

**2012 State Damage Prevention Program Grants Final Report
CFDA Number: 20.720**

Award Number: DTPH56-12-G-PHPS19

Project Title: Alabama Public Service State Damage Prevention

Date Submitted: October 4, 2013

Submitted by: John A. Garner, Executive Director

Specific Objective(s) of the Agreement

Under this grant agreement, the Alabama Public Service Commission (APSC) will:

- Laws and regulation of the damage prevention process

Workscope

Under the terms of this grant agreement, the Grantee will address the following elements listed in 49 USC §60134 through the actions it has specified in its Application.

- *Element (7):* 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 the grant

During the first half of the grant period, the APSC promoted “Call 811, Know What’s Below, Call Before You Dig” by the use of public service announcements (PSA) to address damage prevention to as many people as possible within the State of Alabama. This was done utilizing the PSAs prior to home football games for the University of Alabama, Auburn University, Troy University, the University of Alabama at Birmingham (UAB), and the University of South Alabama (USA). This produced at least 60 PSAs promoting damage prevention. There were also over 250,000 “hits” on each of the schools’ websites that directed the viewer to either the APSC or the Alabama Damage Prevention Alliance (ADPA) websites.

The second half of the grant period was devoted to magazine advertising. The Alabama 811 Center, in conjunction with the ADPA and other stakeholders throughout the state, produce the Alabama 811 magazine that is dedicated to damage prevention awareness. The APSC purchased advertising space in two issues of this magazine to promote damage prevention awareness and to encourage stakeholders to become more involved in damager prevention activities.

Quantifiable Metrics/Measures of Effectiveness

As stated in the Mid-Year Progress Report, there is no way to effectively determine the exact number of listeners to each radio broadcast. However, with the popularity of football in the State of Alabama, a large portion of the listening audience was reached with these messages. Although we could not know the exact number of re-directions that took place, the “streaming banners” for the website had the potential to produce over 1,000,000 “hits” to the APSC and ADPA websites.

The two issues of the *Alabama 811* magazine were distributed to over 6000 people in the state. Issues were sent to excavators, emergency responders, natural gas and other utility operators, County and State Department of Transportation engineers, other county officials, the Alabama

State Legislature and the Governor's office, and the APSC Commissioners. Other stakeholders were also sent copies. Both of the ads stressed the importance of everyone being involved in damage prevention.

Issues, Problems or Challenges

There were no issues, problems or challenges during this grant period.

Final Financial Status Report

A final Standard Form 425 (SF-425) is attached to this report. Copies of a previously submitted Form 425 (SF-425) and the two Standard Form 270s (SF-270) that have been submitted, along with all supporting documentation, is attached.

Requests of the GOTR and/or PHMSA

No actions are requested at this time.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted Pipeline and Hazardous Materials Safety Administration	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DTPH56-12-G-PHPS19	Page of 1 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
 Alabama Public Service Commission, P.O. Box 304260, Montgomery, AL 36130-4260

4a. DUNS Number 961833431	4b. EIN 63-6000619	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) FUND 325	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
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8. Project/Grant Period (Month, Day, Year) From: 09/01/2012 To: 08/31/2013	9. Reporting Period End Date (Month, Day, Year) 08/31/2013
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10. Transactions Cumulative

(Use lines a-c for single or combined multiple grant reporting)

Federal Cash (To report multiple grants separately, also use FFR Attachment):

a. Cash Receipts	43,500.00
b. Cash Disbursements	43,500.00
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	43,852.90
e. Federal share of expenditures	43,500.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	43,500.00
h. Unobligated balance of Federal funds (line d minus g)	352.90

Recipient Share:

i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

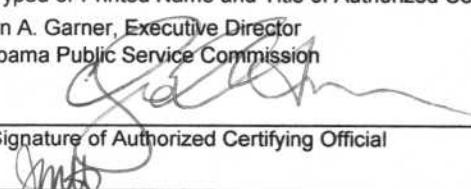
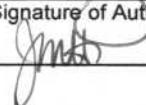
Program Income:

l. Total Federal share of 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.	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
Indirect Expense							
						g. Totals:	0 0 0

