U.S. Department of Commerce	2. Award or Grant Number: 06-10-S13006
Performance Progress Report	4. EIN: 680278801
1. Recipient Name: California Governor's Office of Emergency Services	6. Report Date: 4/30/2015
3. Street Address: 3650 Schriever Ave	7. Reporting Period End Date: 3/31/2015
5. City, State, Zip Code: Mather, CA 95655	8. Final Report ☐ Yes X No	9. Report Frequency X Quarterly
10a. Project/Grant Period Start Date: 08/01/2013	10b. End Date: 01/31/2018	

11. List the individual projects in your approved Project Plan

	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount	Total Federal Funding Amount expended at the end of this reporting period	Percent of Total Federal Funding Amount expended
1	Stakeholder Meetings	300			
2	Training Sessions (Phase II)	0			
3	Broadband Conferences	2			
4	Staff Hires (FTE)	2.75			
5	Contract Executions	0			
6	Statutory or Regulatory Changes	0			
7	Governance Meetings	1			
8	Education and Outreach Materials	400			
9	Phase II Activities (including later Contract Executions)	0			

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.

Cal OES continued to host the California First Responder Network board meetings every two months and held two Town Hall public outreach meetings (Town Halls) in Fortuna, CA and San Jose, CA.

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

Job Title	FTE %	Project(s) Assigned	Change
Public Information Officer - Mayberry	.35	Public Outreach	Added
Staff Services Manager - Jackson	.10	Grant Management	n/a
Associate Governmental Program Analyst 100% - Town	1	Grant Management	n/a
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 100% - Black	1	Project Management	Added
Staff Services Analyst	.80	Project Management Assistance	Removed
Career Executive Assignment II - Plantz	.40	Project Management	n/a
Senior Telecommunications Engineer – Bjorkland	.80	Project Management	n/a
Associate Governmental Program Analyst – Dumetz	.20	Technical Assistance	Added
Department Program Manager II – Yarbrough	.40	Project Management	n/a
Associate Information Systems Analyst – Barnhurst	.30	Technical Assistance	n/a
Telecommunications Systems Manager – Villasenor	1	Project Management	Added
Associate Information Systems Analyst - Killion	.20	Technical Assistance	Added

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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	Project and % Assigned
Science Application International Corporation	Public Outreach and Education	Vendor	Y	Y	2/14/14	2/13/16	$438,750		

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

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	$941,224	$1,004,026	$1,945,250	$224,828	$187,633	$412,461
b. Personnel Fringe Benefits	$376,490	$401,610	$778,100	$108,445	$85,108	$193,553
c. Travel	$200,700	$0	$200,700	$16,849	$-$1,139 correction	$15,710
d. Equipment	$0	$0	$0	$0	$0	$0
e. Materials/Supplies	$14,860	$605	$15,465	$2,848	$0	$2,848
f. Subcontracts Total	$2,795,859	11,949	$2,807,808	$211,331	$0	$211,331
g. Other	$36,554	$1,007	$37,561	$19,248	$0	$19,248
h. Indirect Costs	$1,311,099	$0	$1,311,099	$142,479	$0	$142,479
h. Total Costs	$5,676,786	$1,419,197	$7,095,983	$726,028	$271,602	$997,630
i. % of Total	80%	20%	100%	73%	27%	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 Chief Infrastructure Protection Grants Unit Homeland Security and Prop 1B Division	916-845-8404
	16d. Email Address Renee.jackson@caloes.ca.gov
16b. Signature of Authorized Certifying Official	**16e. Date Report Submitted (month, day, year)** 05/08/15