U.S. Department of Commerce Performance Progress Report						06-10-S13006
						680278801
1. Recipient Name	California Governor's Office of Emergency Services					7/30/2015
3. Street Address	3650 Schriever Ave					6/30/2015
5. City, State, Zip Code	Mather, CA 95655					9. Report Frequency Quarterly
10a. Project/Grant Period					No X	STATE ALTO
Start Date: (MM/DD/YYYY)	8/1/2013	10b. End Date: (MM/DD/YYYY)	1/31/2018			
1. List the individual projects	in your approved Project Pla	n				
	Project Type (Capacity Building, SCIP Update,	Project Deliverable Quantity (Number & Indicator Description)	Total Federal Funding Total Federal Amount expended at the Funding Amount end of this reporting period	Percent of Total Federal Amount expended		
1	Stakeholder Meetings	750	DOES TO THE PROPERTY OF			
2	Broadband Conferences	0				
3	Staff Hires	0				
4	Contract Executions	0				
5	Governance Meetings	2				
6	Education and Outreach	375	The second second second second			
7	Subrecipient Agreement Executed	0				
8	Phase 2 - Coverage	Stage 1/Stage 2				
9	Phase 2 – Users and Their Operational Areas	Stage 1				
10	Phase 2 – Capacity Planning	Stage 1/Stage 2				
11	Phase 2 – Current Providers/Procurement	Stage 1/Stage 2				
12	Phase 2 – State Plan Decision					
		The first over the management of the property of the second	Baseline Report for this project; any challenges o	r obstacles encountered and mitigation strategies you	nave employed; plann	ed major activities for
he next quarter; and any addi	tional project milestones or i	nformation.				
L1b. If the project team anticip	pates requesting any changes			the CalFRN board to talk about planning for the event and the country of the coun		
Commerce before implementa	tion.					

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

Although budget category E: Materials/Supplies appears below to be overdrawn, we have moved money over in our budget but it is pending approval as part of our Phase 2 Budget Modification.

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%			Bt	Lal Assiss - 1				Channe
Public Information Officer -	FIE%	Project (s) Assigned						Change	
Mayberry	0.35	Public Outreach						None	
Staff Services Manager - Jackson	0.1	Grant Management	Grant Management						None
Associate Governmental Program Analyst - Town	1	Grant Management	Grant Management						None
Statewide Interoperability Coordinator	0	Telecommunications Gui	Telecommunications Guidance						
Associate Governmental Program Analyst 100%	0	Project Management	Project Management R						
Associate Governmental Program Analyst 100%	0	Project Management	Project Management R						
Staff Services Manager II	0	Project Management	Project Management R						Removed
Departmental Program Manager III	0	Project Management	Project Management R						Removed
Associate Telecommunications Engineer - Black	1	Project Management							
Staff Services Analyst	0.8	Project Management Ass	Project Management Assistance						
Career Executive Assignment II Plantz	0.4	Project Management	Project Management						
Senior Telecommunications Enginner - Bjorkland	0.8	Project Management	Project Management N						None
Associate Governmental Program Analyst - Dumetz	0.2	Project Management	Project Management N						None ⁱ
Department Program Manager Yarbrough	0.4	Project Management N						None	
Associate Information Systems Analyst - Barnhurst	0.3	Project Management							None
Telecommunications Systems Manager - Villasenor	1	Project Management							None
Associate Information Systems Analyst - Killion	0.2	Project Management							None
Name	Subcor	ntract Purpose	Type (Vendor/Subrec.)	RFP/RFQ issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Fund Allocated
Science Application International Corporation	Public Outreach and Education		Vendor	Y	Y	2/14/2014	2/13/2016	\$438,750.00	

oject Budget Element (1)	Federal Funds Awarded (2)	Approved Matching Funds (3)	Total Budget (4)	Federal Funds Expended (5)	Approved Matching Funds Expended (6)	Targette a transfer the first of the contract of the	
Personnel Salaries	\$941,224.00	\$1,004,026.00	\$1,945,250.00	\$268,592.00	\$223,170.00	\$491,762.00	
Personnel Fringe Benefits	\$376,490.00	\$401,610.00	\$778,100.00	\$131,521.00	\$102,493.00	\$234,014.00	
Travel	\$200,700.00	\$0.00	\$200,700.00	\$19,678.00	\$0.00	\$19,678.00	
Equipment	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Materials/Supplies	\$14,860.00	\$605.00	\$15,465.00	\$16,684.00	\$0.00	\$16,684.00	
Subcontracts Total	\$2,795,859.00	\$11,949.00	\$2,807,808.00	\$230,099.00	\$0.00	\$230,099.00	
Other	\$36,554.00	\$1,007.00	\$37,561.00	\$23,236.00	\$0.00	\$23,236.00	
Indirect	\$1,311,099.00	\$0.00	\$1,311,099.00	\$166,741.00	\$0.00	\$166,741.00	
otal Costs	\$5,676,786.00	\$1,419,197.00	\$7,095,983.00	\$856,551.00	\$325,663.00	\$1,182,214.00	
6 of Total	80%	20%	100%	72%	28%	100%	
Certification: I certify to the best of my knowledge and	belief that this report is correct and complet	e for performance of activities for	or the purpose(s) set forth	in the award documents.			
 Typed or printed name and title of Authorized Certifyinee Mota-Jackson 	16c. Telephone (area code, number, and extension)	916-845-8404					
16b. Signature of Authorized Certifying Official:					renee.jackson@caloes.ca.gov		