

**2016 State Damage Prevention Program Grants Final Report
CFDA Number: 20.720**

Award Number: DTPH56-16-G-PPS14

Project Title: Kansas Corporation Commission State Damage Prevention Grant

Date Submitted: October 1, 2017

Submitted by: Primary Contact: Mr. Leo Haynos, l.haynos@kcc.ks.gov, (785) 271-3278

Grant Period: September 1, 2016 through August 31, 2017

Specific Objective(s) of the Agreement

The proposed grant will assist Kansas in meeting the goals outlined in Element 7 with a secondary impact on Elements 4 and 5 of the PIPES act. The proposed grant will continue our successful enforcement program in Kansas. In addition to our compliance actions, which include recommending civil penalties, our enforcement strategy is coupled with a strong educational component that will foster communications among all parties. We propose to evaluate the effectiveness of an aggressive enforcement program by using the mandatory damage reporting requirements effective in Kansas.

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

Enforcement Activities under Element 7:

This grant was used to fully fund the Wichita area damage investigator and partially fund the Kansas City area damage investigator. As a result, the funds from this grant have made an impact in the two largest population centers in Kansas.

As shown in the table below, there were 205 damage investigations supported by this grant. The investigations led to 159 notices of probable noncompliance being issued to the party considered at fault by KCC Staff. Further enforcement was accomplished by Staff issuing 69 penalties in the total amount of \$29,500 to both excavators digging without locates and to utility operators who inaccurately located or failed to locate their facilities. A strong enforcement presence has been established in both of these metro areas by the continued activities of the two KCC investigators funded by the grant. Between damage investigations, the KCC investigators audit scheduled excavation sites to determine if locates are being completed on time. This approach has been an excellent tool for enforcement with the large number of utility operators in the metro areas and the constant struggle to get all facilities marked on time. The following table shows approximately 43% of the Probable Non-compliances issued during this period were issued to

**AGREEMENT #DTPH5615GPPS14
ATTACHMENT 2B**

utility operators and approximately 57% were issued to Excavators. The close percentages of fault between excavators and utility operators indicate the effectiveness of being able to place an inspector at the scene of the damage shortly after the damage occurs. The greater number of damages in the Kansas City area may be attributed to an fiber overbuild projects by Google Fiber and AT&T (two large competing telecommunication utilities) as well as the other two cable companies in the area (Time Warner Cable and Consolidated Communications) upgrading their facilities to compete in the Kansas City Metropolitan area.

Enforcement Activity Summary (during grant period)

	Wichita Metro	Kansas City Metro	TOTAL
Damage Investigations – all utilities	84	181	205
Natural Gas Damages (for available data: October 2016-June 2017) from Operators	129	231	460
Probable Non-compliances - Excavators	25	65	90
Probable Non-compliances - Utility Operators	20	49	69
Probable Non-compliances - TOTAL	45	114	159
Penalty Orders Issued	0	66	66
Site Visits/Locate Ticket Audits	234	517	751

Education of Stakeholders to Improve Performance on Elements 1, 2, and 4:

The metro area damage prevention investigators funded by this grant have an indirect impact on Elements 1, 2, and 4 through both the enforcement activities of Element 7. Being on site shortly after the damage occurs allows an excellent opportunity for the investigators to provide education and interaction with stakeholders. As seen in the table below, Kansas damage investigators interface frequently with excavators, utilities and other stakeholders. Our Wichita investigator places a high priority on attending excavator safety meetings to provide quality damage prevention education to the people digging in the dirt. KCC Staff has also been attending and participating in City sponsored underground utility coordination committee (ULCC) meetings and regional Common Ground Alliance meetings. We plan to continue participating in these meetings and encouraging all excavators as well as utilities to participate. Communication between all stakeholders for large city projects is critical and can be very effective in preventing damage during the project.

Investigator Education Activity (during grant period)

	Wichita Metro	Kansas City Metro	TOTAL
Excavator & Utility Meetings	198	45	243
One Call/CGA/Utility Locating Committee Meetings, Presentations	25	21	46

**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 KCC has taken advantage of the State Damage Prevention Grant opportunity since 2008. Prior to beginning the damage prevention enforcement program in Wichita that is funded by this grant, the KCC Staff had a very minor enforcement presence in that area. Over the course of the last nine years, our on-site contact with the utility operators and excavators and enforcement presence has made a positive impact on damage prevention for the Wichita area. Enforcement in the Kansas City area has also proven to be successful, but the recent aggressive construction activity in the area has somewhat tempered our results. The following table provides three performance metrics that provide a good measure of the effectiveness of a damage prevention program in the metro areas. The ratio of natural gas damages per 1000 locates is considered to be stable and closely correlates to the national average for damages provided by the 2016 Common Ground Alliance (CGA) DIRT Report which places the national average at 2.0 damages per 1000 locate requests.

