OMB Control No. 0660-0038 Expiration Date: 5/31/2019

U.S. Department of Commerce Performance Progress Report					06-10-S13006 680278801				
1. Recipient Name	California Governor's Office	4. EIN: 6. Report Date (MM/DD/YYYY)	1/31/2016						
3. Street Address	3650 Schriever Ave		7. Reporting Period End Date: (MM/DD/YYYY)	12/30/2016					
5. City, State, Zip Code	Mather, CA 95655		l	9. Report Frequency Quarterly					
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 Pla	n							
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Description of Milestone Category	1	•				
1	Stakeholders Engaged	750	Actual number of individuals reached via stakeholder meetings during the quarter						
2	Individuals Sent to Broadband Conferences	5	Actual number of individuals who were sent to third-party broadband conferences using SLIGP grant funds during the quarter						
3	Staff Hired (Full-Time Equivalent)(FTE)	1	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may be a decimal)						
4	Contracts Executed	0	Actual number of contracts executed during the quarter						
5	Governance Meetings	2	Actual number of governance, subcommittee, or working group meetings held during the quarter						
6	Education and Outreach Materials Distributed	400	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						
7	Subrecipient Agreements Executed	0	Actual number of agreements executed during the quarter						
8	Phase 2 - Coverage	5							
9	Phase 2 – Users and Their Operational Areas	5	For each Phase 2 milestone category, please provide the status of the activity during the quarter: Stage 1 - Process Development Stage 2 - Data Collection in Progress Stage 3 - Collection Complete; Analyzing/Aggregating Data						
10	Phase 2 Capacity Planning	5							
11	Phase 2 – Current Providers/Procurement	2	Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection Stage 6 - Submitted Iterative Data to FirstNet						
12	Phase 2 – State Plan Decision	2							
. , .		• •	Baseline Report for this project; any challenges or obstacles encountered and mitigation stra	itegies you have employed; planne	ed major activities for				
the next quarter; and any addi-	tional project milestones or i	nformation.							
Council Meeting and Dicsussion with LA-RICS re: Broadband Pro Sambar, FirstNet and AT&T and on January 19, 2017. NCTCA M. 2017. The following (5) individu	on November 28, 2016. Stat ject. on December 16, 2016. Bill Devine on January 11, 20 eeting on January 23, 2017. C als attended broadband confe	e Plan Working Group Dis California State Alternate 17. CalFRN State Plan Advisor Cal FRN State Plan Advisor erences: Pat Mallon, Sue I	mento on December 7, 2016. South Marin County Firefighters on October 20, 2016. Western St cussion on December7, 2016. CA/Nevada Coordination Meeting on December 12, 2016. FirstNe Plan on December 21, 2016. Cal FRN Advisory Committee on January 4, 2017. FirstNet on Janua risory Meeting on January 11, 2017. Southern California Tribal Leadership Meeting on January 17 y Committee on January 25, 2017. Southern California Association of Government on January 25 Plantz, Paul Dumetz, Mitch Medigovich, Mark Ghilarducci.	t board meeting on December 13 a ry 9, 2017. Cal OES DIrector meet 7, 2017. California League of Cities , 2017. CalFRN Tribal Advisory Com	and 14, 2016. Meeting and greet w/Chris - Public Safety Meeting nmittee on January 26,				
11b. If the project team anticip Commerce before implementa	, , , ,	to the approved Baseline	e Report in the next quarter, describe those below. Note that any substantive changes to the l	Baseline Report must be approved	by the Department of				

