

## Public Computer Center Quarterly Performance Report Introduction

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### **SUBMISSION REQUIREMENTS:**

All Broadband Technology Opportunities Program (BTOP) grant recipients are required to complete a quarterly performance report. The attached performance report form must be completed and submitted after the end of every quarter, and reports must be submitted separately for each BTOP award. The prime recipient is solely responsible for the accurate completion and timely submission of this form.

### **DEADLINE:**

All recipients are required to submit their quarterly performance report by 11:59pm ET on the 30th calendar day after the fiscal quarter ends (for example, if the fiscal quarter ends on June 30, performance reports are due no later than 11:59pm ET on July 30). The timely submission of performance reports is a requirement of all BTOP awards as stated in the special award conditions. Incomplete submissions will be sent back to the recipient for further information.

### **COMPLETING THE PERFORMANCE REPORT:**

The BTOP performance report form consists of three main sections:

- Section 1: General Information
- Section 2: Report Data Fields
- Section 3: Budget Data Fields

Each question must be answered fully and accurately (within word limits). If your answer to certain questions does not fit in the space provided, please provide additional information in a separate document or spreadsheet, using the format provided in the performance report form. If particular questions do not apply to your project, please write "N/A." All fields should be filled out with the requested data or "N/A." Please note that to the extent that only your subrecipient, contractor, and/or subcontractor has access to any of the information requested in the performance report, the prime recipient is responsible for collecting this information and submitting it to NTIA.

Please reference the attached line item instructions for assistance. If you have additional questions, please contact your assigned Federal Program Officer.

### **DATA REVIEW:**

Program Office staff will be responsible for reviewing performance reports and may need to follow up with recipients regarding the submitted data. Recipients must promptly respond to any and all Program Office follow-up questions regarding the submitted data; in some cases, recipients will be required to revise and re-submit performance reports. The data provided will be compared to each recipient's Baseline Project Plan and will help the Program Office monitor the progress and performance of each BTOP project.

All progress reports will be made publicly available via the Internet. To the extent that recipients believe that the information they are providing is confidential, recipients may make a request for such information to be kept private and identify any information they believe should not be released to the public. They should also file both a redacted and an unredacted version of their report. Recipients should note, however, that the Recovery Act requires substantial transparency and that NTIA may not necessarily approve such requests. If NTIA does approve, the agency will keep such information private from public disclosure to the extent permitted by law, including the Freedom of Information Act, as amended (5 U.S.C. 552), the Trade Secrets Act, as amended (18 U.S.C. 1905), and the Economic Espionage Act of 1996 (18 U.S.C. 1831 et seq.).

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 AWARD NUMBER:  
 DATE:

OMB CONTROL NO. 0660-XXXX  
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## Proposed Quarterly Performance Report Questions for Public Computer Centers

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| General Information   |                                |  |   |       |
|---|--------------------------------|--|---|-------|
|   |                                | Page   | of  | Pages |
| 1. Federal Agency and Organization Element to Which Report is Submitted   | 2. Award Identification Number | 3a. DUNS Number  |   |       |
|   |                                | 3b. EIN  |   |       |
| 4. Recipient Organization (Name and complete address including county, congressional district, and zip code)  |                                |  |   |       |
| 5. Current Reporting Period End Date (MM/DD/YYYY)   |                                | 6. Is this the Last Report of the Award Period?          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |       |
| <b>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.</b> |                                |  |   |       |
| 7a. Typed or Printed Name and Title of Certifying Official  |                                | 7c. Telephone ( <i>area code, number and extension</i> ) |   |       |
|   |                                | 7d. Email Address  |   |       |
| 7b. Signature of Certifying Official  |                                | 7e. Date Report Submitted (MM/DD/YYYY)                   |   |       |