The CGA 2016 DIRT Report indicates 31% of all damages were the result of no notification being made prior to excavation. The report also shows that 18% of all damages were attributed to utility operator locating practices. Comparing these metrics to the results from the damages investigated by the KCC in Wichita and Kansas City, the percentage of excavators failing to provide notification prior to excavation is approximately 16% or one-half of the national metric. Compared to KCC statistics for the metro areas, reported damages from operator error is roughly twice the national metric. We believe these differences demonstrate the value of having an unbiased enforcement presence at the scene of the damage shortly after it has occurred. Taking enforcement action-including civil penalties- when excavators fail to request locates before digging has dramatically reduced the number of instances where the excavator did not request locates prior to digging. On the other hand, an unbiased investigation of a damage site often demonstrates the root cause of the damage was the utility operator's failure to provide accurate locates. The FTE positions funded by this grant have provided the KCC with the opportunity of performing more timely and accurate investigations of utility damages. Credible damage investigations coupled with a strong emphasis on education of excavators has facilitated communication between all stakeholders in the utility damage prevention community.

Damage Prevention Performance Metrics

	Wichita Metro 2015	Wichita Metro 2016	Kansas City Metro 2015	Kansas City Metro 2016
Locates Requested -Gas Utilities ¹	123,219	142,345	233,400	214,442
Natural Gas Damages ²	166	214	591	419
Damages/1,000 locates	1.35	1.50	2.53	1.95
% of KCC Investigations with "No Notification made to One Call center" as contributing cause	15%	15%	9%	17%
% of KCC Investigations where operators fail to provide accurate or timely locates as a contributing cause.	27%	29%	56%	40%

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

None at this time.

Final Financial Status Report

The mid-term financial report has been sent as a separate attachment to the AA.

Requests of the GOTR and/or PHMSA

No actions requested at this time.

¹ Kansas-811 2016 end of year ticket volume report.

² KCC required damage reports.

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted DOT/PHMSA OFFICE OF PIPELINE SAFETY	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) DTPH5616GSDP14	Page <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;">1</div>	of <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto; text-align: center; line-height: 20px;"></div>	pages
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3. Recipient Organization (Name and complete address including Zip code) KANSAS CORPORATION COMMISSION 1500 SW ARROWHEAD RD TOPEKA, KS 66604
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4a. DUNS Number 102979593	4b. EIN 48-1124839	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
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8. Project/Grant Period From: (Month, Day, Year) 9/1/2016	To: (Month, Day, Year) 8/31/2017	9. Reporting Period End Date (Month, Day, Year) 8/31/17
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10. Transactions	Cumulative
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(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	89132.10
b. Cash Disbursements	89132.10
c. Cash on Hand (line a minus b)	0

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	90082.00
e. Federal share of expenditures	89132.10
f. Federal share of unliquidated obligations	949.90
g. Total Federal share (sum of lines e and f)	90082.00
h. Unobligated balance of Federal funds (line d minus g)	0

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)	

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	FIXED	37.12%	9/1/16	8/31/17	66885.84	22246.26	22246.26
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 <div style="font-family: cursive; font-size: 1.2em;">Pat Apple, Chairman</div>	c. Telephone (Area code, number and extension) 785-271-3350 d. Email address
b. Signature of Authorized Certifying Official <div style="font-family: cursive; font-size: 1.5em;">Pat Apple</div>	e. Date Report Submitted (Month, Day, Year) 6/16/2017

14. Agency use only: Standard Form 425 OMB Approval Number: 0348-0061 Expiration Date: 10/31/2011

Paperwork Burden Statement

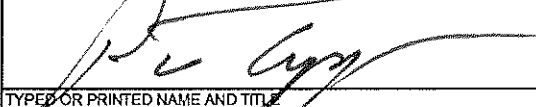
According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information 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 (0348-0060), Washington, DC 20503.

