



**2019 State Damage Prevention Grant Final Report**  
**CFDA Number: 20.720**

**Award Number:** 693JK31940006PSDP

**Project Title:** State Damage Prevention (SDP) Program Grants 2019

**Date Submitted:** April 1, 2021

**Submitted by:** Bill Hale, Program Specialist  
Patrick Wood, Program Enforcement Specialist

**Specific Objective(s) of the Agreement:**

Under this grant agreement, the recipient will:

Fund a trainer/educator tasked with providing training for first violation offenders and providing statewide education for the industry. (Element 5)

**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 5 (Public Education): A process for fostering and ensuring active participation by all stakeholders in public education for damage prevention activities.

**Accomplishments for the grant period:**

The purpose of this grant was to continue the support of the Damage Prevention Program by funding a trainer/educator tasked with providing training for first violation offenders under Idaho Code §55-2211 and providing statewide education for the industry. The Division successfully maintained a trainer/educator for the entire grant term.

**Quantifiable Metrics/Measures of Effectiveness:**

The table provided indicates statewide training sites and participants for the calendar year 2019 and year-to-date 2020.

	2019	2020
Completed online	50	43
Completed in-person	1011	952
Sites across the State	30	21

**Issues, Problems or Challenges:**

The Division had to cancel/reschedule trainings due to COVID-19.

**Final Financial Status Report:**

<b>Grant Period September 28, 2019 to September 27, 2020</b>		
<b>Category</b>	<b>Projected</b>	<b>Actual</b>
Personnel	47,950.00	25,347.95
Fringe Benefits	22,550.00	53,864.37
Travel	7,700.00	1,365.04
Equipment	0.00	0.00
Supplies	1,800.00	0.00
Contractual	20,000.00	20,000.00
Other	0.00	0.00
Indirect Charges	0.00	0.00
TOTAL COSTS:	100,000.00	100,000.00
AWARD AMOUNT:	100,000.00	100,577.36
BALANCE:	-0-	-577.36

The final report as submitted to the State of Idaho Controller's Office and form SF-425 have also been included in this report.

# Federal Financial Report

(Follow form Instructions)

OMB Number: 4040-0014

Expiration Date: 02/28/2022

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> US Department of Transportation, Pipeline and Hazardous Material Safety Administration		<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)</b> CFDA No. 20.720	
<b>3. Recipient Organization (Name and complete address including Zip code)</b> Recipient Organization Name: State of Idaho Division of Building Safety Street1: 1090 E. Watertower St., Suite 150 Street2: City: Meridian County: State: ID: Idaho Province: Country: USA: UNITED STATES ZIP / Postal Code: 83642-5118			
<b>4a. DUNS Number</b> 825016504	<b>4b. EIN</b> 826000952	<b>5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)</b> 	
<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	<b>8. Project/Grant Period</b> From: 09/28/2019 To: 09/27/2020	<b>9. Reporting Period End Date</b> 09/27/2020
<b>10. Transactions</b> (Use lines a-c for single or multiple grant reporting)			<b>Cumulative</b>
<b>Federal Cash (To report multiple grants, also use FFR attachment):</b>			
a. Cash Receipts			0.00
b. Cash Disbursements			100,000.00
c. Cash on Hand (line a minus b)			-100,000.00
(Use lines d-o for single grant reporting)			
<b>Federal Expenditures and Unobligated Balance:</b>			
d. Total Federal funds authorized			100,000.00
e. Federal share of expenditures			100,000.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (sum of lines e and f)			100,000.00
h. Unobligated balance of Federal Funds (line d minus g)			0.00
<b>Recipient Share:</b>			
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
<b>Program Income:</b>			
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 and 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 type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Totals:				<input type="text"/>	<input type="text"/>	<input type="text"/>

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:

<input type="text"/>	<a href="#">Add Attachment</a>	<a href="#">Delete Attachment</a>	<a href="#">View Attachment</a>
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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 type="text"/>	First Name: <input type="text" value="Bill"/>	Middle Name: <input type="text"/>
Last Name: <input type="text" value="Hale"/>	Suffix: <input type="text"/>	
Title: <input type="text" value="Program Specialist"/>		

**b. Signature of Authorized Certifying Official****c. Telephone (Area code, number and extension)****d. Email Address****e. Date Report Submitted****14. Agency use only:**