11c. Provide any other informati	on that would be useful	l to NTIA as it assesses this project's progress.	
11d. Describe any success stories	s or best practices you h	nave identified. Please be as specific as possible.	
12. Personnel			·
12a. If the project is not fully sta	ffed, describe how any	lack of staffing may impact the project's time line and when the project will be fully staffed.	
Job Title	de all staff that have co FTE%	ntributed time to the project. Please do not remove individuals from this table.	Change
Public Information Officer -	FIE%	Project (s) Assigned	Change
Mayberry	0.35	Public Outreach	None
Staff Services Manager -			
Jackson	0.1	Grant Management	None
Associate Governmental		Company of the Compan	B
Program Analyst - Town	1	Grant Management	Removed
Associate Governmental		Grant Management	Added
Program Analyst - Sano	1	Grant Ivianagement	Added
Statewide Interoperability		Telecommunications Guidance	Removed
Coordinator	00		TICHTOV CU
Associate Governmental		Project Management	Removed
Program Analyst 100%	0		
Associate Governmental Program Analyst 100%	0	Project Management	Removed
Program Analyst 100%	U		
Chaff Complete Manager II		Project Management	Removed
Staff Services Manager II	0		
Departmental Program Manager III	0	Project Management	Removed
Wanager III	<u> </u>		
Associate Telecommunications		Project Management	Removed
Engineer - Black	1		Removed
Associate Telecommunications		Project Management	Added
Engineer - Khan	1		
Staff Services Analyst	0.8	Project Management Assistance	Removed
Career Executive Assignment II -		Project Management	
Plantz	0.4	rioject wanagement	None
Senior Telecommunications		Project Management	Removed
Enginner - Bjorkland	0.8	, toject management	Nemoveu
Senior Telecommunications		Project Management	None
Enginner - Bond	0.8		
Associate Governmental	2.2	Project Management	None
Program Analyst - Dumetz Department Program Manager -	0.2		
Yarbrough	0.4	Project Management	None
Associate Information Systems	U. 1		
Analyst - Barnhurst	0.3	Project Management	Removed
	0.0		
Telecommunications Systems		Project Management	None
Manager - Villasenor	1	i	1

									ĺ
Telecommunications Systems	5	Project Management							Removed
Analyst II - Mathew Evans	1	Project Management							nemoved
Allalyst II - Wathew Evalis	1								
Staff Services Analyst - Romi Lal	1	Project Management	roject Management						None
Associate Information Systems		Project Management	traject Management						
Analyst - Killion	0.2	Troject Wanagement	Project Management						
13. Subcontracts (Vendors and,									
13a. Subcontracts Table – Inclu	de all subcontractors. The to	otals from this table must	equal the "Subcontra	cts Total" in Question 14f.					
Name	I Subcontract Purnose I		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 en	ncountered with vendors and	d/or subrecipients.							
14. Budget Worksheet									-
Columns 2, 3 and 4 must match			n is the SF-424A on file						
Only list matching funds that the	e Department of Commerce h	as 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		\$1,240,7	10.00	\$920,569.00	\$2,1	61,279.00	\$590,746.00	\$497,602.00	\$1,088,348.00
b. Personnel Fringe Benefits		\$573,994.00		\$426,941.00	\$1,000,935.00		\$290,153.00	\$235,214.00	\$525,367.00
c. Travel		\$86,800.00		\$0.00	\$86,800.00		\$50,585.00	\$0.00	\$50,585.00
d. Equipment		\$0.00		\$0.00	\$0.00		\$0.00	\$0.00	\$0.00
e. Materials/Supplies		\$88,855.00		\$0.00	\$88,855.00		\$20,795.00	\$0.00	\$20,795.00
f. Subcontracts Total		\$2,562,119.00		\$71,687.00	\$2,633,806.00		\$414,046.00	\$0.00	\$414,046.00
g. Other		\$249,607.00		\$0.00	\$249,607.00		\$173,586.00	\$0.00	\$173,586.00
h. Indirect		\$874,701.00		\$0.00	\$874,701.00		\$378,192.00	\$0.00	\$378,192.00
i. Total Costs		\$5,676,786.00		\$1,419,197.00	\$7,095,983.00		\$1,918,103.00	\$732,816.00	\$2,650,919.00
j. % of Total		6	20%	100%		72%	28%	100%	
15. Certification: I certify to the	best of my knowledge and I	pelief that this report is co	orrect and complete for	or performance of activities	for the purp	ose(s) set forth in	the award documents.		
16a. Typed or printed name an	d title of Authorized Certifyir	ng Official:					16c. Telephone (area		
							code, number, and 916-848-8404		
Renee Mota-Jackson							extension)		
16b. Signature of Authorized Certifying Official:							16d. Email Address: renee.jackson@caloes.ca.gov		a.gov
200. Signature of Authorized Co	len len	u ()	Tell L				Date: 7/14/17		