U.S. Department of Commerce Performance Progress Report					06-10-S13006 680278801				
1. Recipient Name	California Governor's Office	4. EIN: 6. Report Date	7/31/2017						
3. Street Address	3650 Schriever Ave	(MM/DD/YYYY) 7. Reporting Period End Date: (MM/DD/YYYY)	6/30/2017						
5. City, State, Zip Code	Mather, CA 95655	8. Final Report Yes No	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	Stakeholders Engaged	1500	Actual number of individuals reached via stakeholder meetings during the quarter						
2	Individuals Sent to Broadband Conferences	4	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)	2	Actual number of state personnel FTEs who began supporting SLIGP activities during the quarter (may l	pe a decimal)					
4	Contracts Executed	1	Actual number of contracts executed during the quarter						
5	Governance Meetings	5	Actual number of governance, subcommittee, or working group meetings held during the quarter						
66	Education and Outreach Materials Distributed	500	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 Stage 4 - Data Submitted to FirstNet Stage 5 - Continued/Iterative Data Collection Stage 6 - Submitted Iterative Data to FirstNet 						
10	Phase 2 – Capacity Planning	5							
11	Phase 2 – Current Providers/Procurement	2							
. 12	Phase 2 – State Plan Decision	4							
11a. Describe your progress r the next quarter; and any add			e Baseline Report for this project; any challenges or obstacles encountered and mitigation strategies you	have employed; plann	ed major activities for				
	pates requesting any changes		June 22, 2017. Also, there were three FirstNet Proposed State Plan Meetings: 6/26/17 in Fresno, 6/28/17 e Report in the next quarter, describe those below. Note that any substantive changes to the Baseline R						
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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.

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Job Title	FTE%	Project (s) Assigned	Change		
Public Information Officer -		Public Outreach	None		
Mayberry	0.35				
Staff Services Manager -		Grant Management	None		
Jackson Associate Governmental	0.1				
Program Analyst - Town	1	Grant Management			
Associate Governmental	T				
Program Analyst - Sano	1	Grant Management			
Statewide Interoperability		Telecommunications Guidance			
Coordinator	0	Telecommunications Guidance			
Associate Governmental					
Program Analyst 100%	0	Project Management	Removed		
Associate Governmental		Project Management			
Program Analyst 100%	0	Project Management	Removed		
		Project Management	N		
Staff Services Manager II	0		Removed		
Departmental Program		Project Management	Demourad		
Manager III	0		Removed		
Associate Telecommunications		Project Management	Removed		
Engineer - Black	1				
Associate Telecommunications		Duri et Managere et	Added		
Engineer - Khan	1	Project Management			
Staff Services Analyst	0.8	Project Management Assistance			
Career Executive Assignment II -	0.8	Project Management Assistance Re			
Plantz	0.4	Project Management			
Career Executive Assignment II -			Added		
Currier	0.4	Project Management			
Career Executive Assignment III					
- Mallon	0.4	Project Management	Added		
Senior Telecommunications		Design Management	1		
Enginner - Bjorkland	0.8	Project Management	Removed		
Senior Telecommunications		Project Management	Bomourad		
Enginner - Bond	0.8		Removed		
Associate Governmental		Project Management	None		
Program Analyst - Dumetz	0.2				
Department Program Manager		Project Management	None		
Yarbrough Associate Information Systems	0.4				
Associate information systems		Project Management	Removed		

Telecommunications Systems		Project Management							None		
Manager - Villasenor	1	Project Management							None		
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Telecommunications Systems		Project Management						Removed			
Analyst II - Mathew Evans	1										
Staff Services Analyst - Romi Lal	1	Project Management							Removed		
Associate Information Systems Analyst - Killion	0.2	Project Management							None		
13. Subcontracts (Vendors and		0.2									
13a. Subcontracts Table – Inclu		otals from this table must	equal the "Subcontra	cts Total" in Question 14f.				<u></u>			
			Ι		Contract	r					
Name	Subcontract Purpose		Type (Vendor/Subrec.)	RFP/RFQ issued (Y/N)	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		
	L		l	l		L		L			
13b. Describe any challenges er	ncountered with vendors and	d/or subrecipients.							· · · · · · · · · · · · · · · · · · ·		
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14. Budget Worksheet Columns 2, 3 and 4 must match	your current project budget i	for the entire oward which	is the SE 474A on file				·····				
Only list matching funds that the			his the SF-424A on hie	•							
							T				
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	·····	\$1,240,710.00		\$920,569.00	\$2,1	.61,279.00	\$720,780.00	\$559,388.00	\$1,280,168.00		
b. Personnel Fringe Benefits		\$573,994.00		\$426,941.00	\$1,000,935.00		\$344,102.00	\$264,898.00	\$609,000.00		
c. Travel		\$86,800.00		\$0.00	\$86,800.00		\$60,064.00	\$0.00	\$60,064.00		
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		\$45,260.00	\$0.00	\$45,260.00		
f. Subcontracts Total		\$2,562,119.00		\$71,687.00	\$2,633,806.00		\$938,750.00	\$0.00	\$938,750.00		
g. Other		\$249,607.00		\$0.00	\$249,607.00		\$180,491.00	\$0.00	\$180,491.00		
h. Indirect	h. Indirect		\$874,701.00		\$874,701.00		\$470,152.00	\$0.00	\$470,152.00		
i. Total Costs		\$5,676,786.00		\$1,419,197.00	\$7,095,983.00		\$2,759,599.00	\$82 <u>4,286.00</u>	\$3,583,885.00		
j. % of Total			80% 20% 100%			77%	23%	100%			
15. Certification: I certify to the			prrect and complete for	or performance of activities	for the purp	iose(s) set forth li	n the award documents.				
16a. Typed or printed name and title of Authorized Certifying Official: Renee Mota-Jackson							16c. Telephone (area code, number, and extension)	916-848-8404			
16b. Signature of Authorized Certifying Official:							- 16d. Email Address:	ail Address: renee.jackson@caloes.ca.gov			
	50	AR AR	35 FOR	- R.M.J	•		Date: 8/11/17				