1. This Agreement is entered into between the State Agency and the Contractor named below

STATE AGENCY'S NAME
California Governor's Office of Emergency Services (Cal OES)

CONTRACTOR'S NAME
Frontier Communications of America, Inc.

2. The term of this Agreement is: April 10, 2017, or upon California Department of Technology approval, whichever is the later, through April 9, 2020

3. The maximum amount of this Agreement is: $0.00

4. The parties agree to comply with the terms and conditions of the following attachments which are by this reference made a part of the Agreement:

   - Appendix A - Statement of Work
   - Attachment 1.0 - Contractor's Monthly Activity Report
   - Attachment 2.0 - Contractor's Monthly Service Level Agreement Compliance Report Turn-Key 9-1-1 CPE System
   - Attachment 2.1 - Contractor's Monthly Service Level Agreement Compliance Report 9-1-1 CPE Host-Remote System
   - Attachment 3.0 - Contractor's Sample Statement of Work Turn-Key 9-1-1 CPE System Format
   - Attachment 3.1 - Contractor's Sample Statement of Work 9-1-1 CPE Host-Remote System Format
   - Attachment 4.0 - Turn-Key 9-1-1 CPE System Acceptance and Authorization Checklist
   - Attachment 5.0 - Required Call Detail Record (CDR) Elements
   - Attachment 6.0 - Call Data Record Format
   - Appendix B - Budget Detail, Invoicing and Payment Provisions
   - Exhibit 16 - Cost Workbook
   - (*) IFB 8500-2016 in its entirety
   - (*) Contractor's Final Response to IFB 8500-2016 in its entirety
   - (*) Appendix C - General Provisions - Information Technology (GSPD – 401IT-09/05/2014)

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR
Frontier Communications of America, Inc.
BY (Authorized Signature)  
DATE SIGNED 4/5/17
PRINTED NAME AND TITLE OF PERSON SIGNING
Candace Allred, Manager Public Safety Sales
ADDRESS
2600 Meridian Parkway
Durham, NC 27713

STATE OF CALIFORNIA
AGENCY NAME
California Governor's Office of Emergency Services (Cal OES)
BY (Authorized Signature)  
DATE SIGNED 4/19/17
PRINTED NAME AND TITLE OF PERSON SIGNING
Sara Stillwell, Assistant Director, Administrative Services Section
ADDRESS
3650 Schriever Avenue
Mather, CA 95655

Exempt per