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| <b>Project Indicators (This Quarter)</b>  |   |                         |  |
|---|---|-------------------------|--|
| 1. Please describe significant project accomplishments completed during this quarter (150 words or less).   |   |                         |  |
| 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). |   |                         |  |
|   | <b>Milestone</b>  | <b>Percent Complete</b> | <b>Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)</b> |
| 2.a.  | Overall Project   |                         |  |
| 2.b.  | Equipment/Supply Purchases  |                         |  |
| 2.c.  | Public Computer Centers Established   |                         |  |
| 2.d.  | Public Computer Centers Improved  |                         |  |
| 2.e.  | New Workstations Installed  |                         |  |
| 2.f.  | Existing Workstations Upgraded  |                         |  |
| 2.g.  | Outreach Activities   |                         |  |
| 2.h.  | Training Programs   |                         |  |
| 2.i.  | Other (please specify):   |                         |  |
| 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).  |   |                         |  |
| 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).  |   |                         |  |
|   | <b>Indicator</b>  | <b>Total</b>            | <b>Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)</b> |
| 4.a.  | New workstations installed and available to the public  |                         |  |
| 4.b.  | Average users per week  |                         |  |
| 4.c.  | Upgraded broadband connectivity at PCC  |                         |  |
| 4.d.  | Establish broadband wireless connectivity at PCC  |                         |  |
| 4.e.  | Number of additional hours per week an existing PCC is open to the public as a result of BTOP funds |                         |  |

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

| Project Indicators (Next Quarter)   |                                     |                                 |  |
|---|-------------------------------------|---------------------------------|--|
| 1. Please describe significant project accomplishments planned for completion during the next quarter (150 words or less).  |                                     |                                 |  |
| 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). |                                     |                                 |  |
|   | <b>Indicators</b>                   | <b>Planned Percent Complete</b> | <b>Narrative (describe your reasons for any variance from the baseline plan or any other relevant information)</b> |
| 2.a.  | Overall Project                     |                                 |  |
| 2.b.  | Equipment/Supply Purchases          |                                 |  |
| 2.c.  | Public Computer Centers Established |                                 |  |
| 2.d.  | Public Computer Centers Improved    |                                 |  |
| 2.e.  | New Workstations Installed          |                                 |  |
| 2.f.  | Existing Workstations Upgraded      |                                 |  |
| 2.g.  | Outreach Activities                 |                                 |  |
| 2.h.  | Training Programs                   |                                 |  |
| 2.i.  | Other (please specify):             |                                 |  |
| 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 (150 words or less).  |                                     |                                 |  |

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**PUBLIC COMPUTER CENTER BUDGET EXECUTION DETAILS**

| <b>Activity Based Expenditures (Public Computer Centers)</b>  |                          |                              |                             |   |                            |                      |  |                       |                      |
|---|--------------------------|------------------------------|-----------------------------|---|----------------------------|----------------------|--|-----------------------|----------------------|
| 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. |                          |                              |                             |   |                            |                      |  |                       |                      |
| <b>Budget for Entire Project</b>  |                          |                              |                             | <b>Actuals from Project Inception through End of Current Reporting Period</b> |                            |                      | <b>Anticipated Actuals from Project Inception through End of Next Reporting Period</b> |                       |                      |
| <b>COST CLASSIFICATION</b>  | <b>Total Cost (plan)</b> | <b>Matching Funds (plan)</b> | <b>Federal Funds (plan)</b> | <b>Total Costs</b>  | <b>Matching Funds</b>      | <b>Federal Funds</b> | <b>Total Costs</b>   | <b>Matching Funds</b> | <b>Federal Funds</b> |
| a. Personnel  | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| b. Fringe Benefits  | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| c. Travel   | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| d. Equipment  | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| e. Supplies   | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| f. Contractual  | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| g. Construction   | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| h. Other  | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| <b>i. Total Direct Charges (sum of a through h)</b>   | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| j. Indirect Charges   | \$0                      | \$0                          | \$0                         | \$0   | \$0                        | \$0                  | \$0  | \$0                   | \$0                  |
| <b>TOTALS (sum of i and j)</b>  | <b>\$0</b>               | <b>\$0</b>                   | <b>\$0</b>                  | <b>\$0</b>  | <b>\$0</b>                 | <b>\$0</b>           | <b>\$0</b>   | <b>\$0</b>            | <b>\$0</b>           |
| 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:   |                          |                              |                             |   | b. Program Income to Date: |                      |  |                       |                      |

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## Public Computer Center Quarterly Performance Report Instructions

