



U.S. Department
of Transportation
**Pipeline and Hazardous
Materials Safety
Administration**

1200 New Jersey Avenue SE
Washington DC 20590

Pipeline Safety

2009 Natural Gas Year End Payment

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 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: 2/22/2010 9:40:12 AM

10 **GS-08-764** Filed: 2/22/2010 Pages: 7
2009 Natural Gas Year End Payment

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 <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT	BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL
	b. "X" the applicable box <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	
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 DTPH56-09-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) 01/01/2009	To (month, day, year) 12/31/2009

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
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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>	\$81,914.44	\$16,321.68		\$98,236.12
b. Less: Cumulative program income	\$0.00	\$0.00		\$0.00
c. Net program outlays (Line a minus line b)	\$81,914.44	\$16,321.68		\$98,236.12
d. Estimated net cash outlays for advance period	\$0.00	\$0.00		\$0.00
e. Total (Sum of line c & d)	\$81,914.44	\$16,321.68		\$98,236.12
f. Non-Federal share of amount on line e	\$32,061.31	\$6,388.31		\$38,449.62
g. Federal share of amount on line e	\$49,853.13	\$9,933.37		\$59,786.50
h. Federal Payments previously requested	\$0.00	\$0.00		\$0.00
i. Federal share now requested (Line g minus line h)	\$49,853.13	\$9,933.37		\$59,786.50
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

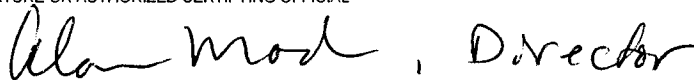
a. Estimated Federal cash outlays that will be made during period covered by the advance	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

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

2-22-10

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

2009 Natural Gas Year End Payment Cost Summary

DIRECT COSTS

Estimated

Actual

Compensation for Personnel Services (A-87 #8)

████████	A. Supervisory personnel who are directly engaged in the administration of the Pipeline Safety Program	\$6,221.00	\$1,322.89
████████	A1. Supervisory fringe benefits	\$1,860.00	\$431.06
████████	B. Technical personnel who conduct pipeline safety inspections, failure investigations and review plans, etc.	\$47,205.00	\$31,755.35
████████	B1. Technical fringe benefits	\$16,086.00	\$10,581.37
████████	C. Administrative personnel whose duties are directly related to the Pipeline Safety Program.	\$0.00	\$16,498.04
████████	C1. Administrative fringe benefits	\$0.00	\$5,431.69

ACTIVITIES

████████	Audit costs and related services (A-87 #04).....	\$300.00	\$0.00
████████	Communication costs (A-87 #07).....	\$900.00	\$308.80
████████	Maintenance, operations and repairs (A-87 #25).....	\$0.00	\$0.00
████████	Memberships, subscriptions and professional activity costs (A-87 #28)..	\$150.00	\$0.00
████████	Professional services (i.e. Studies and Research) (A-87 #32).....	\$0.00	\$171.72
████████	Publication and printing costs(A-87 #34).....	\$1,450.00	\$943.80
████████	Rental costs of building and equipment (A-87 #37).....	\$2,400.00	\$0.00
████████	Training and Education (A-87 #42).....	\$3,500.00	\$300.00
████████	Travel costs (A-87 #43).....	\$17,800.00	\$12,437.57

MATERIALS

Motor Vehicles (A-87 #15).....	\$0.00	\$0.00
Office Equipment (A-87 #15).....	\$1,500.00	\$1,426.00
Safety Clothing (A-87 #26).....	\$0.00	\$0.00
Supplies (A-87 #26).....	\$750.00	\$0.00
Testing Equipment(A-87 #15).....	\$300.00	\$0.00

Other(Specify):

OMB Central Service	\$300.00	\$306.15
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INDIRECT COSTS (A-87 Attachment C, D, E)

Indirect costs incurred by State Agency(i.e. Public Utilities Commission, Public Service Commission, State Corporation Commission).	\$19,604.00	\$16,321.68
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TOTAL

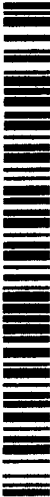
\$120,326.00

\$98,236.12

Natural Gas Pipeline Safety Program Cost Summary Explanations -- Calendar Year 2009

DIRECT COSTS

PERSONNEL



Supervisory Personnel

The gas safety program manager was ill and was unable to work therefore, supervisory time spent by the supervisor was much less than originally estimated in the grant application. Upon his return to duty, he did not work fulltime. Much of his work was done by his assistant who makes much less in salary and fringe benefits.

