

Fahn, Patrick J.

From: gwendolyn.hill@dot.gov
Sent: Thursday, June 23, 2011 9:18 AM
To: Fahn, Patrick J.
Subject: Receipt: NORTH DAKOTA 2010 Natural Gas Year End Payment Request

Grantee : NORTH DAKOTA 2010
DTPH56-10-G-PHPG32

Your 2010 Year End payment was approved in the amount of \$57,061 on June 21, 2011, and is based on the actual program expenses, "percent of funding" indicated on the Scoring/Allocation Document, and availability of funds which may increase or decrease the allocation based on variance from the estimated application costs.

If additional funding becomes available, you may receive an additional payment based on your actual program costs, score, and the amount of funding made available.

If your office does not receive payment within two weeks from the date of this email, please contact me at (202)-366-4395.

Header Lines Totals Errors Approval

Unit: 40800 Journal ID: 0001103877 Date: 06/30/2011 *Process: Edit Journal Process

Template List Search Criteria Change Values IntraUnit Errors Only Line: 10

Select	Line	Unit	Entry Event	Account	Oper Unit	Fund	Dept	Class	PC Bus Unit	Project	Activity	Ac Type	Amount	Open Item Key	Reference	Journal
<input type="checkbox"/>	1	40800	430040	105251	408	R0300	7200						49,690.17		DIRECTS	Cash &
<input type="checkbox"/>	2	40800	430040	430040	408	R0300	7200		40800	PSR0300	01	GLR	-49,690.17		DIRECTS	Revenue
<input type="checkbox"/>	3	40800	430025	105251	408	R0300	7200						7,370.83		INDIRECTS	Cash &
<input type="checkbox"/>	4	40800	430025	430025	408	R0300	7200		40800	PSR0300	01	GLR	-7,370.83		INDIRECTS	Indirect

Lines to add: 1

Unit	Total Lines	Total Credits	Total Debits	Journal Status	Budget Status
40800	4	57,061.00	57,061.00	Y	Y

Save Notify Refresh

Add

Header | Lines | Totals | Errors | Approval

Gas Pipeline

Wire Transfer at State Treasurer Office

June-11 Expenses

<u>TC</u>	<u>Cost Center</u>	<u>Object Code</u>	<u>fund</u>	<u>Project/Activity #</u>	<u>description</u>	<u>amt</u>
106	7200	430040	R0300	PSR0300(00)	Jun-11 directs construction	\$ 49,690.17 7970
106	7200	430025	R0300	PSR0300(00)	Jun-11 indirects construction	\$ 7,370.83 -# 7971
						<u>\$ 57,061.00</u>



6/30/2011

Public Service Commission Daily Treasure's Report

Grant # R0300

<u>Receipt#</u>	<u>Received</u>	<u>Payee</u>	<u>Check#</u>	<u>Amount</u>	<u>Cost Center</u>	<u>Obj. Code</u>
7970	6/30/2011	United States Treasury	Wire	\$49,690.17	7200	430040
7971	6/30/2011	United States Treasury	Wire	\$7,370.83	7200	430025
<hr/>				Total	Grant # R0300	\$57,061.00

Hibl, Sheila

From: Schwan, Sandy K.
Sent: Tuesday, June 28, 2011 8:38 AM
To: Rauser, Leon D.; Wetzel, Louise M.; Baumiller, Lynette F.; Weninger, Malinda M.; Glum, Mary E.; Matzke, Deb F.; Metzger, Michelle R.; Balliet Unrath, Michele D.; Wagner, Michele A.; Halone, Michelle R.; Nelson, Kathy Loreen; Kroh, Lerrene C.; O'Shea, Linda G.; Simes, Dotty K.; Jahner, Pamela K.; Anderson, Peggy M.; Rasmussen, Stephanie; Wickham, Rose; McGrath, Samantha R.; Zander, Charlotte E.; Goehring, Sheila S.; Bauske, Shelly A.; Weisz, Shelly K.; Siegel, Victoria K.; Korslien, Renae; Gullickson, Stephanie M.; Swiontek, Andrea D.; Klein, Tammy L.; Slocumb, Terry L.; Tessmann, Helen D.; Purdy, Cheryl J.; univer; Granfor, Warren J.; Weigel, Glen E.; Christensen, Becky; Wiens, Deanne K.; Scott, Ann M.; Aplin, Aimee M.; Beyer, Terry W.; Bloms, Renae R.; Bosch, Robin L.; Boschee, Kayla D.; Boxrud, Kelsey L.; Brandvold, Katharine G.; Scheller, Calli S.; Pederson, Cece R.; Olsen, Charlene R.; Placek, Charles R.; Collins, Jet K.; Daniels, Clay L.; Laschkewitsch, David A.; Edwardson, Steven E.; Tang, Erica J.; Ferderer, Eileen M.; Ferderer, Jacqui J.; Flanagan, Connie L.; Gathman, Deneen L.; Grove, Jennifer L.; Gullicks, Emily P.; Gutenkunst, Karen M.; Haldorson, Sheryl M.; Haugen, Kayla R.; Hibl, Sheila; Hoggarth, Gabriel J.; Gaugler, Holly A.; Holwegner, Eileen M.; Jahner, Pamela K.; Jochim, Kathy J.; Spotts, Julie R.; Stegmiller Richter, Kathy S.; Kocher, Harold P.; Krebsbach, David G.; Lunneborg, Kristin M.; Pollert, Cheryl J.; Renner, Kathy M.; Rutschke, Karen M.; Schafer, Jill D.; Schulz, Becki J.; Streyle, Dorothy J.; Zuther, Frances C.
Subject: wires