### Line Item Instructions for the Performance Report Attachment (BTOP Quarterly Report for Public Computer Center Projects)

| Question Number     | Reporting Item   | Instructions  | Clarification and Definitions   |
|---------------------|--|---|---|
| General Information |  |   |   |
| 1                   | Federal Agency and Organizational Element to Which Report is Submitted | Enter the name of the Federal agency and organizational element identified in the award document or otherwise instructed by the agency. | Enter "Department of Commerce, National Telecommunications and Information Administration." |
| 2                   | Award Identification Number  | Enter the award number assigned to each award by the Federal agency.  | Enter your 10 digit grant award number listed on your award package CD-450 form.            |
| 3a                  | DUNS Number  | Enter the recipient organization's Data Universal Numbering System (DUNS) number or Central Contract Registry extended DUNS number.     | The number entered should match the DUNS number listed on your award package CD-450 form.   |
| 3b                  | EIN  | Enter the recipient organization's Employer Identification Number (EIN).  | The number entered should match the EIN number listed on your award package CD-450 form.    |
| 4                   | Recipient Organization   | Enter the name and complete address of the recipient organization including zip code.   | The data entered should match the data listed on your award package CD-450 form.            |
| 5                   | Reporting Period End Date  | Enter the last day of the current reporting period.   | The date entered should match a calendar year quarterly end date.                           |

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|                                   |  |   |  |
|-----------------------------------|--|---|--|
| 6                                 | Is this the last report of the award period? | Check yes or no.  | The last report is the final performance report submitted during the closeout of the grant.  |
| 7a                                | Certifying Official                          | Enter the name of your organization's Certifying Official.              | The Certifying Official should be the AOR or the Principal Investigator/Project Manager designated by the AOR.   |
| 7b                                | Certifying Official Signature                | Enter the signature of your organization's Certifying Official.         | The Certifying Official should be the AOR or the Principal Investigator/Project Manager designated by the AOR.   |
| 7c                                | Telephone Number                             | Enter the telephone number of the Certifying Official.                  | The number may be needed in case of any follow-up questions regarding the performance report.  |
| 7d                                | Email Address                                | Enter the email address of the Certifying Official.                     | The email address may be needed in case of any follow-up questions regarding the performance report.   |
| 7e                                | Report Submission Date                       | Enter the date the report was submitted.                                | Reports are to be submitted by the quarterly due dates.  |
| Project Indicators (This Quarter) |  |   |  |
| 1                                 | Project Accomplishments                      | Please describe significant project accomplishments during the quarter. | <p>Include only accomplishments that took place during this reporting period. Accomplishments can be described quantitatively or qualitatively. For example, project accomplishments may include counts, percentages, targeted dates, time periods, or levels. It could also describe a condition, a result, or a status.</p> <p>Please limit narrative responses to 150</p> |

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|   |                                |  |  |
|---|--------------------------------|--|--|
|   |                                |  | words or less.   |
| 2 | Percent of Milestones Complete | 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. 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. | The percentage of completion for each milestone should be based primarily on the expenditure of your project budget, and the percentages should be reported cumulatively from award inception through the end of the each quarter. For example, if you expect to complete a particular milestone in the first three quarters of your project, the third quarter and all subsequent quarters should state 100%.<br><br>Please limit narrative responses to 100 words or less. |
| 3 | Challenges or Issues           | 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.  | Provide information on any challenges, incidents, barriers or issues that you have encountered. In your narrative, indicate whether the issue remains or has been corrected or mitigated. If corrected or mitigated, indicate how the issue was resolved.<br><br>Please limit narrative responses to 150 words or less.  |
| 4 | Key Indicator Totals           | 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.<br><br>4.a. Please provide actual total numbers to date for new   | Please identify the total number of new workstations installed and available to the public; this does not include existing workstations that were upgraded as part of your project. New workstations that replace existing workstations should be included under "Existing Workstations Upgraded." Figures should be cumulative from award inception to end of reporting quarter.  |