Supervisory Fringe Benefits

The gas safety program manager was ill and was unable to work therefore, supervisory time spent by the supervisor was much less than originally estimated in the grant application. Upon his return to duty, he did not work fulltime. Much of his work was done by his assistant who makes much less in salary and fringe benefits.

Technical Personnel

The gas safety program manager was ill and was unable to conduct his share of the inspection work. The assistant inspector (who makes less in salary and benefits than the PM) did the work in his stead, which caused less money to be spent than originally estimated in the grant application.

Technical Fringe Benefits

The gas safety program manager was ill and was unable to conduct his share of the inspection work. The assistant inspector (who makes less in salary and benefits than the PM) did the work in his stead, which caused less money to be spent than originally estimated in the grant application.

Administrative Personnel

The gas safety program manager was ill and was unable to perform most of these tasks. The assistant inspector, who makes less in salary and benefits than the PM, did the work in his stead, which caused less money to be spent than originally estimated in the grant application.

Administrative Fringe Benefits

The gas safety program manager was ill and was unable to perform most of these tasks. The assistant inspector, who makes less in salary and benefits than the PM, did the work in his stead, which caused less money to be spent than originally estimated in the grant application.

ACTIVITIES

Audit

There was no charge for the audit that was conducted. The audit was conducted by Dale Bennett, DOT. The audit information was provided to the North Dakota State Auditor's office so there would be no duplication of effort when state auditor's conduct there agency audit.

Communication	Costs less than anticipated. PSC IT had planned on using a data card for inspection on the road, but need did not arise. A new laptop has been received for the gas safety inspector and it is anticipated the data card will be utilized by the start of the next inspection season.
Maintenance, operations and repairs	Thresholds not exceeded; therefore an explanation is not needed.
Memberships, subscriptions and professional activities	The gas safety division did not have any memberships or subscriptions. The PM was not available to renew current subscriptions, and upon his return he decided not to renew them. The gas safety inspector does not belong to state or federal groups that require membership dues.
Professional services (i.e. studies and research)	Expenditures were necessary in this category to have a legal opinion from the Office of Administration Hearings to review upcoming gas safety policy and rule changes that affect the PSC's ability to carry out the gas safety program in ND.
Publication and Printing	Cost of publishing updated policies and rules were less than estimated. Central duplicating controls such costs and Administrative rules determine who should receive notifications during rulemakings. Changes in the number of notifications plus lower central duplicating costs caused this deviation.
Rental costs of building and equipment	No rent was charged to the federal portion of the gas safety program during the 2009 program year. Facility Management determines the cost of the federal portion of the rent and the frequency in which it is paid. Adjustments to the 2010 grant on this line item will be made.
Training and Education	Most of these cost fall into travel as there is very little cost for class registration. Inspectors applied for classes in 2009 but were unable to receive admittance to the classes needed until 2010. Costs for these classes will be taken from the 2010 grant.
Travel	The PM, who is also the main gas pipeline safety inspector, was ill in 2009 and, therefore, many of the extra inspections (those over and above the minimum required by the federal-state agreement) were not conducted in 2009, thus causing a surplus in the travel line item.

MATERIALS

Motor Vehicles	Thresholds not exceeded; therefore an explanation is not needed.
Office Equipment	Thresholds not exceeded; therefore an explanation is not needed.
Safety Clothing	Thresholds not exceeded; therefore an explanation is not needed.
Supplies	The office supplies (software) that were budgeted for in the grant application were not ordered because the equipment under \$5,000 (laptop) was not received until December 2009. The specialty software will be paid for out of the new 2010 grant.
Testing Equipment	The testing equipment budgeted for in the grant application did not get ordered by the end of December 2009 because the PM was ill the last quarter of the year. This equipment will be re-budgeted in the 2010 grant.

Other:

Thresholds not exceeded; therefore an explanation is not needed.

IndirectCosts

Indirect

Deviation due to Director spending less inspection time in the field and administrative time in the office due to illness. Upon his return to duty, he did not work fulltime. Much of his work was done by his assistant who makes much less in salary and fringe benefits.

