						Market Market Company of the Company				
		U.S. I	Department of Comme	erce	2. Award or Grant	06-10-S18006				
SLIGP 2.0 Performance Progress Report					Number:	CD 0270001				
		91			4. EIN: 6. Report Date	68-0278801				
1. Recipient Name	California Governor's Office	of Emergency Services			(MM/DD/YYYY)	07/29/2020				
		7. Reporting Period								
3. Street Address	3650 Schriever Avenue	End Date:	06/30/2020							
			(MM/DD/YYYY)							
					8. Final Report	9. Report Frequency				
5. City, State, Zip Code	Mather, CA 95655					Quarterly X				
					No ☑					
10a. Project/Grant Period										
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date:	03/31/2021							
11. List the individual projects in yo	ur approved Project Plan	(MM/DD/YYYY)	7 10 102 4 10 de 1							
11. List the mulvidual projects in yo	di approved Project Fian									
		Was this Activity	Project Deliverable							
	Activity Type (Planning,	Performed during the	Quantity (Number &							
	Governance Meetings,	Reporting Quarter?	Indicator	Description of Milestone Category						
	etc.)	(Yes/No)	Description)							
AND THE PARTY OF THE PARTY OF THE PARTY.										
Activities/Metrics for All Recipients										
1	Governance Meetings	Yes	36	Actual number of governance, subcommittee, or working group meetings related to the						
2	Individuals Sent to Broadband Conferences	Yes	4	Actual number of individuals who were sent to national or regional third-party conferences with a focus area or training track related to the NPSBN using SLIGP grant funds during the quarter						
	Convened Stakeholder Events	No	0							
3				Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.						
	Staff Hired (Full-Time	N-		Astrological State and Sta	to accorded for my bo a	do aim all				
4	Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the	ie quarter (may be a t	decimal).				
5	Contracts Executed	No	0	Actual number of contracts executed during the quarter.						
6	Subrecipient Agreements	No		Actual number of agreements executed during the quarter.						
	Executed	81/5	0							
7	Data Sharing	No		Yes or No if data sharing policies and/or agreements were developed during this repo	orting quarter.					
	Policies/Agreements Developed			res or No ij data sharing policies ana/or agreements were developed daring ans repor						
	Further Identification of									
8	Potential Public Safety	Yes		Yes or No if further identification of potential public safety users occurred during this r	reporting quarter.					
	Users		DATE STORY							
	Plans for Emergency									
9	Communications	Yes		Yes or No if plans for future emergecy communications technology transitions occurred	d during this reporting	g quarter.				
	Technology Transitions		Best Market							
10	Identified and Planned to Transition PS Apps &	G10000		Yes or No if public safety applications or databases within the State or territory were	dentified and transiti	on plans were developed				
	Databases	Yes		this reporting quarter						
	Identify Ongoing Coverage			The state of the s						
11	Gaps	Yes		Yes or No if participated in identifying ongoing coveage gaps using SLIGP funds during	this reporting quarte	r.				
	o en e land			(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection	activities as requeste	ed by FirstNet or				
12	Data Collection Activities	Yes	LECULE BELL	following a documented data collection determination by Opt-Out (Post-SMLA) grante	es.					
Activities for Opt-Out States only in	The same of the sa	the Reporting Quarter								
13	Stakeholders			Actual number of individuals reached via stakeholder meetings or events during the q	uarter.					
	EngagedA21:J26									
14	Education and Outreach Materials Distributed In-		The second	Actual number of materials distributed in-person during this quarter.						
44	Person			Person during and quotier.						
Department of the Association of the Control of the	The second secon	C LES AND THE CONTRACT OF THE			The second secon	The state of the s				

