

Invoice: NDG2017YEP

Supplier Name NORTH DAKOTA STATE OF
Supplier Number 100003405
Invoice Number NDG2017YEP
Invoice Date 06-Apr-2018
Invoice Description Year End Payment Request

Total (USD) 224,776.00

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REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

| | | |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| OMB APPROVAL NO. 00348-0004 | | PAGE 1 OF 2 PAGES |
| 1. TYPE OF PAYMENT REQUESTED | a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT | 2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL |
| | b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL | |

| | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED DOT/PHMSA/Office of Pipeline Safety | | 4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 69A3801730032PSBG | 5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST |
| 6. EMPLOYER IDENTIFICATION NUMBER 45-0309764 | 7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER | 8. PERIOD COVERED BY THIS REQUEST | |
| | | FROM (month, day, year) 01/01/2017 | TO (month, day, year) 12/31/2017 |
| 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 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) Deductions | TOTAL |
| a. Total program outlays to date <i>(As of date)</i> 12/31/2017 | \$ 293,728 | \$ 49,917 | \$ | \$ 343,645 |
| b. Less: Cumulative program income | | | | |
| c. Net program outlays (Line a minus line b) | 293,728 | 49,917 | | 343,645 |
| d. Estimated net cash outlays for advance period | | | | |
| e. Total (Sum of lines c & d) | 293,728 | 49,917 | | 343,645 |
| f. Non-Federal share of amount on line e | 89,327 | 15,180 | | 104,507 |
| g. Federal share of amount on line e | 204,401 | 34,737 | | 239,138 |
| h. Federal payments previously requested | | | | |
| i. Federal share now requested (Line g minus line h) | 192,126 | 32,650 | | 224,776 |
| 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) | \$ |

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 <i>Patrick Fahn</i> | DATE REQUEST SUBMITTED 4/6/2018 |
| | TYPED OR PRINTED NAME AND TITLE PATRICK FAHN DIRECTOR PUBLIC UTILITIES DIVISION | 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> | <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. | | 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 owned by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 6 | 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. |
| Note: | The Federal sponsoring agencies have the option 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 | | |

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

Pipeline Safety

2017 Gas Year End Payment Request

for

NORTH DAKOTA PUBLIC SERVICE COMMISSION

FedSTAR Information

Electronic Submission Date: 3/13/2018 1:45:43 PM

2017 Gas Year End Payment Request Cost Summary

DIRECT COSTS

Estimated

Actual

Compensation for Personnel Services

| | | | |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|
| A. | Supervisory personnel who are directly engaged in the administration of the Pipeline Safety Program | \$43,325.00 | \$44,243.02 |
| A1. | Supervisory fringe benefits | \$16,031.00 | \$15,862.90 |
| B. | Technical personnel who conduct pipeline safety inspections, failure investigations and review plans, etc. | \$142,346.00 | \$139,146.98 |
| B1. | Technical fringe benefits | \$52,669.00 | \$50,334.39 |
| C. | Administrative personnel whose duties are directly related to the Pipeline Safety Program. | \$2,600.00 | \$0.00 |
| C1. | Administrative fringe benefits | \$1,170.00 | \$0.00 |
| D. | Damage Prevention/Technical personnel include damage prevention personnel, GIS personnel and other technical personnel directly related to the pipeline safety program | \$0.00 | \$0.00 |
| D1. | Damage Prevention/Technical fringe | \$0.00 | \$0.00 |

ACTIVITIES

| | | |
|-----------------------------------------------------------------|-------------|-------------|
| Communication and Transportation Costs..... | \$0.00 | \$0.00 |
| Maintenance and Repair Costs..... | \$100.00 | \$0.00 |
| Memberships, subscriptions and professional activity costs..... | \$1,000.00 | \$830.00 |
| Professional Service Costs..... | \$0.00 | \$0.00 |
| Publication and printing costs..... | \$2,000.00 | \$1,244.13 |
| Rental Costs of Real Property and Equipment | \$1,380.00 | \$4,186.52 |
| Training and Education Costs..... | \$0.00 | \$0.00 |
| Travel costs..... | \$54,345.00 | \$37,640.69 |