REQUEST FOR ADVANCE OR REIMBURSEMENT <i>(See instructions on back)</i>		OMB APPROVAL NO. <div style="text-align: center;">0348-0004</div>		PAGE _____ OF _____ PAGES
		1. TYPE OF PAYMENT REQUESTED a. "X" one or both boxes <input checked="" type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input checked="" type="checkbox"/> CASH <input type="checkbox"/> ACCRUAL	
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <div style="text-align: center;">DOT/PHMSA/OFFICE OF PIPELINE SAFETY</div>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <div style="text-align: center;">DTPH5616GSDP14</div>		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST
6. EMPLOYER IDENTIFICATION NUMBER <div style="text-align: center;">48-1124839</div>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <div style="text-align: center;">9/1/2016</div> TO (month, day, year) <div style="text-align: center;">8/31/2017</div>		
9. RECIPIENT ORGANIZATION <i>Name:</i> KANSAS CORPORATION COMMISSION <i>Number and Street:</i> 1500 SW ARROWHEAD RD <i>City, State and ZIP Code:</i> TOPEKA, KS 66604		10. PAYEE (Where check is to be sent if different than item 9) <i>Name:</i> <i>Number and Street:</i> <i>City, State and ZIP Code:</i>		
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
a. Total program outlays to date <i>(As of date)</i>	\$ 38,391.80	\$	\$	\$ 38,391.80
b. Less: Cumulative program income				0.00
c. Net program outlays <i>(Line a minus line b)</i>	38,391.80	0.00	0.00	38,391.80
d. Estimated net cash outlays for advance period	50,740.30			50,740.30
e. Total <i>(Sum of lines c & d)</i>	89,132.10	0.00	0.00	89,132.10
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	89,132.10			89,132.10
h. Federal payments previously requested	38,391.80			38,391.80
i. Federal share now requested <i>(Line g minus line h)</i>	50,740.30	0.00	0.00	50,740.30
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 <i>(Line a minus line b)</i>				\$ 0.00

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

Pat Apple, Chairman

DATE REQUEST
SUBMITTED

October 10, 2017

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

785-271-3353

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:

- | Item | Entry |
|------|--|
| 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

- | Item | Entry |
|------|---|
| | 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.

SECTION B - BUDGET CATEGORIES

A		B	C	D	E	G
1	6. Object Class Categories	Budgeted Amount	Expended this Period Midterm	Expended this Period 2nd Half	Expended	Notes
2	6a. Personnel	\$57,841	\$22,118.40	\$26,265.60	\$48,384.00	
3	6b. Fringe Benefits	\$10,233	\$7,763.14	\$10,004.54	\$17,767.68	
4	6c. Travel	\$1,350	\$0.00	\$343.55	\$343.55	\$1000 fuel costs; \$350 tag and toll costs
5	6d. Equipment	\$1,000	\$0.00	\$0.00	\$0.00	\$1000 car maintenance
6	6e. Supplies	\$800	\$0.00	\$108.94	\$108.94	\$800 printer ink and Fed Ex charges
7	6f. Contractual	\$0	\$0.00	\$0.00	\$0.00	
8	6g. Construction	\$0	\$0.00	\$0.00	\$0.00	
9	6h. Other	\$1,705	\$0.00	\$281.67	\$281.67	\$900 cell phone use; \$805 internet use MIFI
10	Total direct Charges (sum of 6a-6h)	\$72,929	\$29,881.54	\$37,004.30	\$66,885.84	
11	6i. Indirect Charges 37.12%	\$27,071	\$8,510.26	\$13,736.00	\$22,246.26	
12	TOTALS (sum of 6i and 6j)	\$100,000	\$38,391.80	\$50,740.30	\$89,132.10	
13						
14	Awarded	\$90,082.00				
15	Expended	\$89,132.10				
16						
17	CFDA 20.720					
18	2016 SDP					
19	DTPH5616GSDP14					
20	9/1/16-8/31/17					
21						
22	MIDTERM 9/25/16-3/1/17					
23	PR end date 10/8/16-3/1/17					
24	EMAIL TO AOR AND AA BY 4/1/17					
25	SF425 AND EXCEL SF270					
26						
27	FINAL PR end date 3/25/17-9/9/17					
28	EMAIL TO AOR AND AA BY 9/30/17					
29	SF425 AND EXCEL SF270					
30						
31	PAYMENT REQUEST SF270					
32						
33	DXXXXX1007074908 - Final Deposit					
34	1430002002-3477-3477-02002-440100-14300-711016-711016	\$37,004.30	Federal Grant - Operating			
35	1430002002-3477-3477-02002-462710-14300-711016-711016	\$13,736.00	Indirect			
36	TOTAL	\$50,740.30				
37						
38						
39	JV Indirect - DXXXXX1007073756_PV9740_JFV127054					
40	1430001031-2019-0100-01031-773290-14300-RV-711016	\$13,736.00				
41	1430002002-3477-3477-02002-773200-14300-711016-711016	\$13,736.00				
42	TOTAL	\$0.00				
43						