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 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 intent set forth in the award documents. 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 John A. Garner, Executive Director Alabama Public Service Commission 	c. Telephone (Area code, number, and extension) (334) 242-5200 d. Email Address eileen.lawrence@psc.alabama.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 10/4/2013

14. Agency use only:

Standard Form 425 - Revised 10/11/2011
 OMB Approval Number: 0348-0061
 Expiration Date: 2/28/2015

Paperwork Burden Statement
 According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

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				pages	

3. Recipient Organization (Name and complete address including Zip code)
 Alabama Public Service Commission, P.O. Box 304260, Montgomery, Alabama 36130-4260

4a. DUNS Number 961833431	4b. EIN 63-6000619	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) FUND 325	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
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8. Project/Grant Period From: (Month, Day, Year) 09/01/2012	To: (Month, Day, Year) 08/31/2013	9. Reporting Period End Date (Month, Day, Year) 03/31/2013
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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	17,500.00
b. Cash Disbursements	36,200.00
c. Cash on Hand (line a minus b)	-18,700.00

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	43,852.90
e. Federal share of expenditures	36,200.00
f. Federal share of unliquidated obligations	
g. Total Federal share (sum of lines e and f)	36,200.00
h. Unobligated balance of Federal funds (line d minus g)	7,652.90

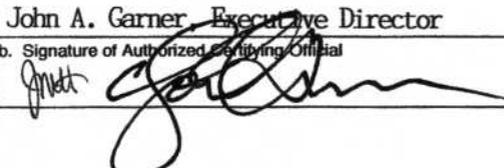
Recipient Share:	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

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 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 intent set forth in the award documents. 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 John A. Garner Executive Director	c. Telephone (Area code, number and extension) 334-242-5200
b. Signature of Authorized Certifying Official 	d. Email address eileen.lawrence@psc.alabama.gov
	e. Date Report Submitted (Month, Day, Year) 3/14/2013
14. Agency use only:	

Standard Form 425 - Revised 6/28/2010
 OMB Approval Number: 0348-0061
 Expiration Date: 10/31/2011

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REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE **A** OF **2** PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes
 ADVANCE REIMBURSEMENT

b. "X" the applicable box
 FINAL PARTIAL

2. BASIS OF REQUEST

CASH
 ACCRUAL

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED
Pipeline and Hazardous Materials Safety Administration

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY
DTPH56-12-G-PHPS19

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
2

6. EMPLOYER IDENTIFICATION NUMBER
63-6000619

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER
FUND 325

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) **09/01/2012** TO (month, day, year) **02/28/2013**

9. RECIPIENT ORGANIZATION

Name:
Alabama Public Service Commission

Number and Street:
P.O. Box 304260

City, State and ZIP Code:
Montgomery, Alabama 36130-4260

10. PAYEE (Where check is to be sent if different than item 9)

Name:
 Number and Street:
 City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) State Damage Prevention Grant	(b)	(c)	TOTAL
a. Total program outlays to date (As of date) 02/28/2013	\$ 36,200.00	\$	\$	\$ 36,200.00
b. Less: Cumulative program income				
c. Net program outlays (Line a minus line b)	36,200.00			36,200.00
d. Estimated net cash outlays for advance period				
e. Total (Sum of lines c & d)	36,200.00			36,200.00
f. Non-Federal share of amount on line e				
g. Federal share of amount on line e	36,200.00			36,200.00
h. Federal payments previously requested	17,500.00			17,500.00
i. Federal share now requested (Line g minus line h)	18,700.00			18,700.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			
	2nd month			
	3rd month			

