

U.S. Department of Commerce SLIGP 2.0 Performance Progress Report				2. Award or Grant Number:	06-10-S18006
1. Recipient Name		California Governor's Office of Emergency Services		4. EIN:	68-0278801
3. Street Address		3650 Schriever Avenue		6. Report Date (MM/DD/YYYY)	01/30/2019
5. City, State, Zip Code		Mather, CA 95655		7. Reporting Period End Date: (MM/DD/YYYY)	12/30/2018
10a. Project/Grant Period				8. Final Report	9. Report Frequency
Start Date: (MM/DD/YYYY)	03/01/2018	10b. End Date: (MM/DD/YYYY)	02/29/2020	Yes <input type="checkbox"/>	Quarterly <input checked="" type="checkbox"/>
11. List the individual projects in your approved Project Plan					
	Activity Type (Planning, Governance Meetings, etc.)	Was this Activity Performed during the Reporting Quarter? (Yes/No)	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	
Activities/Metrics for All Recipients during the Reporting Quarter					
1	Governance Meetings	Yes	1	Actual number of governance, subcommittee, or working group meetings related to the NPSBN held during the quarter	
2	Individuals Sent to Broadband Conferences	Yes	7	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	
3	Convened Stakeholder Events	No	0	Actual number of events coordinated - or held using SLIGP grant funds during the quarter, as requested by FirstNet.	
4	Staff Hired (Full-Time Equivalent)(FTE)	No	0.00	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal).	
5	Contracts Executed	Yes	1	Actual number of contracts executed during the quarter.	
6	Subrecipient Agreements Executed	No	0	Actual number of agreements executed during the quarter.	
7	Data Sharing Policies/Agreements Developed	Yes		Yes or No if data sharing policies and/or agreements were developed during this reporting quarter.	
8	Further Identification of Potential Public Safety Users	Yes		Yes or No if further identification of potential public safety users occurred during this reporting quarter.	
9	Plans for Emergency Communications Technology Transitions	Yes		Yes or No if plans for future emergency communications technology transitions occurred during this reporting quarter.	
10	Identified and Planned to Transition PS Apps & Databases	Yes		Yes or No if public safety applications or databases within the State or territory were identified and transition plans were developed this reporting quarter	
11	Identify Ongoing Coverage Gaps	Yes		Yes or No if participated in identifying ongoing coverage gaps using SLIGP funds during this reporting quarter.	
12	Data Collection Activities	Yes		(Opt-In and Opt-Out Post-SMLA Phase Only) Yes or No if participated in data collection activities as requested by FirstNet or following a documented data collection determination by Opt-Out (Post-SMLA) grantees.	
Activities for Opt-Out States only in the Pre-SMLA Phase during the Reporting Quarter					
13	Stakeholders Engaged			Actual number of individuals reached via stakeholder meetings or events during the quarter.	
14	Education and Outreach Materials Distributed In-Person			Actual number of materials distributed in-person during this quarter.	
15	Education and Outreach Materials distributed Electronically			Actual volume of hits or impressions to any website, e-newsletter, social media post, or other account supported by SLIGP during the quarter.	

13b. Narrative description any challenges, updates, or changes related to contracts and/or subrecipients.								
The SLIGP 2.0 staff did not work with SAIC during this end quarter of 2018.								

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)	NTE Total Federal Funds 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	\$230,615.00	\$44,307.00	\$274,922.00	
b. Personnel Fringe Benefits	\$218,749.00	\$92,134.00	\$310,883.00	\$218,749.00	\$92,134.00	\$310,883.00	\$117,358.00	\$17,150.00	\$134,508.00	
c. Travel	\$89,504.00		\$89,504.00	\$89,504.00		\$89,504.00	\$21,534.00		\$21,534.00	
d. Equipment	\$0.00		\$0.00	\$0.00		\$0.00	\$0.00		\$0.00	
e. Materials/Supplies	\$42,881.00		\$42,881.00	\$42,881.00		\$42,881.00	\$571.00		\$571.00	
f. Contractual	\$10,000.00		\$10,000.00	\$10,000.00		\$10,000.00			\$0.00	
g. Other	\$6,646.00		\$6,646.00	\$6,646.00		\$6,646.00	\$5,687.00		\$5,687.00	
h. Indirect	\$297,157.00		\$297,157.00	\$297,157.00		\$297,157.00	\$120,307.00		\$120,307.00	
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	\$496,072.00	\$61,457.00	\$557,529.00	
j. Proportionality Percent	79.78%	20.22%	100.00%	79.78%	20.22%	100.00%	88.98%	11.02%	100.00%	
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: Renee A. Mota-Jackson							16c. Telephone (area code, number, and extension)	916-845-8404		
16b. Signature of Authorized Certifying Official:							16d. Email Address:	renee.jackson@caloes.ca.gov		
							Date:			

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