



Public Service Commission

State of North Dakota

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July 13, 2015

Mr. Jeff Fleischman, Chief
Denver Field Office
Office of Surface Mining
P.O. Box 11018
Casper, WY 82601-7032

RE: Amendment to North Dakota's 2015 Administration and Enforcement Grant, S14AP20027 (GR 403383)

Dear Mr. Fleischman:

Enclosed is completed SF424 to reduce the amount of federal funds for North Dakota's 2015 Administration and Enforcement Grant, S14AP20027 or GR 403383. The SF424 proposes a **\$25,000 reduction** is the amount of federal funds for this one-year grant period that ended on June 30, 2015. OSM asked western states to de-obligate any excess federal funds in the current coal regulatory program grants.

We are de-obligating the \$25,000 at this time since a preliminary expense report for June indicates we have excess federal funds to cover all expenses incurred during the grant period. The primary reasons for this are: 1) OSM awarded more federal funds for this grant period than we requested, and 2) the permit scanning project that was undertaken during the grant period cost less than expected.

If you have any questions, please contact me at (701) 328-2251.

Sincerely,

A handwritten signature in black ink, appearing to read "James R. Deutsch".

James R. Deutsch
Director
Reclamation Division

Enclosure

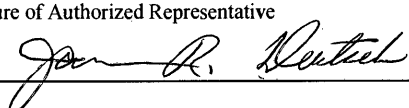
cc: Steve Trujillo

Minedata/OSM/grant&budget/2015 grant/Grant_amend_deobligate_ltr_7-13-15

Standard Form 424

OMB Approval No. 0348-0043

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: <i>Application</i> <input checked="" type="checkbox"/> <i>Preapplication</i> <input type="checkbox"/>		2. DATE SUBMITTED 7-13-15	Applicant Identifier RO34-15
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier ND140417-0109
<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier GR 403383
5. APPLICANT INFORMATION			
Legal Name: North Dakota Public Service Commission		Organizational Unit: Reclamation Division	
Address (give city, county, state, and zip code): 600 E. Boulevard Ave. Department 408 Bismarck, ND 58505-0480		Name and telephone number of the person to be contacted on matters involving this application (give area code) James R. Deutsch 701-328-2251	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 4 5 -- 0 3 0 9 7 6 4 DUNS# 802-744-946		7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> [A] A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> [B] A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): New Application			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 1 5 -- 2 5 0		9. NAME OF FEDERAL AGENCY: U.S. OFFICE OF SURFACE MINING	
TITLE: Reclamation Permanent Regulatory Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: ND Regulatory Program, Administration & Enforcement	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) North Dakota			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 7-1-2014	Ending Date 6-30-2015	a. Applicant North Dakota	b. Project North Dakota
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 4-14-14 b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED FOR STATE REVIEW	
a. Federal	-\$25,000.00		
b. Applicant			
c. State			
d. Local			
e. Other			
f. Program Income		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No	
g. TOTAL	-\$25,000.00		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative James R. Deutsch		b. Title Director, Reclamation Division ND Public Service Commission	c. Telephone number 701-328-2400
d. Signature of Authorized Representative 		e. Date Signed July 13, 2015	