

**2018 State Damage Prevention Program Grant Mid-Term Progress Report
CFDA Number: 20.720**

Award Number: 693JK31840006PSDP

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

Date Submitted: 6/20/2019

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 this period (Item 1 under Article IX, Section 9.01 Progress Report: “A comparison of actual accomplishments to the objectives established for the period.”)

Nothing done for the development of the technology through the end of March 2019. The regulations for the damage notifications from excavators to the Dig Safe Board were not passed until February and then had to be reviewed by the Office of Administrative Law.

Quantifiable Metrics/Measures of Effectiveness (Item 2 under Article IX, Section 9.01 Progress Report: “Where the output of the project can be quantified, a computation of the cost per unit of output.”)

Nothing to report.

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

Waiting for the final regulations to be approved and requirements from the Dig Safe Board.

Mid-term Financial Status Report

See attached SF425

Plans for Next Period (Remainder of Grant)

Now that regulations are in the public comment period and requirements from the Dig Safe Board are more defined, the web portal for reporting damages and transmitting to the Dig Safe Board investigators should proceed quickly.

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 <div style="border: 1px solid black; padding: 2px; min-height: 20px;">US Department of Transportation/PHMSA</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; min-height: 20px;">20.720</div>	
3. Recipient Organization (Name and complete address including Zip code) Recipient Organization Name: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Underground Service Alert of Southern California</div>			
Street1: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">1379 Pico St Ste 101</div>			
Street2: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>			
City: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Corona</div>		County: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">Riverside</div>	
State: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">CA: California</div>		Province: <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></div>	
Country: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">USA: UNITED STATES</div>		ZIP / Postal Code: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">92881-6475</div>	
4a. DUNS Number <div style="border: 1px solid black; padding: 2px; min-height: 20px;">619449168</div>		4b. EIN <div style="border: 1px solid black; padding: 2px; min-height: 20px;">33-0063473</div>	
5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <div style="border: 1px solid black; padding: 2px; min-height: 20px;"></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; min-height: 20px;">09/28/2018</div> To: <div style="border: 1px solid black; padding: 2px; min-height: 20px;">09/27/2019</div>		9. Reporting Period End Date <div style="border: 1px solid black; padding: 2px; min-height: 20px;">03/27/2019</div>	
10. Transactions <i>(Use lines a-c for single or multiple grant reporting)</i>			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
<i>(Use lines d-o for single grant reporting)</i>			
Federal Expenditures and Unobligated Balance:			
d. Total Federal funds authorized			0.00
e. Federal share of expenditures			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			0.00
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
<div style="border: 1px solid black; height: 30px;"></div>	<div style="border: 1px solid black; width: 40px; height: 20px;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>	<div style="border: 1px solid black; width: 80px; height: 20px;"></div>	<div style="border: 1px solid black; width: 130px; height: 20px;"></div>	<div style="border: 1px solid black; width: 130px; height: 20px;"></div>	<div style="border: 1px solid black; width: 130px; height: 20px;"></div>
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g. Totals:				<div style="border: 1px solid black; width: 130px; height: 20px;"></div>	<div style="border: 1px solid black; width: 130px; height: 20px;"></div>	<div style="border: 1px solid black; width: 130px; height: 20px;"></div>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:						
<div style="border: 1px solid black; width: 320px; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between; width: 320px;"> <div style="border: 1px solid black; padding: 2px 5px;">Add Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">Delete Attachment</div> <div style="border: 1px solid black; padding: 2px 5px;">View Attachment</div> </div>						
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: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> First Name: <div style="border: 1px solid black; width: 270px; height: 20px; padding-left: 5px;">Ann</div> Middle Name: <div style="border: 1px solid black; width: 190px; height: 20px;"></div>						
Last Name: <div style="border: 1px solid black; width: 450px; height: 20px; padding-left: 5px;">Diamond</div> Suffix: <div style="border: 1px solid black; width: 100px; height: 20px;"></div>						
Title: <div style="border: 1px solid black; width: 340px; height: 20px; padding-left: 5px;">President</div>						
b. Signature of Authorized Certifying Official				c. Telephone (Area code, number and extension)		
<div style="border: 1px solid black; height: 40px; position: relative;"> </div>				<div style="border: 1px solid black; width: 190px; height: 20px; padding-left: 5px;">951-808-8113</div>		
d. Email Address				e. Date Report Submitted		14. Agency use only:
<div style="border: 1px solid black; width: 460px; height: 20px; padding-left: 5px;">ann@digalert.org</div>				<div style="border: 1px solid black; width: 80px; height: 20px; padding-left: 5px;">06/20/2019</div>		