



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

1200 New Jersey Avenue SE  
Washington DC 20590

# Pipeline Safety

## 2009 One Call Progress Report

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, date and provide a title on the signature page.  
(Next page)
3. Review and have an authorized signatory sign and date block 13 of the SF-270 form.  
(Last page)
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: Dec 10 2009 8:12AM

**8 GS-08-822** Filed: 12/17/2009 Pages: 6  
**One Call Progress Report**

Public Service Commission

Alan Moch



Pipeline and Hazardous Materials Safety Administration  
 1200 New Jersey Avenue, SE  
 Washington DC 20590

OFFICE OF PIPELINE SAFETY

2009 One Call Progress Report

Office: NORTH DAKOTA PUBLIC SERVICE COMMISSION

Contact: Moch, Alan

Total Amount of 2009 One Call Grant provided: \$9,905.00

Priority	Title	Actual Expenses
3	Purchase Shirts and Other Promotional Items	\$0.00
2	Facility Locating Methods and Technology	\$0.00
<b>Totals</b>		<b>\$9,900.00</b>

*Alan Moch*

Authorized Signature

*12-17-09*

Date

*Director - Testing & Safety Division*

Title

**For internal purposes only:**

One Call Allocation:	\$9,905.00
One Call Allocation Expenditures:	\$9,900.00
<b>Amount to be reduced from the Year End Payment:</b>	<b>\$5.00</b>



**Priority: 3 Title: 811 Television/Billboard Public Education Campaign**

**Amount of One Call Grant expended in 2009 on this project: \$9,900.00**

**How were the 2009 One Call Grant Funds Expended?**

The effectiveness of the 2009 One Call Damage Prevention Project is difficult to judge. I have contacted Chad Olson with the the One Call Board and his response was "It is hard to provide you with any statistics as far as the billboards. I can tell you that I saw several of them around the state and they were very well done. They caught your eye and provided the message we wanted in the time you had to view them. I don't know how long they were at each location, but again they provided the message we wanted to get across."

Funding provided for twenty-two - "Always Call Before you Dig, 811 Know what's below, Call before you dig" billboards to be placed across the state of North Dakota. Two billboards were placed in each of the major markets and one in each of the smaller communities. The billboards displayed the 811 number along with the website of North Dakota One Call and the 800 number. The advertising campaign ran 30 days starting mid-may through early June, 2009.

Because the amount of funding was less than \$25,000 ND state procurement rules allow for fax quotes, one vendor responded and a purchase order was issued. See attached document ' 2009 one call document.pdf

**Did you buy any equipment? No**

**Did you use a Contractor including a One Call Center that is not a State Agency to perform a function on the State's behalf for this project? Yes**

**If your answer to the above question is YES then did you provide a copy of the contract to PHMSA? Yes**

**If your answer to the above question is YES then please provide the date when copy was sent to PHMSA. 10/14/2009**



# REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE **1** OF **1**

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  
**DTPH56-09-G-PHPC27**

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 than 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>				<b>\$9,900.00</b>
b. Less: Cumulative program income				
c. Net program outlays <i>(Line a minus line b)</i>				
d. Estimated net cash outlays for advance period				
e. Total <i>(Sum of line c &amp; d)</i>				
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e				
h. Federal Payments previously requested				
i. Federal share now requested <i>(Line g minus line h)</i>				
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

## 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

12-17-05

TYPED OR PRINTED NAME AND TITLE

Moch, Alan 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.   |             |   |
| 7           | This space is reserved for an account number or other identifying number that may be assigned by the recipient.  | 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.  |
| 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.  | 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.  |
|             | 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.  | 13          | Complete the certification before submitting this request.  |
| 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

**One Call Progress Report Attachments**

2009 one call document.pdf

