

2015 State Damage Prevention Program Grants Progress Report
CFDA Number: 20.720

Award Number: DTPH56-15-G-PHPS10

Project Title: Georgia Public Service Commission State Damage Prevention Grant

Date Submitted: *June 9, 2017*

Submitted by: *Michelle Thebert, Director, Facilities Protection Unit, Georgia Public Service Commission*

Specific Objective(s) of the Agreement

Under this grant agreement, the GA PSC will:

- Enforce the laws and regulations of the damage prevention process.

Workscope

Under the terms of this grant agreement, the Grantee will address the following elements listed in 49 U.S.C. §60134 (b) through the actions it has specified in its Application.

- **Element 7 (Enforcement):** Enforcement of State damage prevention laws and regulations for all aspects of the damage prevention process, including public education, and the use of civil penalties for violations assessable by the appropriate State authority.

Accomplishments for this period (Item 1 under Article IX, Section 9.01 Progress Report: “A comparison of actual accomplishments to the objectives established for the period.”)

The Field Investigator in this position no longer works for the PSC, therefore, there is no data for this section.

Quantifiable Metrics/Measures of Effectiveness (Item 2 under Article IX, Section 9.01 Project Report: “Where the output of the project can be quantified, a computation of the cost per unit of output.”)

The Field Investigator in this position no longer works for the PSC, therefore, there is no data for this section.

Issues, Problems or Challenges (Item 3 under Article IX, Section 9.01 Project Report: “The reasons for slippage if established objectives were not met. “)

The Field Investigator in this position no longer works for the PSC, therefore, there is no data for this section.

Plans for Next Period (Remainder of Grant)


The Field Investigator in this position no longer works for the PSC, therefore, there is no data for this section.

Requests of the AOTR and/or PHMSA

The Field Investigator in this position no longer works for the PSC, therefore, there is no data for this section.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted USDOT/PHMSA PHA-30			2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DTPH56-15-G-PHPS10			Page 1 of pages			
3. Recipient Organization (Name and complete address including Zip code)									
4a. DUNS Number 110305872		4b. EIN 58-6002022		5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)		6. Report Type <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final		7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Project/Grant Period From: (Month, Day, Year) 09/14/2015				To: (Month, Day, Year) 09/15/2016		9. Reporting Period End Date (Month, Day, Year) 09/15/2016			
10. Transactions						Cumulative			
<i>(Use lines a-c for single or multiple grant reporting)</i>									
Federal Cash (To report multiple grants, also use FFR Attachment):									
a. Cash Receipts						0			
b. Cash Disbursements						0			
c. Cash on Hand (line a minus b)						0			
<i>(Use lines d-o for single grant reporting)</i>									
Federal Expenditures and Unobligated Balance:									
d. Total Federal funds authorized						73,500.00			
e. Federal share of expenditures						0			
f. Federal share of unliquidated obligations						0			
g. Total Federal share (sum of lines e and f)						0			
h. Unobligated balance of Federal funds (line d minus g)						73,500.00—GA is not requesting this or any amount			
Recipient Share:									
i. Total recipient share required									
j. Recipient share of expenditures									
k. Remaining recipient share to be provided (line i minus j)									
Program Income:									
l. Total Federal program income earned									
m. Program income expended in accordance with the deduction alternative									
n. Program income expended in accordance with the addition alternative									
o. Unexpended program income (line l minus line m or line n)									
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share		
g. Totals:									
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:									
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)									
a. Typed or Printed Name and Title of Authorized Certifying Official Michelle Thebert Director, Facilities Protection Georgia Public Service Commission					c. Telephone (Area code, number and extension) 404-463-2765				
b. Signature of Authorized Certifying Official 					d. Email address michelletr@psc.state.ga.us				
					e. Date Report Submitted (Month, Day, Year) June 9, 2017				
14. Agency use only:									

Standard Form 425
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