



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

Pipeline Safety

2014 One Call Progress Report - Final

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.
4. If there is an amount to be returned to PHMSA on page 3, include a check payable to "DOT/PHMSA" for the amount indicated with your signed document.
5. Fasten all pages (including check if applicable) with a paper or binder clip - no staples please as this package will be scanned upon it's arrival at PHMSA.
6. Mail the entire package to the following:

**ATTN: Ms. Gwendolyn M. Hill
U.S. Department of Transportation
Pipeline & Hazardous Materials Safety Administration
Pipeline Safety, PHP-4
1200 New Jersey Avenue, SE Second Floor E22-322
Washington, D.C. 20590**

FedSTAR Information

Electronic Submission Date: 4/10/2015 5:48:20 PM



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

OFFICE OF PIPELINE SAFETY

2014 One Call Progress Report - Final

Office: NORTH DAKOTA PUBLIC SERVICE COMMISSION

Contact: Fahn, Patrick

Total Amount of 2014 One Call Grant provided: \$9,221.00

Priority	Title	Actual Expenses
3	2014 Damage Prevention Awareness Billboard advertising	\$9,220.97
Totals		\$9,221.00

Patrick Fahn

Authorized Signature

APRIL 10, 2015

Date

DIRECTOR, COMPLIANCE & COMPETITIVE MARKETS

Title

For internal purposes only:

One Call Allocation:	\$9,221.00
One Call Allocation Expenditures:	\$9,221.00
Amount to be returned to PHMSA:	\$0.00

Priority: 3 Title: 2014 Damage Prevention Awareness Billboard advertising

Amount of One Call Grant expended in 2014 on this project: \$9,220.97

Purpose and effectiveness of this One Call Damage Prevention Project

One-Call Grant Funding for the year 2014 has been used to procure advertising for 17 "Always Call Before You Dig, Call 811 Know What's Below" billboards. These billboards were strategically placed across the State of North Dakota to attract the attention of local citizens, motorists and excavators to promote and improve damage prevention awareness throughout the state. Although the results are difficult to specifically judge, Ryan Schmaltz, the current representative from North Dakota One Call, has heard from numerous individuals who have noticed the billboards across the state, and has been the case in past years, he has received many very positive comments from people throughout the state who have taken the time to communicate that the billboards are very visually noticeable, well done, and that these billboards effectively convey the desired safety message. Ryan Schmaltz has been a very positive and proactive champion and promoter for the North Dakota One Call program.

As in previous years, billboards were again placed in the major markets and high energy impact areas in the state of North Dakota in each of the following cities and surrounding area(s): Fargo/West Fargo-Cities (2), Bismarck/Mandan-Cities (2), Grand Forks-City (2), Minot-City (2) Jamestown-City, Wahpeton-City, Devils Lake-US Highway 2, Beulah-US Highway 200, Carrington-US Highway 281, Washburn-US Highway 83, Glen Ullin-Interstate Highway 94 (I-94), Bowman-US Highway 85, Linton-US Highway 83.

As in past years, the billboards displayed the 811 number along with the website of North Dakota One Call and the associated 800 number. The advertising ran a minimum of 30 days at each billboard display location. The information included on these billboards is designed to communicate the vitally important message of making a call to the North Dakota One-Call number or 811, at least a minimum of 48 hours prior to the start of any digging or excavation activity. This type of billboard advertising has proven to be an efficient and highly effective tool in sharing this extremely important safety message with the residents and all individuals conducting the many types of excavation activities that are so prevalent in the state of North Dakota.



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.	08/21/2014

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

DTPH56-14-G-PHPC22

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) **4/1/2014** To (month, day, year) **3/31/2015**

9. RECIPIENT ORGANIZATION

Name: **NORTH DAKOTA PUBLIC SERVICE COMMISSION**

Number and Street: **600 E Boulevard 12th Fl**

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>				\$9,221.00
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 & 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 <i>(Line a minus line b)</i>	

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 Fahn, Patrick Director Compliance & 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:

Item Entry

- 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.

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

Item Entry

- 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.



One Call Progress Report Attachments