11a. Narrative description for each a	activity reported in Question	11 for this quarter; any challenges or obstacles encountered and mitigation strategies you have employed; planned major activities for the next quarter; an	d any additional project
		·	
•	1		
12. Personnel			
12a. Staffing Table - Please include	all staff that have contribute	ed time to the project with current quarter's utilization. Please only include FTE staff employed by the state not contractors. Please do not remove individual	s from this table.
Job Title	FTE%	Project (s) Assigned	Change
Associate Governmental Program			
Analyst - Dumetz	10%	Project Management	No Change
Grant Manager AGPA - Sano	10%	Grant Management	No Change
Statewide Interoperability		Telecommunications	No Charac
Coordinator - Currier	25%	Guidance	No Change
Career Executive Assignment -		Project Management	No Change
Currier	25%	1 Oject management	No change
Associate Information Systems		Project Management	No Change
Analyst - Killion	5%	Togeth Management	He change
Associate Information Systems		Project Management	Vacant
Analyst	5%		
Assistant Director PSCO - Mallon	20%	Public Outreach	No Change
Information Officer - Mayberry	20%	Public Outreach	No Change
Staff Services Manager ! - Jackson	100/	Grant Management	No Change
Telecommunications Systems	10%		
Manager I - McMahon	90%	Project Management	No Change
Staff Services Analyst - Munoz	90%	Project Management	No Change
Telecommunications Systems	30/0		
Analyst II - Nielsen	90%	Project Management	No Change
Telecommunications Systems			
Analyst II - Elder	90%	Project Management	Vacant
Telecommunications Systems			N- Ch
Analyst II - Abdaliah	90%	Project Management	No Change
Telecommunications Systems		Project Management	Vacant
Analyst II - Semenov	90%	Project Management	Vacant
Associate Governmental Program		Project Management	No Change
Analyst - Shells	90%	rsyeu management	110 change
		<u> </u>	<u> </u>
12b. Narrative description of any sta	affing challenges, vacancies,	or changes.	
1			
1			
13. Contractual (Contract and/or Su	brecipients)		
		n this table should equal the "Contractual" in Question 14f.	
Alama	Cuhcontrac	Type Contract Total Federal Funds	Total Matching Funds
- namo	- CIINAANIPAA	TANDONES	_

	Approved (2)	NTE Total Matching Funds Approved (3)	NTE Total Budget (4)	Federal Funds Obligated to Date (5)	Matching Funds Approved to Date (6)	Total Budget to Date (7)	Federal Funds Expended (8)	Approved Matching Funds Expended (9)	Total funds Expended (10)
a. Personnel Salaries	\$455,063.00	\$191,667.00	\$646,730.00	\$455,063.00	\$191,667.00	\$646,730.00	\$455,063.00	\$194,988.00	\$650,051.0
b. Personnel Fringe Benefits	\$218,749.00	\$92,134.00	\$310,883.00	\$218,749.00	\$92,134.00	\$310,883.00	\$218,749.00	\$84,534.00	\$303,283.0
c. Travel	\$89,504.00		\$89,504.00	\$89,504.00		\$89,504.00	\$89,504.00		\$89,504.0
d. Equipment	\$0.00		\$0.00	\$0.00	Andread to the second	\$0.00	\$0.00		\$0.0
e. Materials/Supplies	\$42,881.00		\$42,881.00	\$42,881.00		\$42,881.00	\$42,881.00		\$42,881.0
f. Contractual	\$10,000.00		\$10,000.00	\$10,000.00		\$10,000.00	\$10,000.00		\$10,000.0
g. Other	\$6,646.00		\$6,646.00	\$6,646.00		\$6,646.00	\$6,646.00		\$6,646.0
h. Indirect	\$297,157.00		\$297,157.00	\$297,157.00		\$297,157.00	\$297,157.00		\$297,157.0
i. Total Costs	\$1,120,000.00	\$283,801.00	\$1,403,801.00	\$1,120,000.00	\$283,801.00	\$1,403,801.00	\$1,120,000.00	\$279,522.00	\$1,399,522.0
j. Proportionality Percent	79.78%	20.22%	100.00%	79.78%	20.22%	100.00%	80.03%	19.97%	100.00
15. Certification: I certify to the best of my I	knowledge and belief	that this report is correct	t and complete for per	rformance of activities for	the purpose(s) se	t forth in the awar	d documents.		have by the same of
16a. Typed or printed name and title of Authorized Certifying Official:  Renee Mota-Jackson						16c. Telephone (area code, number, and extension)	916-845-8404		

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