



Pipeline Safety

2008 Year End(Final) Payment Request

for

NORTH DAKOTA PUBLIC SERVICE COMMISSION

Please follow the directions listed below:

1. Review the entire document for completeness.
2. Review and have an authorized signatory sign the following pages:
 - At the top of the second page of the SF-270 document, Block 13.
3. Fasten all pages with a paper or binder clip - no staples please as this package will be scanned upon it's arrival at PHMSA.
4. Mail the entire document, including this cover page to the following:

**ATTN: Gwendolyn M. Hill
U.S. Department of Transportation
Pipeline & Hazardous Materials Safety Administration
Pipeline Safety, PHP-50
1200 New Jersey Avenue, SE Second Floor E22-321
Washington, D.C. 20590**

FedSTAR Information

Electronic Submission Date: Feb 17 2009 2:59PM

2 **PU-07-764** Filed: 2/17/2009 Pages: 8
2008 Year End (Final) Payment Request

Public Service Commission

Alan Moch

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO.

0348-0004

PAGE _____ OF _____

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes

ADVANCE REIMBURSEMENT

b. "X" the applicable box

FINAL PARTIAL

BASIS OF REQUEST

CASH

ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

DOT/PHMSA/Office of the Pipeline Safety

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

DTPH56-08-G-PHPG32

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

6. EMPLOYER IDENTIFICATION NUMBER

45-0309764

7. RECIPIENTS ACCOUNT NUMBER OR IDENTIFYING NUMBER

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

01/01/2008

To (month, day, year)

12/31/2008

9. RECIPIENT ORGANIZATION

Name: NORTH DAKOTA PUBLIC SERVICE COMMISSION

Number and Street: 600 E Boulevard - Dept 408

City, State and ZIP Code: Bismarck, ND 58505-0480

10. PAYEE (Where check is to be sent if different then item 9)

Name: NORTH DAKOTA PUBLIC SERVICE COMMISSION

Number and Street: 600 E Boulevard - Dept 408

City, State and ZIP Code: Bismarck, ND 58505-0480

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a) Direct Costs	(b) Indirect Costs	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$71,878.05	\$12,816.00		\$84,694.05
b. Less: Cumulative program income	\$0.00	\$0.00		\$0.00
c. Net program outlays (Line a minus line b)	\$71,878.05	\$12,816.00		\$84,694.05
d. Estimated net cash outlays for advance period	\$0.00	\$0.00		\$0.00
e. Total (Sum of line c & d)	\$71,878.05	\$12,816.00		\$84,694.05
f. Non-Federal share of amount on line e	\$14,375.61	\$2,563.20		\$16,938.81
g. Federal share of amount on line e	\$57,502.44	\$10,252.80		\$67,755.24
h. Federal Payments previously requested	\$0.00	\$0.00		\$0.00
i. Federal share now requested (Line g minus line h)	\$57,502.44	\$10,252.80		\$67,755.24
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month	\$0.00	\$0.00	\$0.00
	2nd month	\$0.00	\$0.00	\$0.00
	3rd month	\$0.00	\$0.00	\$0.00

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

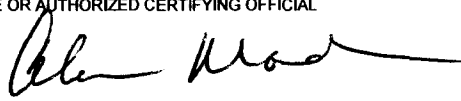
STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

13.

CERTIFICATION

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested

SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL



DATE REQUEST SUBMITTED

02-17-09

TYPED OR PRINTED NAME AND TITLE

Alan Moch, Director

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

7013282413 -

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, 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 the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | <u>Item</u> | <u>Entry</u> | <u>Item</u> | <u>Entry</u> |
|-------------|--|-------------|---|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. | | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 4 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. | 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. | 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. | 13 | Complete the certification before submitting this request. |
| | The Federal sponsoring agencies have the opinion of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | | |
| 11 | The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or | | |

STANDARD FORM 270 (Rev 7-97) BACK

2008 Year End(Final) Payment Request Cost Summary

DIRECT COSTS

<u>Compensation for Personnel Services</u>	<u>Estimated</u>	<u>Actual</u>
A. Supervisory personnel who are directly engaged in the administration of the Pipeline Safety Program	\$668.00	\$1,847.00
A1. Supervisory fringe benefits	\$200.00	\$637.00
B. Technical personnel who conduct pipeline safety inspections, failure investigations and review plans, etc.	\$29,164.00	\$28,399.00
B1. Technical fringe benefits	\$10,207.00	\$9,900.00
C. Administrative personnel whose duties are directly related to the Pipeline Safety Program.	\$16,511.00	\$11,487.00
C1. Administrative fringe benefits	\$5,778.00	\$3,823.00

Materials

Testing Equipment.....	\$0.00	\$0.00
Safety Clothing	\$0.00	\$0.00
Office Equipment	\$0.00	\$0.00
Supplies	\$50.00	\$180.00
Motor Vehicles	\$0.00	\$0.00