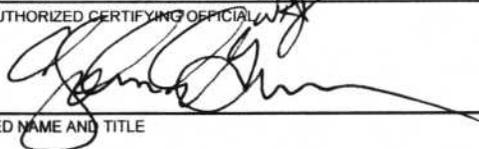
12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

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)	\$

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

TYPED OR PRINTED NAME AND TITLE

John A. Garner
Executive Director

DATE REQUEST
SUBMITTED

03/01/2013

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

(334) 242-5200

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.		
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.		
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.		
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.		
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.		
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 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.	
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 owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.		
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.		
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.		
13	Complete the certification before submitting this request.		



sports entertainment media

IMG COLLEGE, LLC
540 NORTH TRADE STREET
WINSTON - SALEM, NC 27101
TEL : 336-831-0737 AR@IMGWORLD.COM

INVOICE

DATE : 18 OCT 12
INVOICE # : 432142
DUE DATE : 25 OCT 12

TO:

ALABAMA PUBLIC SERVICE COMMISSION
ATTN: JOHN GARNER
PO BOX 304260
MONTGOMERY AL 36130
USA

REMIT-TO:

IMG College LLC
PO Box 16833
Peasport, IL 61065

DESCRIPTION	AMOUNT
MARKETING/ADVERTISING/SPONSORSHIP AGREEMENT WITH IMG COLLEGE, LLC ALABAMA, AUBURN, SOUTH ALABAMA, TROY, UNIVERSITY OF ALABAMA B'HAM (CONTRACT # 65869) CUSTOMER PO: USD I hereby certify the article(s) and or service(s) listed on this document were received on <u>10/12</u> in the proper condition, are the kind and quantity ordered and appropriate purchasing policy and procedures were followed. Received by: <u>[Signature]</u> Date: <u>10-16-12</u>	35,000.00
TERMS: NET DUE ON DUE DATE (PAST DUE SUBJECT TO INTEREST) AMOUNT DUE:	35,000.00

WIRE TRANSFER INSTRUCTIONS: HSBC BANK USA, BUFFALO, NY, USA ACCT NAME: IMG COLLEGE, LLC
SWIFT ADDRESS: MRMDOUS33 ACCT# - 751716014 ABA# - 021001088 (KINDLY REFERENCE OUR INVOICE NUMBER)



sports entertainment media

CUSTOMER : 750987
ALABAMA PUBLIC SERVICE COMMISSION
ATTN: JOHN GARNER
PO BOX 304260
MONTGOMERY AL 36130
USA

REMIT-TO:

IMG College LLC
PO Box 16833
Peasport, IL 61065

REMITTANCE COPY

CRIMSON TIDE SPORTS MARKETING, LLC

A Property of Learfield Sports
c/o Learfield Communications, Inc.
P.O. Box 843256
Kansas City, Missouri 64184-3256



CONTRACT # INVOICE # INV DATE Pg
182555 164-182555-0113 1/15/2013 1
Salesperson: Jim Carabin
Phone: 866.998.2491
Email: accountsreceivable@learfield.com
Federal Tax ID: 20-1368758

Sold To

AL Public Service Commission
Jon Cole
Auburn Network, Inc.
P.O. Box 950
Auburn, AL 36831

INVOICE

TERMS: NET 30 DAYS

Description:

2012 Crimson Tide Football SEC and Bowl Game

If your contract includes radio elements, proof of performance affidavits will be sent at the end of the broadcast month

"Thank you for your support of Crimson Tide Sports Marketing, LLC"

INVOICE TOTAL \$ 1,200.00

A 2% late fee will be charged on any past due amounts.

