

U.S. Department of Commerce Performance Progress Report				2. Award or Grant Number:	06-10-S13006	
1. Recipient Name				California Governor's Office of Emergency Services	4. EIN:	680278801
3. Street Address				3650 Schriever Ave	6. Report Date (MM/DD/YYYY)	7/31/2016
5. City, State, Zip Code				Mather, CA 95655	7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2016
				8. Final Report	9. Report Frequency	
				Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>	
				No <input checked="" type="checkbox"/>		
10a. Project/Grant Period						
Start Date: (MM/DD/YYYY)		8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018		
11. List the individual projects in your approved Project Plan						
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category			
1	Stakeholders Engaged	2300	<i>Actual number of individuals reached via stakeholder meetings during the quarter</i>			
2	Individuals Sent to Broadband Conferences	4	<i>Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter</i>			
3	Staff Hired (Full-Time Equivalent)(FTE)	0	<i>Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)</i>			
4	Contracts Executed	0	<i>Actual number of contracts executed during the quarter</i>			
5	Governance Meetings	1	<i>Actual number of governance, subcommittee, or working group meetings held during the quarter</i>			
6	Education and Outreach Materials Distributed	300	<i>Actual volume of materials distributed (inclusive of paper and electronic materials) plus hits to any website or social media account supported by SLIGP during the quarter</i>			
7	Subrecipient Agreements Executed	0	<i>Actual number of agreements executed during the quarter</i>			
8	Phase 2 - Coverage	5	<i>For each Phase 2 milestone category, please provide the status of the activity during the quarter:</i> <ul style="list-style-type: none"> • Stage 1 - Process Development • Stage 2 - Data Collection in Progress • Stage 3 - Collection Complete; Analyzing/Aggregating Data • Stage 4 - Data Submitted to FirstNet • Stage 5 - Continued/Iterative Data Collection • Stage 6 - Submitted Iterative Data to FirstNet 			
9	Phase 2 – Users and Their Operational Areas	5				
10	Phase 2 – Capacity Planning	5				
11	Phase 2 – Current Providers/Procurement	2				
12	Phase 2 – State Plan Decision	2				
11a. Describe your progress meeting each major activity/milestone approved in the Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; and any additional project milestones or information.						
The SLIGP team has been preparing for our first CTT meeting on July 29th in Sacramento, CA. A CalFRN governance meeting was held on April 27, 2016 and included several key FirstNET attendees.						
11b. If the project team anticipates requesting any changes to the approved Baseline Report in the next quarter, describe those below. Note that any substantive changes to the Baseline Report must be approved by the Department of Commerce before implementation.						

11c. Provide any other information that would be useful to NTIA as it assesses this project's progress.

11d. Describe any success stories or best practices you have identified. Please be as specific as possible.

12. Personnel

12a. If the project is not fully staffed, describe how any lack of staffing may impact the project's time line and when the project will be fully staffed.

12b. Staffing Table - Please include all staff that have contributed time to the project. Please do not remove individuals from this table.

Job Title	FTE%	Project (s) Assigned	Change
Public Information Officer - Mayberry	0.35	Public Outreach	None
Staff Services Manager - Jackson	0.1	Grant Management	None
Associate Governmental Program Analyst - Town	1	Grant Management	None
Statewide Interoperability Coordinator	0	Telecommunications Guidance	Removed
Associate Governmental Program Analyst 100%	0	Project Management	Removed
Associate Governmental Program Analyst 100%	0	Project Management	Removed
Staff Services Manager II	0	Project Management	Removed
Departmental Program Manager III	0	Project Management	Removed
Associate Telecommunications Engineer - Black	1	Project Management	Removed
Staff Services Analyst	0.8	Project Management Assistance	Removed
Career Executive Assignment II - Plantz	0.4	Project Management	None
Senior Telecommunications Enginner - Bjorkland	0.8	Project Management	Removed
Senior Telecommunications Enginner - Bond	0.8	Project Management	None
Associate Governmental Program Analyst - Dumetz	0.2	Project Management	None
Department Program Manager - Yarbrough	0.4	Project Management	None
Associate Information Systems Analyst - Barnhurst	0.3	Project Management	None
Telecommunications Systems Manager - Villasenor	1	Project Management	None
Telecommunications Systems Analyst II - Mathew Evans	1	Project Management	
Staff Services Analyst - Romi Lal	1	Project Management	None
Associate Information Systems Analyst - Killion	0.2	Project Management	None

13. Subcontracts (Vendors and/or Subrecipients)

13a. Subcontracts Table – Include all subcontractors. The totals from this table must equal the “Subcontracts Total” in Question 14f.

Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated
Science Application International Corporation	Public Outreach and Education	Vendor	Yes	Y	2/14/2014	2/13/2017	\$438,750.00	\$0.00

13b. Describe any challenges encountered with vendors and/or subrecipients.

14. Budget Worksheet

Columns 2, 3 and 4 must match your current project budget for the entire award, which is the SF-424A on file. Only list matching funds that the Department of Commerce has already approved.

Project Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries	\$1,424,417.00	\$1,003,721.00	\$2,428,138.00	\$494,238.00	\$442,277.00	\$936,515.00
b. Personnel Fringe Benefits	\$574,307.00	\$400,252.00	\$974,559.00	\$243,169.00	\$207,077.00	\$450,246.00
c. Travel	\$386,800.00	\$0.00	\$386,800.00	\$45,498.00	\$0.00	\$45,498.00
d. Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
e. Materials/Supplies	\$19,468.00	\$0.00	\$19,468.00	\$15,832.00	\$0.00	\$15,832.00
f. Subcontracts Total	\$1,467,747.00	\$15,224.00	\$1,482,971.00	\$398,084.00	\$0.00	\$398,084.00
g. Other	\$167,482.00	\$0.00	\$167,482.00	\$167,223.00	\$0.00	\$167,223.00
h. Indirect	\$1,636,565.00	\$0.00	\$1,636,565.00	\$310,902.00	\$0.00	\$310,902.00
i. Total Costs	\$5,676,786.00	\$1,419,197.00	\$7,095,983.00	\$1,674,946.00	\$649,354.00	\$2,324,300.00
j. % of Total	80%	20%	100%	72%	28%	100%

15. Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purpose(s) set forth in the award documents.

16a. Typed or printed name and title of Authorized Certifying Official:		16c. Telephone (area code, number, and extension)
Renee Mota-Jackson		916-848-8404
16b. Signature of Authorized Certifying Official:		16d. Email Address:
 P. TOWN FOR R. JACKSON		renee.jackson@caloes.ca.gov
		Date: 8/15/16