Activities

Training and Education.....	\$200.00	\$310.00
Travel.....	\$6,370.00	\$7,308.46
Audit costs and related services	\$0.00	\$0.00
Studies and Research.....	\$0.00	\$0.00
Communication costs.....	\$200.00	\$200.09
Printing and Reproduction.....	\$200.00	\$0.00
Memberships and Subscriptions	\$0.00	\$0.00
Other(Specify):		
rent	\$2,200.00	\$2,204.00
central service cost	\$275.00	\$272.50
Unexpected Direct Costs.....		\$5,310.00

INDIRECT COSTS

Indirect costs incurred by State Agency(i.e. Public Utilities Commission, Public Service Commission, State Corporation Commission).	\$14,037.00	\$12,816.00
Unexpected Indirect Costs.....		\$0.00

TOTAL ESTIMATED COSTS	\$86,060.00	\$84,694.05
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Natural Gas Pipeline Safety Program Cost Summary Explanations -- Calendar Year 2008

DIRECT COSTS

PERSONNEL

Supervisory Personnel	The supervisor, who also serves as an inspector, was ill during the months of September and October and unable to conduct field work. The assistant (who was the lead investigator in an incident during those months) needed supervision more than had been anticipated during the initial budget request.
Supervisory Fringe Benefits	As stated above, the supervisor, who also serves as an inspector, was ill during the months of September and October and unable to conduct field work. The assistant (who was the lead investigator in an incident during those months) needed supervision more than had been anticipated during the initial budget request.
Technical Personnel	Thresholds not exceeded; therefore an explanation is not needed.
Technical Fringe Benefits	Thresholds not exceeded; therefore an explanation is not needed.
Administrative Personnel	The supervisor, who also serves as an inspector, was ill during the months of September and October and performed very little administrative work. The assistant (who was the lead investigator in an incident during those months) was then required to perform most of the administrative work for the incident and the program. The assistant is paid at a lower rate than the Supervisory.
Administrative Fringe Benefits	As stated above, the supervisor, who also serves as an inspector, was ill during the months of September and October and performed very little administrative work. The assistant (who was the lead investigator in an incident during those months) was then required to perform most of the administrative work for the incident and the program. The assistant is paid at a lower rate than the Supervisory.

MATERIALS

Testing Equipment	Thresholds not exceeded; therefore an explanation is not needed.
Safety Clothing	Thresholds not exceeded; therefore an explanation is not needed.
Office Equipment	Thresholds not exceeded; therefore an explanation is not needed.
Supplies	Actual supply costs exceeded the amount estimated in the original budget request. Supplies include postage and Mailing expenditures. Mailing costs were less because the gas safety rulemaking was postponed until early 2009 due to the illness of the gas safety supervisor.
Motor Vehicles	Thresholds not exceeded; therefore an explanation is not needed.

ACTIVITIES

Training and Education	The NAPSRS conference registration fee was greater than anticipated in the original budget request due to an overall increase in costs to sponsor the event than what had historically occurred in the past.
Travel	Rising costs of gasoline was the major reason for the overage. In addition, the house explosion in Fargo (200 miles from the office) caused unexpected travel to the incident scene throughout the months of September and October.

Audit Costs and Related Services	Thresholds not exceeded; therefore an explanation is not needed.
Studies and Research	Thresholds not exceeded; therefore an explanation is not needed.
Communication	Thresholds not exceeded; therefore an explanation is not needed.
Printing and Reproduction	Printing costs were less because the gas safety rulemaking (which takes a large amount of printing and reproduction) needed to be postponed until early 2009 due to the illness of the gas safety supervisor.
Memberships and Subscription	Thresholds not exceeded; therefore an explanation is not needed.
Other:	
rent	Thresholds not exceeded; therefore an explanation is not needed.
central service cost	Thresholds not exceeded; therefore an explanation is not needed.
Unexpected Direct	Included was an unexpected cost for laboratory analysis and tests of the gas riser suspected of contributing to the house explosion in Fargo in September. This amount

Indirect Costs

Indirect	Thresholds not exceeded; therefore an explanation is not needed.
Unexpected Indirect	Thresholds not exceeded; therefore an explanation is not needed.



PIPELINE SAFETY EQUIPMENT OWNED BY THE STATE

AS OF DECEMBER 31, 2008

List all equipment (non expendable personal property) having a useful life of more than one year and an acquisition cost of \$5,000 that is directly related to inspection and investigation activities (testing equipment, safety equipment, vehicles etc.) (See OMB circular A-87).

Type of Equipment and Use	Number of Units	Unit Acquisition Cost	Acquisition Date
none	0	\$0.00	01/01/1900



From: Origin ID: BISA (701) 328-4070
Shelly Bauske
North Dakota Public Svc Comm
600 E Boulevard Ave FL12



Ship Date: 23FEB09
ActWgt: 1.0 LB
CAD: 100269943/NET9011
Account#: S *****

Bismarck, ND 58505

Delivery Address Bar Code



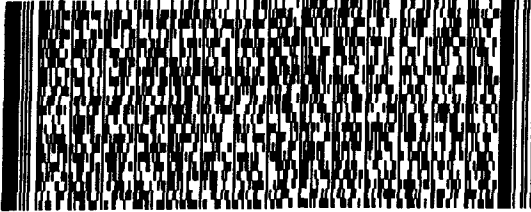
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