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|   |                   |   |  |
|---|-------------------|---|--|
|   |                   | <p>workstations installed and available to the public.</p> <p>4.b. Please provide actual average users per week.</p> <p>4.c. Upgraded broadband connectivity at PCC.</p> <p>4.d. Establish broadband wireless connectivity at PCC.</p> <p>4.e. Number of additional hours per week an existing PCC is open to the public as a result of BTOP funds.</p> | <p>Please identify the average number of individuals using your PCC(s) per week. To calculate this number, record the number of users in your center each week during the reporting period, eliminate any outlier numbers (e.g., during a week where your center was closed more than 50% of the normal operating time), and then average for a given week. Add these weekly figures together for a quarterly total and submit the total number of these quarterly totals for each quarter in the reporting period. Figures should be cumulative from award inception to end of reporting quarter.</p> <p>If your project includes multiple PCCs, please provide the total numbers for all PCCs.</p> <p>Please report the total number of PCCs that received upgraded broadband connectivity as well as the total number of PCCs that established wireless broadband connectivity.</p> <p>Please use the narrative column to describe the speed of the upgrade or wireless connectivity.</p> <p>Please limit narrative responses to 100 words or less.</p> |
| 5 | Training Programs | Please describe the training programs provided at each of your BTOP-funded PCCs.  | <p>Length of program should be provided on an hourly basis.</p> <p>The number of training hours per program is calculated by multiplying the number of hours</p>   |

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|  |                                  |  |   |
|--|----------------------------------|--|---|
|  |                                  |  | for each program by the number of participants. For example, if 10 people took a one hour class, that program provided 10 training hours.   |
| <b>Project Indicators<br/>(Next Quarter)</b> |                                  |  |   |
| 1  | Planned Project Accomplishments  | Please describe significant project accomplishments planned for completion during the next quarter.  | <p>Include only anticipated accomplishments that will take place during the next reporting period. Accomplishments can be described quantitatively or qualitatively. For example, project accomplishments may include counts, percentages, targeted dates, time periods, or levels. It could also describe a condition, a result, or a status.</p> <p>Please limit narrative responses to 150 words or less.</p>  |
| 2  | Anticipated Milestone Completion | 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. If you provided additional milestones in your baseline plan, 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 planned percent complete is different from the target provided in your baseline plan. | <p>The percentage of completion for each milestone should be based primarily on the expenditure of your project budget, and the percentages should be reported cumulatively from award inception through the end of the each quarter. For example, if you expect to complete a particular milestone in the first three quarters of your project, the third quarter and all subsequent quarters should state 100%.</p> <p>Please limit narrative responses to 100 words or less.</p> |

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|  |  |  |   |
|--|--|--|---|
| 3  | Anticipated Challenges or Issues                 | 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.  | Provide information on any challenges, incidents, barriers or issues that you have encountered. In your narrative, indicate whether the issue remains or has been corrected or mitigated. If corrected or mitigated, indicate how the issue was resolved.<br><br>Please limit narrative responses to 150 words or less.                   |
| Activity-Based Expenditure and Revenues (Public Computer Center) |  |  |   |
| 1a-1j  | Actual Budget Costs and Anticipated Budget Costs | 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. | The budget line item definitions remain consistent with those in the original grants application.   |
| 2a-2b  | Program Income                                   | Please provide the program income you listed in your application budget and actuals to date through the end of the reporting period.   | Program income is gross income earned by the recipient from Federally supported activities. Recipients are required to account for program income related to projects financed in whole or in part with Federal funds. Program income excludes interest earned on advances and includes, but is not limited to, income from service fees, |

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|--|--|--|--|
|  |  |  | <p>conference fees, sale of commodities, usage or rental fees, and royalties on patents and copyrights.</p> <p>Proceeds from the sale of real and personal property purchased in whole or in part with Federal funds is not program income and shall be handled in accordance with the property management provisions set forth in the award.</p> <p>Recipients have no obligation to the Federal Government with respect to program income earned from license fees and royalties copyrighted material, patents, patent applications trademarks, and inventions produced under the award.</p> |
|--|--|--|--|

Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 4.47 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Anthony G. Wilhelm, Director, Broadband Technology Opportunities Program, Office of Telecommunications and Information Applications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 4887, Washington, D.C. 20230