typed or Printed Name and Title of Certifying Official			7c. Telephone (area code, number and extension)				
Matthew D Hanson			(602) 542-7567				
			7d. Email Address	3			
Asst Dir of Programs and Perfo		mhanson@az.gov					
7b. Signature of Certifying Official			7e. Date Report Submitted (MM/DD/YYYY):				
Submitted Electronically			02-18-2011				

RECIPIENT NAME: The Office of the Governor, Arizona Office of Economic Recovery

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PROJECT INDICATORS

1. Are you establishing new Public Computer Centers (PCCs) or improving existing PCCs?

○ New ● Improved ○ Both

2. How many PCCs were established or improved, and what type of institution(s) were they associated with? Please provide actual total numbers to date. Figures should be reported cumulatively from award inception to the end of the most recent calendar year. Recipients should only count the PCCs that were fully established or in which improvements have been fully completed in that year (that is, partial improvements should not be counted).

Institutions	Established	Improved	Total	
Schools (K-12)	0	0	0	
Libraries	0	0	0	
Community Colleges	0	0	0	
Universities / Colleges	0	0	0	
Medical / Health care Facilities	0	0	0	
Public Safety Entities	0	0	0	
Job-Training and/or Economic Development Institution	0	0	0	
Other Community Support-Governmental	0	0	0	
(please specify):	0	0	0	
Other Community Support-Non-Governmental	0	0	0	
(please specify):	0	0	0	

3. Please complete the following chart for each PCC established or improved using BTOP funds. Please provide actual total numbers to date.

3.a. New PCCs							
New PCC Address	Number of Workstations Available to the Public	Total Hours of Operation per 120- hour Business Week	Total Hours of Operation per 48-hour Weekend	Speed of Broadband Access to Facility (Mbps)	Average Number of Users per Week		
N/A	0	0	0	0	0		
	Add						

## 3.b. Improved PCCs

New PCC Address	Number of Workstations Available to the Public	Total Hours of Operation per 120- hour Business Week	Total Hours of Operation per 48-hour Weekend	Speed of Broadband Access to Facility (Mbps)	Average Number of Users per Week			
Prior to Improvement	Prior to Improvement							
0	0	0	0	0	0			
Add New PCC Remove New PCC								
After Improvement								
0	0	0	0	0	0			
Add New PCC		New PCC	Remove New PCC					
4.a. Please check the p	rimary uses of the PCCs	funded by this award.	(Check all that apply.)					
✓ Open Lab Time ☐ Other ☐ Training								
4.b. If "other," please s	4.b. If "other," please specify the primary use of the PCCs:							
5. Please list all of the PCC broadband equipment and/or supplies you have purchased during the past year using BTOP grant funds or other (matching) funds, including any customer premises equipment or end-user devices. If additional space is needed, please attach a list of equipment and/or supplies. Please also describe how the equipment and supplies have been deployed (600 words or less).								

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Manufacturer	lterr	າຣ	Unit Cost per Item	er Number of Units		Narrative description of how the equipment and supplies were deployed			
N/A	0	0 0				N/A			
Totals:			0	0					
	4	Add	d Equipment		Rem	ove Equipment			
6. For PCC access and trai <u>cumulatively</u> from award ir							on below. Figures sho	uld be reported	
Types of Access or Training				Number of People Targeted		Number of People Participating	Total Hours of Training Offered		
Open Lab Access					0		0	0	
Multimedia					0		0	0	
Office skills						0	0	0	
ESL					0		0	0	
GED				0		0	0		
College Preparatory Training				0		0	0		
Basic Internet and Computer Use				0		0	0		
Certified Training Programs				0		0	0		
Other (please specify):			0		0	0			
Total 7. Please describe how you	ur Public C	ompute	r Center(s) pror	notes ec	onom	0 c recovery in your	0 area, such as through	0 providing job training.	
,						, see see see see see see see see see se			

access to job searches, online course offerings, certifications and the like (600 words or less). This has been delayed due to the late start date of the Project Manager.

8. To the extent that you have made any subcontracts or sub grants, please provided the number of subcontracts or sub grants that have been made to socially and economically disadvantaged small business (SDB) concerns as defined by section 8(a) of the Small Business Act, 15 U.S.C. 647, as modified by NTIA's adoption of an alternative small business size standard for use in BTOP. Please also provide the names of these SDB entities (150 words or less).

This has been delayed to to the late start date of the Project Manager.

9. Please describe any best practices / lessons learned that can be shared with other similar BTOP projects (900 words or less). N/A