		U.	S. Department of Commerce		2. Award or Grant Number: 06-10-S13006 4. EIN: 680278801				
		P	erformance Progress Report						
1.	Recipient Name: Californ	ia Gover	nor's Office of Emergency Service	s		6. Report Date: 10/30/2014			
3. Street	t Address: 3650 Schriever A	Ave				7. Reporting Period End Da	ate: 9/30/2014		
5. City, State, Zip Code: Mather, CA 95655						8. Final Report □ Yes X No	9. Report Frequency X Quarterly		
	ject/Grant Period Date: 08/01/2013	10b. E	nd Date: 07/31/2016						
11. List	the individual projects in y	our app	roved Project Plan						
	Project Type (Capacity Building, SCIP Update, Outreach, Training etc.)		Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Amount		I Funding Amount expended f this reporting period	Percent of Total Federal Funding Amount expended		
1	Stakeholder Meetings		480				No. 10 Mar 1 Mar 1 - Mar		
2	Training Sessions (Phase II)		0				A CONTRACTOR OF A CONTRACTOR		
3	Broadband Conference	es	1	A THE PLANE			and the second second second		
4	Staff Hires (FTE)		0	100 A					
5	Contract Executions		0						
6	Statutory or Regulatory Changes		0						
7	Governance Meetings	í.	2				PALANDAR PROPERTY.		
8	Education and Outreach Materials		450	State State	144		12122 12 11 13		
9	Phase II Activities (incl later Contract Execution		0				3-3-3-64		
strategie Cal OES I	es you have employed; pla held town hall outreach pre	nned ma	ajor activities for the next quarter	r; and any additional   Solano County, and Or	project milesto ange County a	ones or information.	acles encountered and mitigation		
Baseline	Report must be approved	by the l	ting any changes to the approved Department of Commerce before ant funded positions in the next q	implementation.	ne next quarte	r, describe those below. Note	that any substantive changes to the		
11c. Pro	vide any other information	n that we	ould be useful to NTIA as it assess	ses this project's prog	ress.				

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.

## 12b. Staffing Table

Job Title			FTE % Project(s) Assigned					Change	
Statewide Interoperability Coordinator				Telecommunications Governance					n/a
Staff Services Manager				Grant Management					n/a
Associate Governmental Program Analyst 100%				Grant Management					n/a
Associate Governmental Program Analyst 100%				Project Management					n/a
Associate Governmental Program Analyst 100%				Project Management					n/a
Associate Governmental Program Analyst 100%				Project Management					n/a
Staff Services Analyst 70%				Project Management Assistance					vacated
Career Executiv	e Assistant II	.40		Project Management					n/a
Senior Telecomms Engineer				Project Management					+35%
Department Program Manager III				Project Management					n/a
Department Program Manager II				Project Management					n/a
Staff Services Manager II				Project Management					+15%
Associate Information Staff Analyst				Project Management					-10%
Telecommunications System Manager				Project Management			n/a		
	ts (Vendors and/or Subre	cipients)							
N/A									
<b>13a. Subcontra</b> Name	cts Table – Include all sub Subcontract Purpose	Type (Vendor/Subrec.)	als from t RFP/R FQ Issued	his table mus Contract Executed (Y/N)	<b>t equal the "</b> Start Date	<b>Subcontracts</b> End Date	Total" in Question 14 Total Federal Funds Allocated	f. Total Matching Funds Allocated	Project and % Assig
Science	Public Outreach and	Vendor	(Y/N) Y	Y	2/14/14	2/13/16	\$438,750		
Application International	Education								

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Corporation

			Add Row	Remove Row					
13b. Describe any challenges	encountered with	vendors and/or subrecip	ients. N/A						
14. Budget Worksheet									
Columns 2, 3 and 4 must mat	ch your current pro	ject budget for the entire	award, which is t	he SF-424A on file.					
Only list matching funds that	the Department of	Commerce has already a	pproved.						
Project Budget Element (1) Federal Funds Approved Matching Total Budget Federal Funds Approved Matching Funds To									
(1) Joor Dauger Liement (1)	Awarded (2)	Funds (3)	(4)	Expended (5)	Expended (6)	Total Funds Expended (7)			
a. Personnel Salaries	\$711,645	\$1,050,063	\$1,761,708	\$139,651	\$103,993	\$243,644			
b. Personnel Fringe Benefits	\$249,076	\$367,522	\$616,598	\$67,004	\$44,541	\$111,545			
. Travel	\$200,700	\$0	\$200,700	\$9,734	\$-277 correction	\$9,734			
d. Equipment	\$0	\$0	\$0	\$0	\$0	\$0			
e. Materials/Supplies	\$6,860	\$605	\$7,465	\$101	\$0	\$101			
. Subcontracts Total	\$3,284,560	\$0	\$3,284,560	\$69,328	\$0	\$69,328			
. Other	\$36,554	\$1,007	\$37,561	\$8,655	\$0	\$8,655			
n. Indirect Costs	\$1,187,391	\$0	\$1,187,391	\$82,483	\$0	\$82,483			
n. Total Costs	\$5,676,786	\$1,419,197	\$7,095,983	\$376,956	\$148,257	\$525,213			
. % of Total	80%	20%	100%	61%	39%	100%			
	he best of my know	vledge and belief that th	is report is correct	and complete for pe	erformance of activities for the pu	rpose(s) set forth in the award			
documents.									
16a. Typed or printed name a	and title of Authori	zed Certifying Official		16c. Telephone (area code, number, and extension)					
Renee Mota-Jackson Chief				916-845-8404					
nfrastructure Protection	n Grants Unit								
Iomeland Security and	Prop 1B Divisior	i .		16d. Email Address					
				Renee.jackson@caloes.ca.gov					
				16e. Date Report Submitted (month, day, year)					
.6b. Signature of Authorized	<b>Certifying Official</b>			16e. Date Report Su	iomitted (month, day, year)				
16b. Signature of Authorized	Certifying Official	6200		16e. Date Report Su	iomitted (month, day, year)				

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 10 hours per response for the application process, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Michael Dame, Director, State and Local Implementation Grant Program, Office of Public Safety Communications, National Telecommunications and Information Administration, U.S. Department of Commerce (DOC), 1401 Constitution Avenue, N.W., HCHB, Room 7324, Washington, D.C. 20230.