Please clear up the ones in red

wires can be fax over anytime 328-3002

Out Standing Wires

6/21	12.00	408	Public Service Commission	
	1,337.36			
	1,464.00			
6/24	1,550.50	108	Secretary Of State	
6/24	15,029.53	408	Public Service Commission	
	20,746.23			
6/24	57,061.00	408	Public Service Commission	PHMSA Pipeline Safety grant
6/24	1,800.00	406	Labor Department	EEOC
6/27	4,381.50	108	Secretary Of State	
6/28	4,412.00	108	Secretary Of State	
6/28	3,900.00	414	Securities	
6/28	4,334.44	110	Central Services	
6/28	19,611.01	750	Park & Recreation	
6/28	32,882.45	540	Adjutant General	
	110,083.34			

Thank You

Sandy Schwan

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. PAGE _____ OF _____
0348-0004

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
DTPH56-10-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) To (month, day, year)
01/01/2010 **12/31/2010**

9. RECIPIENT ORGANIZATION

Name: **NORTH DAKOTA PUBLIC SERVICE COMMISSION**

Number and Street: **600 E. BOULEVARD DEPARTMENT 408,**

City, State and ZIP Code: **Bismarck, ND, 58505-0408**

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)	(d)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$74,971.82	\$7,370.83			\$82,342.65
b. Less: Cumulative program income	\$0.00	\$0.00			\$0.00
c. Net program outlays (Line a minus line b)	\$74,971.82	\$7,370.83			\$82,342.65
d. Estimated net cash outlays for advance period	\$0.00	\$0.00			\$0.00
e. Total (Sum of line c & d)	\$74,971.82	\$7,370.83			\$82,342.65
f. Non-Federal share of amount on line e	\$23,018.60	\$2,263.07			\$25,281.66
g. Federal share of amount on line e	\$51,953.22	\$5,107.76			\$57,060.99
h. Federal Payments previously requested	\$0.00	\$0.00			\$0.00
i. Federal share now requested (Line g minus line h)	\$51,953.22	\$5,107.76			\$57,060.99
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

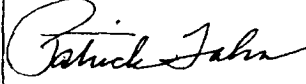
a. Estimated Federal cash outlays that will be made during period covered by the advance	
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	

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

TYPED OR PRINTED NAME AND TITLE

Patrick Fahn, Director, Compliance and Competitive Markets

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

701-328-4077 -

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:

- | <i>Item</i> | <i>Entry</i> |
|--|--|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. |
| 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. |
| 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. |
| 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. |
| <p>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.</p> | |
| 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 |

- | <i>Item</i> | <i>Entry</i> |
|-------------|---|
| | 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. |
| 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. |
| 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. |
| 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. |
| 13 | Complete the certification before submitting this request. |

STANDARD FORM 270 (Rev 7-97) BACK

2010 Natural Gas Year End Payment Request Cost Summary

<u>DIRECT COSTS</u>	<u>Estimated</u>	<u>Actual</u>
<u>Compensation for Personnel Services (A-87 #8)</u>		
A. Supervisory personnel who are directly engaged in the administration of the Pipeline Safety Program	\$12,122.00	\$10,173.09
A1. Supervisory fringe benefits	\$4,309.00	\$2,551.18
B. Technical personnel who conduct pipeline safety inspections, failure investigations and review plans, etc.	\$24,323.00	\$27,098.78
B1. Technical fringe benefits	\$8,793.00	\$8,425.96
C. Administrative personnel whose duties are directly related to the Pipeline Safety Program.	\$20,554.00	\$9,420.97
C1. Administrative fringe benefits	\$7,409.00	\$2,309.18
<u>ACTIVITIES</u>		
Audit costs and related services (A-87 #04).....	\$0.00	\$0.00
Communication costs (A-87 #07).....	\$420.00	\$299.31
Maintenance, operations and repairs (A-87 #25).....	\$0.00	\$0.00
Memberships, subscriptions and professional activity costs (A-87 #28)..	\$0.00	\$0.00
Professional services (i.e. Studies and Research) (A-87 #32).....	\$0.00	\$0.00
Publication and printing costs(A-87 #34).....	\$200.00	\$0.00
Rental costs of building and equipment (A-87 #37).....	\$0.00	\$0.00
Training and Education (A-87 #42).....	\$350.00	\$105.00
Travel costs (A-87 #43).....	\$8,900.00	\$13,818.05
<u>MATERIALS</u>		
Motor Vehicles (A-87 #15).....	\$0.00	\$0.00
Office Equipment (A-87 #15).....	\$0.00	\$423.82
Safety Clothing (A-87 #26).....	\$0.00	\$209.84
Supplies (A-87 #26).....	\$150.00	\$136.64
Testing Equipment(A-87 #15).....	\$0.00	\$0.00
<u>INDIRECT COSTS (A-87 Attachment C, D, E)</u>		
Indirect costs incurred by State Agency(i.e. Public Utilities Commission, Public Service Commission, State Corporation Commission).	\$9,278.00	\$7,370.83
TOTAL	\$96,808.00	\$82,342.65