PLEASE FOLD, TEAR HERE AND RETURN THIS PORTION WITH YOUR PAYMENT

Invoice Number
164-182555-0113

Contract Number
182555

Customer Number
AE12944

CUSTOMER:

AL Public Service Commission
Jon Cole
Auburn Network, Inc.
P.O. Box 950
Auburn, AL 36831

Please Remit To:

CRIMSON TIDE SPORTS MARKETING, LLC
c/o Learfield Communications, Inc.
P.O. Box 843256
Kansas City, Missouri 64184-3256

INVOICE TOTAL \$ 1,200.00

TOTAL PAST DUE ~~\$ 13,500.00~~

LATE FEE \$ 0.00

PAY THIS AMOUNT \$ 1,200.00

\$1,200.00

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE **1** OF **2** PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes
 ADVANCE REIMBURSEMENT

b. "X" the applicable box
 FINAL PARTIAL

2. BASIS OF REQUEST

CASH
 ACCRUAL

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Pipeline and Hazardous Materials Safety Administration

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

DTPH56-12-G-PHPS19

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

3

6. EMPLOYER IDENTIFICATION NUMBER

63-6000619

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

DUNS 961833431

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) **September 12, 2012** TO (month, day, year) **June 15, 2013**

9. RECIPIENT ORGANIZATION

Name: **Alabama Public Service Commission**

Number and Street: **P.O. Box 304260**

City, State and ZIP Code: **Montgomery, Alabama 36130-4260**

10. PAYEE (Where check is to be sent if different than item 9)

Name:

Number and Street:

City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
	State Damage Prev.			
a. Total program outlays to date (As of date)	\$ 42,300.00	\$	\$	\$ 42,300.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	42,300.00	0.00	0.00	42,300.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	42,300.00	0.00	0.00	42,300.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	42,300.00			42,300.00
h. Federal payments previously requested	35,000.00			35,000.00
i. Federal share now requested (Line g minus line h)	7,300.00	0.00	0.00	7,300.00
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			0.00
	2nd month			0.00
	3rd month			0.00

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)	\$ 0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110

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 	DATE REQUEST SUBMITTED June 24, 2013
	TYPED OR PRINTED NAME AND TITLE John A. Garner Executive Director	TELEPHONE (AREA CODE, NUMBER, EXTENSION) (334) 242-5200

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.

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INSTRUCTIONS

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<u>Item</u>	<u>Entry</u>	<u>Item</u>	<u>Entry</u>
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 owed 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.
<p>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.</p>			
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		

REQUISITION

DIVISION Energy SECTION GPS ROOM 988 DATE 06/06/13

Requisition is made for: Office Equipment Supplies Other X

Specify if OTHER is checked: Ad for Alabama 811 Magazine

QUANTITY	DETAILED ITEM DESCRIPTION	APPROX. COST
1	Color ad for the Alabama 811 Magazine to promote damage prevention 2-page Center Spread Ad	\$5,030.00
	Vendor: ACTS Inc. PO Box 644 Conway, AR 72033 Contact: Roger Cox	
	501-548-6363 fax 501-548-6969	
	TOTAL	\$5,030.00

JUSTIFICATION FOR ABOVE PURCHASE: This ad is part of the damage prevention promotion that
has been funded by PHMSA as part of the "State Damage Prevention Grant." This ad will appear in the
Alabama 811 Magazine that will be distributed throughout the state in June/July of 2013.

APPROVED: *Walbert Jones, Sr.*
Section Manager
Matthew Miller 6/10/2013
Division Director

APPROVED: *[Signature]*
Executive Director (if over \$500)

ROUTING PROCEDURE: (1) Division; (2) Executive Director; (3) Division; (4) Accounting



**Proposal for advertising in Alabama 811 magazine
(2013 – Issue 2)**

Quantity:	1 Time Run
2 Page Center Spread	\$5030
Total cost:	\$5030

Construction is big business.



In Alabama protecting underground facilities is serious business.

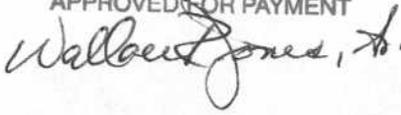
811
Know what's below.
Call before you dig.