MATERIALS

| | | |
|------------------------------------------------------------------|----------|----------|
| Materials and Supplies including costs of computing devices..... | \$800.00 | \$19.99 |
| Equipment and other Capital Expenditures | \$0.00 | \$219.37 |

INDIRECT COSTS

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|
| Indirect costs incurred by State Agency (i.e. Public Utilities Commission, Public Service Commission, State Corporation Commission). | \$63,553.20 | \$49,917.46 |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------|

TOTAL

\$381,319.20

\$343,645.45

Pipeline Safety Program Cost Summary Explanations -- Calendar Year 2017

DIRECT COSTS

PERSONNEL

| | |
|---------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Supervisory Personnel | Thresholds not exceeded; therefore an explanation is not needed. |
| Supervisory Fringe Benefits | Thresholds not exceeded; therefore an explanation is not needed. |
| Technical Personnel | Thresholds not exceeded; therefore an explanation is not needed. |
| Technical Fringe Benefits | Thresholds not exceeded; therefore an explanation is not needed. |
| Administrative Personnel | The estimate included 100 hours of administrative personnel time for data input into a new Pipeline Safety Inspection software application that was to be developed. In 2017, that project did not reach the stage for data input. |
| Administrative Fringe Benefits | Fringe benefits are a percentage of the amount in Personnel: Administrative Costs. |
| Damage Prevention/Technical Personnel | Thresholds not exceeded; therefore an explanation is not needed. |
| Damage Prevention/Technical Fringe Benefits | Thresholds not exceeded; therefore an explanation is not needed. |

ACTIVITIES

| | |
|--------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Communication and Transportation Costs | Thresholds not exceeded; therefore an explanation is not needed. |
| Maintenance and Repair Costs | There was no need for maintenance or repair in CY2017. |
| Memberships, subscriptions and professional activities | The registration fees for the National NAPSRS meeting, the Central Region NAPSRS meeting and the 2017 Operator Training Seminar were less than estimated. |
| Professional Service Costs | Thresholds not exceeded; therefore an explanation is not needed. |
| Publication and Printing | The estimate included publication costs to advertise for an inspector position and to publish a Notice for pipeline safety rulemaking to adopt latest PHMSA amendments. In 2017, the Commission did not advertise for an inspector position and the cost of publication for the rulemaking was shared with two other rulemaking proceedings. |
| Rental Costs of Real Property and Equipment | The amount of office space assigned to the Program Manager increased from the estimated 115 square feet to 266 square feet actual. In addition, the price per square foot was estimated at \$12 but the actual was \$14.38. |
| Training and Education Costs | Thresholds not exceeded; therefore an explanation is not needed. |

Travel

The estimate for in-state travel costs was close to actual cost (actual was approximately \$1,000 less). Out-of state travel costs were less than estimated. For two of the out-of-state inspections, transportation was by State vehicle rather than air travel. Four other out-of-state inspections that included costs for air travel were, instead, conducted locally (total of approximately \$12,000 less). Travel to the National NAPSR meeting was approximately \$1,000 less than estimated. Travel to the Central Region NAPSR was by State vehicle rather than air (total of approximately \$1,400 less). Travel to the 2017 Operator Training Seminar in South Dakota was approximately \$400 lower. Travel to the four PHMSA training classes was approximately \$2,400 less costly than estimated.

MATERIALS

Materials and Supplies including costs of computing devices

The CY2017 estimate included \$500 for office equipment and \$300 for safety clothing. Only \$19.99 was spent on office equipment and \$219.37 was spent on safety clothing.

Equipment and other Capital Expenditures

As noted above, the estimate for Materials and Supplies including costs of computing devices included an amount for safety clothing, but the cost for safety clothing was recorded instead under Equipment and Other Capital Expenditures.

IndirectCosts

Indirect

Indirect cost at 20% = compensation for personnel services*.2 = $249,587.29 * .2 = \$49,917.46$

Indirect cost at 33.41% (DOI Negotiated Indirect Cost Rate Agreement) = compensation for personnel services*.3341 = $249,587.29 * .3341 = \$83,387.11$

