OMB Control No. 0660-0038 Expiration Date: 8/31/2016

						7	Expiration Date: 8/31/2016
		U.	S. Department of Commerce		2. Award or Grant Number: 06-10-S13006		
		Po	erformance Progress Report		4. EIN: 680278801		
1.	Recipient Name: Califor	nia Gover	rnor's Office of Emergency Service		6. Report Date: 10/30/2013		
3. Street	Address: 3650 Schriever	Ave		7. Reporting Period End Date: 9/30/2013			
5. City, S	tate, Zip Code: Mather, C	A 95655			8. Final Report Yes X No	9. Report Frequency X Quarterly	
10a. Project/Grant Period 10b. E Start Date: 08/01/2013			Ind Date: 07/31/2016				
	the individual projects in	your 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 Meeting		0				
2	Training Sessions (Ph		0				
3	Broadband Conference	ces	0				
4	Staff Hires (FTE)		0				The second second
5	Contract Executions		0				
6	Statutory or Regulatory Changes		0				
7	Governance Meetings		0	EAR PERSON			
8	Education and Outreach Materials		0				
9	Phase II Activities (including later Contract Executions)		0				
			*				
strategie Cal OES is	s you have employed; pl	anned maget appro	ajor activities for the next quarter val from the State Legislature and	r; and any additional	project milesto	nes or information.	acles encountered and mitigation pated this delay in our initial Baseline
	AND THE PARTY OF THE PROPERTY OF THE PARTY O		sting any changes to the approved Department of Commerce before	and the constitution of the contraction of the first or seen a recomment	ne next quarter	r, describe those below. Note	that any substantive changes to the
11c. Prov	vide any other information	n that w	ould be useful to NTIA as it assess	ses this project's prog	ress.		
			uthority no later than the end of N				

OMB Control No. 0660-0038 Expiration Date: 8/31/2016

	ny success stories or best	practices you have it	dentified. Pl	ease be as spe	cific as pos	sible.			
N/A									
12. Personnel									
12a. If the proje N/A 12b. Staffing T	ect is not fully staffed, des	scribe how any lack o	f staffing ma	ay impact the	project's tir	ne line and	when the project wil	l be fully staffed.	
	Job Title	FTE	%			Project(s)	Assigned		Change
Career Executiv	e Assignment II 30%					, , ,			
Senior Telecom	1151								
	Manager III 20%								
	Manager II 25%								
Statewide Inter	operability Coordinator 25	5%							
Staff Services N	lanager II 40%								
Telecoms Syste	ms Manager 15%								
Staff Services M									
Research Analys									
	rnmental Program Analyst								
	rnmental Program Analyst								
	nation Systems Analyst 15								
	rnmental Program Analyst								
	rnmental Program Analyst								
	rnmental Program Analyst	100%							
Staff Services A	nalyst 45%								
			2	Add Row	Remov	ve Row			
13. Subcontract	s (Vendors and/or Subre	cipients)							
N/A									
13a. Subcontra	cts Table – Include all sub	contractors. The total	als from this	table must eq	ual the "Su	bcontracts	Total" in Question 14	lf.	
Name	Subcontract Purpose	Type (Vendor/Subrec.)	RFP/RFQ Issued (Y/N)	Contract Executed (Y/N)	Start Date	End Date	Total Federal Funds Allocated	Total Matching Funds Allocated	Project and % Assigned

OMB Control No. 0660-0038 Expiration Date: 8/31/2016

			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 mate				he SF-424A on file.				
Only list matching funds that	the Department of	Commerce has already ap	oproved.					
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	\$977,997	\$588,798	\$1,566,795	\$0	\$0	\$0		
b. Personnel Fringe Benefits	\$140,145	\$829,389	\$969,533	\$0	\$0	\$0		
c. Travel	\$350,700	\$0	\$350,700	\$0	\$0	\$0		
d. Equipment	\$0	\$0	\$0	\$0	\$0	\$0		
e. Materials/Supplies	\$14,060	\$0	\$14,060	\$0	\$0	\$0		
f. Subcontracts Total	\$3,209,500	\$0	\$3,209,500	\$0	\$0	\$0		
g. Other	\$23,939	\$1,010	\$24,949	\$0	\$0	\$0		
h. Indirect Costs	\$960,445	\$0	\$960,445	\$0	\$0	\$0		
h. Total Costs	\$5,676,786	\$1,419,197	\$7,095,983	\$0	\$0	\$0		
i. % of Total	100%	100%	100%	0%	0%	0%		
documents.			is report is correc		erformance of activities for the pu	rpose(s) set forth in the award		
16a. Typed or printed name a	and title of Authori	zed Certifying Official		16c. Telephone (area code, number, and extension)				
Kris Whitty				916-845-8251				
Division Chief								
Homeland Security and I	Prop 1B Division	ĺ						
,				16d. Email Address Kris.whitty@calema.ca.gov				
16b. Signature of Authorized	Certifying Official			16e. Date Report Submitted (month, day, year)				
Knishme M. Whitty				10-30-2013				

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.