

2014 State Damage Prevention Program Grant Progress Report
CFDA Number: 20.720

Award Number: DTPH56-14-G-PPS04

Project Title: Georgia Public Service Commission State Damage Prevention Grant

Date Submitted: *July 8, 2016*

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.”)

For the mid-term progress report, the 2014 grant continues to fund a Field Investigator assigned to investigations of third party damages to buried utilities. The Field Investigator position has received continued funding by the SDP Grant since 2008, and has proved to be a valuable resource for both damage investigations and public education presentations. Additionally, the Field Investigator working under this grant is responsible for assessing civil penalties for probable violations of the Georgia Utility Facility Protection Act (GUFPA). The specific actions taken by the Field Investigator are detailed below.

The Field Investigator position supported by the grant has made significant contributions to the Commission’s damage prevention program by investigating 527 cases for the period April 1, 2015 – August 30, 2015, and assessing \$1,536,000 in civil penalties and mitigating \$1,222,000. The Field Investigator has attended 7 meeting/events and reached 199 attendees.

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 following information demonstrates the public education activities conducted by the Field Investigator from April 2015 – August September 2015

Date	Event	Attendees
5/15	Athens Clark Count GUCC	17
5/15	Rockdale GUCC	13
5/15	Walton GUCC	28
6/15	DeKalb County GUCC	33
7/15	Cobb County GUCC	30
8/15	DeKalb County GUCC	45
8/15	North Fulton GUCC	33

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

No issues to report

R. Nelson Sep 1, 2014 to Jnne 30, 2015

9/1/2014 to 6/30/2015

Salary	33,666.80
Fringes (FICA, retirement, Insurance)	20,016.58
unemployment	0.00
drug testing	29.95
merit system assessment	91.25

300 Personal Services	53,804.58
612000-Motor Veh Reg Oper	1,725.27
613000-Printing & Publication	42.00
614000-Supplies & Materials	36.38
615000-Repair & Maint.	0.00
616000-equipment not req on inv	283.96
619000-rents other than R/E	0.00
620000-Insurance & Bonding	0.00
627000-other operating expenses	0.00
640000-Travel	0.00

Total 301 regular operating	2,087.61
305-computer charges/IT expenses	105.80
307-voice/data communication	610.24
312-contractal services	0.00
Total direct charges	56,608.23

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) DTPH56-14-G-PPS04			Page 1 of 1 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) To: (Month, Day, Year) <div style="display: flex; justify-content: space-between;"> 09/14/2014 09/15/2015 </div>			9. Reporting Period End Date (Month, Day, Year) <div style="text-align: right;">09/15/2015</div>				
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						73,500.00	
b. Cash Disbursements						56,608.23	
c. Cash on Hand (line a minus b)						16,891.77	
<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						56,608.23	
f. Federal share of unliquidated obligations						0	
g. Total Federal share (sum of lines e and f)						56,608.23	
h. Unobligated balance of Federal funds (line d minus g)						16,891.77 REFUND TO PHMSA	
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 michellet@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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