3. Street Address 3650 S 5. City, State, Zip Code Mathe 10a. Project/Grant Period Start Date: (MM/DD/YYYY) 8/1/20 11. List the individual projects in your	2013 ur approved Project Plan	f Emergency Services 10b. End Date: (MM/DD/YYYY)	1/31/2018	4. EIN: 6. Report Date (MM/DD/YYY) 7. Reporting Period End Date: (MM/DD/YYYY) 8. Final Report Yes No	1/31/2016 12/31/2015 9. Report Frequency Quarterly
3. Street Address 3650 S 5. City, State, Zip Code Mathe 10a. Project/Grant Period Start Date: (MM/DD/YYYY) 8/1/20 11. List the individual projects in your	Schriever Ave ner, CA 95655 2013 ur approved Project Plan	10b. End Date: (MM/DD/YYYY)	1/31/2018	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY) 8. Final Report Yes	12/31/2015 9. Report Frequency
5. City, State, Zip Code Mather 10a. Project/Grant Period Start Date: (MM/DD/YYYY) 8/1/20 11. List the individual projects in your	ner, CA 95655 2013 ar approved Project Plan	(MM/DD/YYYY)	1/31/2018	End Date: (MM/DD/YYYY) 8. Final Report Yes	12/31/2015 9. Report Frequency
10a. Project/Grant Period Start Date: (MM/DD/YYYY) 8/1/20 11. List the individual projects in your	2013 Ir approved Project Plan	(MM/DD/YYYY)	1/31/2018	Yes	
Start Date: (MM/DD/YYYY) 8/1/20 11. List the individual projects in your	2013 ur approved Project Plan	(MM/DD/YYYY)	1/31/2018		
11. List the individual projects in your	2013 ur approved Project Plan	(MM/DD/YYYY)	1/31/2018		
I -	ict Type (Capacity	Project Deliverable Quantity (Number & Indicator Description)	The production of the second o		
	eholder Meetings	1400			
	dband Conferences	2			
3 Staff H		0			
	ract Executions	0			
	rnance Meetings	1			
	ation and Outreach	425			
7 Execut		O .			
	e 2 - Coverage	Stage 4			
9 1	e 2 – Users and Their ational Areas	Stage 4			
	e 2 – Capacity Planning	Stage 2			
11 Provide	e 2 – Current ders/Procurement	Stage 2			
12 Phase 2 Decision	e 2 – State Plan iion	Stage 1			
various western states. Cal OES staff also	lso attended the CalCON	1 conference in Yosemite,	or State Agencies on December 8th, 2015. Cal OES also hosted a Regional PEIS forum on November 19th California. Report in the next quarter, describe those below. Note that any substantive changes to the Baseline		

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

Please note that expenditures were moved from the Supplies category to the Other category as part of an ongoing process to more clearly classify costs between the two categories. This is why the expenditure total for the Supplies category appears lower than in the previous PPR.

None	Project Management	0.2	Analyst - Killion
		Р	Associate Information Systems
None	Project Management		
None	Project Management	1	Telecommunications Systems Analyst II - Mathew Evans
None	Project Management	, 	Telecommunications Systems Manager - Villasenor
None	Project Management	0.3	Associate Information Systems Analyst - Barnhurst
None	Project Management	0.4	Department Program Manager Yarbrough
None	Project Management	0.2	Associate Governmental Program Analyst - Dumetz
None	Project Management	0.8	Senior Telecommunications Enginner – Bond
Phasing out	Project Management	0.8	Senior Telecommunications Enginner - Bjorkland
None		0.4	Career Executive Assignment II - Plantz
Removed	Project Management Assistance	0.8	Staff Services Analyst
None	Project Management	; u	Associate Telecommunications Engineer - Black
Removed	Project Management	0	Departmental Program Manager III
Removed	Project Management	0	Staff Services Manager II
Removed	Project Management	0_	Associate Governmental Program Analyst 100%
Removed	Project Management	0	Associate Governmental Program Analyst 100%
Removed	Telecommunications Guidance	0	Statewide Interoperability Coordinator
None	Grant Management	1	Associate Governmental Program Analyst - Town
None	Grant Management	0.1	Staff Services Manager - Jackson
None	Public Outreach	0.35	Public Information Officer - Mayberry
Change	Project (s) Assigned	FTE%	Job Title
			12b. Staffing Table
	ras, ir tile project is not fully statiled, describe irow any factor statiling may impact the project statile and which the project will be many staticed.	illed, describe how any lack	rza. ii tue project is not iuny sa
			12. Personnel
ect in the western	ching key public sarety stakeholders in the California and the FEIS forum was extremely successful in generating participation and support for the HISTNEL pro	ali was very successful in rea	Calitornia's State Agency Town H United States.
1 - 4 7 - 6 h	11d. Describe any success stories or best practices you have identified. Please be as specific as possible.	s or best practices you have	11d. Describe any success storic

Name			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			Vendor	Υ.	Υ.	2/14/2014	2/13/2016	\$438,750.00	
13b. Describe any challenges	encountered with vendors and/or	subrecipients.		<u> </u>					
14. Budget Worksheet									
•	h your current project budget for t he Department of Commerce has a		h is the SF-424A on file						
Project Budget Element (1)			Federal Funds Awarded (2)		Total Budget (4)		Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Total funds Expended (7)
a. Personnel Salaries		\$1,424,4	117.00	\$1,003,721.00	\$2,43	28,138.00	\$387,634.43	\$329,594.33	\$717,228.76
b. Personnel Fringe Benefits		\$574,30	\$574,307.00		\$974,559.00		\$188,810.47	\$154,773.23	\$343,583.70
c. Travel		\$386,80	\$386,800.00		\$38	6,800.00	\$42,351.90	\$0.00	\$42,351.90
d. Equipment		\$0.0	10	\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
e. Materials/Supplies		\$19,468.00		\$0.00	\$19,468.00		\$10,908.77	\$0.00	\$10,908.77
f. Subcontracts Total		\$1,467,747.00		\$15,224.00	\$1,482,971.00		\$351,147.00	\$0.00	\$351,147.00
g. Other		\$167,482.00		\$0.00	\$167,482.00		\$158,357.88	\$0.00	\$158,357.88
h. Indirect		\$1,636,565.00		\$0.00	\$1,636,565.00		\$239,363.61	\$0.00	\$239,363.61
î. Total Costs , \$		\$5,676,7	786.00	\$1,419,197.00	\$7,095,983.00		\$1,378,574.06	\$484,367.56	\$1,862,941.62
j. % of Total		809	6	20%	100%		74%	26%	100%
15. Certification: I certify to th	ne best of my knowledge and belie	f that this report is c	orrect and complete fo	r performance of activities	for the purp	ose(s) set forth i	n the award documents.		
6a. Typed or printed name an	nd title of Authorized Certifying O	fficial:					16c. Telephone (area code, number, and extension)	916-845-8404	
16b. Signature of Authorized (Certifying Official:						16d. Email Address:	renee.jackson@caloes.c	a,gov
1/	PETER TOWN	FOR R.M	OTA-JACKS	Noi			Date: 2/19/16		