PO Box 644
 Conway, AR 72033
 Phone 501-548-6363
 Fax 501-548-6969 www.aligningchange.com

Date	Invoice #
6/21/2013	1245

Bill To
Public Service Commission Finance Section PO Box 304260 Montgomery, AL 36130

Description	Amount
AL 811 Magazine - Issue 2 2013 - 2pg spread PO #3476090	5,030.00
<p>APPROVED FOR PAYMENT</p> 	
Thank you for supporting damage prevention in Alabama!	Total \$5,030.00

130180019.1

REQUISITION

DIVISION Energy SECTION GPS ROOM 988 DATE 04/08/13
Requisition is made for: Office Equipment Supplies Other X
Specify if OTHER is checked: Ad for Alabama 811 Magazine

QUANTITY	DETAILED ITEM DESCRIPTION	APPROX. COST
1	<p>Color ad for the Alabama 811 Magazine to promote damage prevention</p> <p style="text-align: center; font-size: 2em;">1510080</p> <p>Vendor: ACTS Inc. PO Box 644 Conway, AR 72033 Contact: Roger Cox</p>	<p>\$2,270.00</p> <p style="text-align: right;">TOTAL \$2,270.00</p>

JUSTIFICATION FOR ABOVE PURCHASE: This ad is part of the damage prevention promotion that
has been funded by PHMSA as part of the "State Damage Prevention Grant." This ad will appear in the
Alabama 811 Magazine that will be distributed throughout the state in April of 2013.

APPROVED: *Robert Jones, Sr.*
Section Manager
M. Williams 4/8/2013
Division Director

APPROVED: *[Signature]*
Executive Director (if over \$500)

ROUTING PROCEDURE: (1) Division; (2) Executive Director; (3) Division Accounting

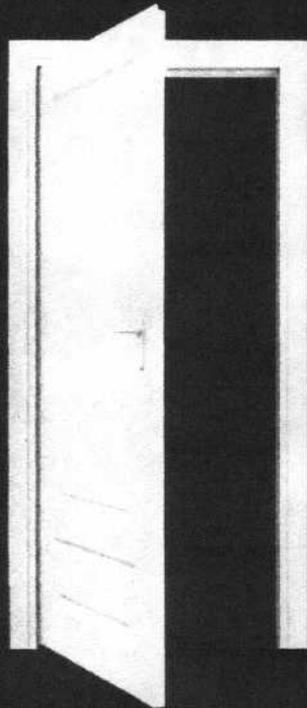
APR 2013
RECEIVED
ALA PSC



**Proposal for advertising in Alabama 811 magazine
(2013 – Issue 1)**

Quantity:	1 Time Run
Full Page Inside Front Cover	\$2270
Total cost:	\$2270

the door is open and
you have an
opportunity to
make a difference



**Know what's below.
Call before you dig.**

Call before you dig
Wait the required time
Respect the marks
Dig with care



We need your input on how to make Alabama a safer place to live and work. You have an opportunity to join the discussion about developing new legislation to strengthen Alabama's damage prevention law and the impact of the PIPES Act on your work and your community.

A lot can be accomplished when people from diverse backgrounds unite with a common goal.

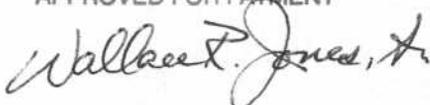
We encourage you to become involved in the Alabama Damage Prevention Alliance.

For meeting information: www.aldpa.com.

PO Box 644
Conway, AR 72033
Phone 501-548-6363
Fax 501-548-6969
www.aligningchange.com

Date	Invoice #
4/18/2013	1194

Bill To
Public Service Commission Finance Section PO Box 304260 Montgomery, AL 36130

Description	Amount
AL 811 Magazine - Issue 1 2013 - full page ad PO #3474081	2,270.00
<p>APPROVED FOR PAYMENT</p> 	
Thank you for supporting damage prevention in Alabama!	Total \$2,270.00