

**2018 State Damage Prevention Program Grant Final Report
CFDA Number: 20.720**

Award Number: 693JK31840006PSDP

Project Title: State Damage Prevention (SDP) Program Grants – 2018

Date Submitted: 10/24/2019

Submitted by: Ann Diamond

Specific Objective(s) of the Agreement

Support California's damage prevention enforcement program by developing technology to receive damage reports online and transmit information so that investigators can be dispatched. (Element 7)

Workscope

Under the terms of this grant agreement, the Recipient will address the following applicable elements listed in the approved application, pursuant to 49 U.S.C. §60134 (a), (b).

Element 1 (Effective Communications): (Not Applicable)

Element 2 (Comprehensive Stakeholder Support): (Not Applicable)

Element 3 (Operator Internal Performance Measurement): (Not Applicable)

Element 4 (Effective Employee Training): (Not Applicable)

Element 5 (Public Education): (Not Applicable)

Element 6 (Dispute Resolution): (Not Applicable)

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)

Element 8 (Technology): (Not Applicable)

Element 9 (Damage Prevention Program Review): (Not 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.”) Web Portal developed and is in the testing phase with the Dig Safe Board.

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.”)

Initial testing complete. Dig Safe Board is testing now but waiting on last minute database change before more testing.

Issues, Problems or Challenges (Item 3 under Article IX, Section 9.01 Final Report:

“The reasons for slippage if established objectives were not met. “)

Last minute changes from the Dig Safe Board on what was needed for their damage information

Final Financial Status Report

See attached SF425

Requests of the AOR and/or PHMSA

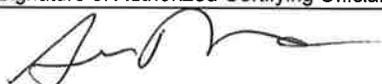
None

Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014
Expiration Date: 02/28/2022

1. Federal Agency and Organizational Element to Which Report is Submitted US Department of Transportation/PHMSA		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 20.720	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: Underground Service Alert of Southern California Street1: 1379 Pico St Suite 101 Street2: City: Corona County: Riverside State: CA: California Province: Country: USA: UNITED STATES ZIP / Postal Code: 92881-6475			
4a. DUNS Number 619449168	4b. EIN 33-0063473	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 693JK31840006PSDP	
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: 09/28/2018 To: 09/27/2019	9. Reporting Period End Date 09/30/2019
10. Transactions (Use lines a-c for single or multiple grant reporting)			Cumulative
Federal Cash (To report multiple grants, also use FFR attachment):			
a. Cash Receipts			0.00
b. Cash Disbursements			0.00
c. Cash on Hand (line a minus b)			0.00
(Use lines d-o for single grant reporting)			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			70,000.00
e. Federal share of expenditures			70,000.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			70,000.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
Recipient Share:			
i. Total recipient share required			0.00
j. Recipient share of expenditures			0.00
k. Remaining recipient share to be provided (line i minus j)			0.00
Program Income:			
l. Total Federal program income earned			0.00
m. Program Income expended in accordance with the deduction alternative			0.00
n. Program Income expended in accordance with the addition alternative			0.00
o. Unexpended program income (line l minus line m or line n)			0.00

11. Indirect Expense						
a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
g. Totals:				<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>	<input style="width:100%; height:20px;" type="text"/>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<input style="width:100%; height:20px;" type="text"/> <input style="margin-left: 20px;" type="button" value="Add Attachment"/> <input style="margin-left: 20px;" type="button" value="Delete Attachment"/> <input style="margin-left: 20px;" type="button" value="View Attachment"/>						
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: <input style="width:100px;" type="text"/> First Name: <input style="width:200px;" type="text" value="Ann"/> Middle Name: <input style="width:150px;" type="text"/>						
Last Name: <input style="width:350px;" type="text" value="Diamond"/> Suffix: <input style="width:100px;" type="text"/>						
Title: <input style="width:300px;" type="text" value="President"/>						
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
				<input style="width:150px;" type="text" value="951-808-8113"/>		
d. Email Address				e. Date Report Submitted		14. Agency use only:
<input style="width:100%;" type="text" value="ann@digalert.org"/>				<input style="width:100%;" type="text" value="10/23/2019"/>		