

**2017 State Damage Prevention Program Grants Final Report
CFDA Number: 20.720**

Award Number: 693JK31741008
Project Title: State Damage Prevention (SDP) Program Grants - 2017
Date Submitted: 21 October 2018
Submitted by: Dean Muratori

Specific Objective(s) of the Agreement

Develop and implement a new comprehensive damage reporting system that will be easy to use, be timely, thorough, and robust. The new system will improve the enforcement process and increase safety. (Page 2 of the grant application)

Workscope

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. (Applicable)

Accomplishments for the grant period (Item 1 under Agreement Article IX, Section 9.02 Final Report: “A comparison of actual accomplishments to the objectives established for the period.”)

Our goal was to develop and implement a new comprehensive damage reporting tool. As reported in the mid-term report, the tool was completed. We are thrilled to report that testing was completed, and the tool was launched on our website ahead of schedule.

Quantifiable Metrics/Measures of Effectiveness (Item 2 under Article IX, Section 9.02 Final Report: “Where the output of the project can be quantified, a computation of the cost per unit of output.”)

Our new reporting tool is easy to use and is available to all utilities and excavators for reporting any type of incident along with attachments. Also, our State Public Utility Authority has access for the gathering of incident data and enforcement. It will also allow easy exporting of the data to DIRT. As time goes on, it will be interesting to review the comprehensiveness of reporting in the new tool to the previous method.

Issues, Problems or Challenges (Item 3 under Article IX, Section 9.02 Final Report: “The reasons for slippage if established objectives were not met.”)

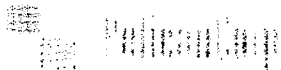
None.

Final Financial Status Report

We invested the full Grant amount of \$97,920 in the development and launch of the reporting tool. The second half invoice along with form SF-425 are attached.

Requests of the AOR and/or PHMSA

None.



Invoice

PelicanCorp One Call, Inc.

2040 Whitney Avenue
Hamden, CT 06517

Date:	Invoice #:
3/31/2018	201818C

Phone #	Fax:
(203) 248-2215	(203) 248-6448

Bill To:
Call Before You Dig, Inc. c/o Robert Dobmeyer 2040 Whitney Ave Hamden CT 06517

P.O. Number:	Terms	Due Date:
	Net 30	4/30/2018

Description	Hours/Qty	Rate	Amount
Development and implementation of a leading-edge solution for monitoring, tracking, and enforcing the State of Connecticut's Damage Prevention Program. Features included: · Online entry via desktop or mobile devices · Robust data collection (will mirror DIRT data) · Link with CBYD ticketing system · Inclusion of photos / video / supporting documents · Multiple stakeholder capability, excavator and utility reports linked · Stakeholder supervisory approval process · Real-time data analysis / dashboard reports · Sharing data with regulatory body to enable enforcement · Ability to export data to DIRT - DQI goal of 100% · Excavator input capability		97,920.00	97,920.00
Amount paid to date:		-48,960.00	-48,960.00

	Subtotal	USD 48,960.00
Please remitt payment by direct deposit/wire to our Bank of America account:	Sales Tax (6.35%)	USD 0.00
Routing number: 26009593 Account number: 385015869650	Total	USD 48,960.00
Please send payment remittance to accounts@pelicancorp.com	Payments/Credits	USD 0.00
	Balance Due	USD 48,960.00

Federal Financial Report

(Follow form instructions)

OMB Number: 4040-0014
Expiration Date: 01/31/2019

1. Federal Agency and Organizational Element to Which Report is Submitted <div style="border: 1px solid black; padding: 2px;">U.S. Department of Transportation Pipeline and Hazardous Materials Safety Administration</div>		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;">693JK31741008</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px;">Call Before You Dig, Inc</div> Street1: <div style="border: 1px solid black; padding: 2px;">2040 Whitney Avenue</div> Street2: <div style="border: 1px solid black; padding: 2px;"></div> City: <div style="border: 1px solid black; padding: 2px;">Hamden</div> County: <div style="border: 1px solid black; padding: 2px;"></div> State: <div style="border: 1px solid black; padding: 2px;">CT: Connecticut</div> Province: <div style="border: 1px solid black; padding: 2px;"></div> Country: <div style="border: 1px solid black; padding: 2px;">USA: UNITED STATES</div> ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px;">06517</div>			
4a. DUNS Number <div style="border: 1px solid black; padding: 2px;">109955414</div>	4b. EIN <div style="border: 1px solid black; padding: 2px;">06-0972151</div>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px;"></div>	
6. Report Type <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	8. Project/Grant Period From: <div style="border: 1px solid black; padding: 2px;">03/24/2018</div> To: <div style="border: 1px solid black; padding: 2px;">09/24/2018</div>	9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px;">09/24/2018</div>

10. Transactions	Cumulative
(Use lines a-c for single or multiple grant reporting)	
Federal Cash (To report multiple grants, also use FFR attachment):	
a. Cash Receipts	97920
b. Cash Disbursements	97920
c. Cash on Hand (line a minus b)	
(Use lines d-o for single grant reporting)	
Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	97920
e. Federal share of expenditures	97920
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	
h. Unobligated balance of Federal Funds (line d minus g)	
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:

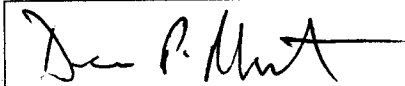
	Add Attachment	Delete Attachment	View Attachment
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13. Certification: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

a. Name and Title of Authorized Certifying Official

Prefix: First Name: Middle Name:
Last Name: Suffix:
Title:

b. Signature of Authorized Certifying Official



c. Telephone (Area code, number and extension)

d. Email Address

e. Date Report Submitted

14. Agency use only: