



# DEPARTMENT OF LIVESTOCK

BRIAN SCHWEITZER, GOVERNOR

PO BOX 202001

## STATE OF MONTANA

BOARD OF LIVESTOCK - (406) 444-7323  
BRANDS ENFORCEMENT DIVISION - (406) 444-2045  
ANIMAL HEALTH DIVISION - (406) 444-2043  
CENTRALIZED SERVICES DIVISION - (406) 444-9040  
MEAT & POULTRY INSPECTION DIVISION - (406) 444-5202  
MILK & EGG BUREAU - (406) 444-9761

HELENA, MONTANA 59620-2001

September 26, 2007

Dr. Knight DVM  
USDA/APHIS  
208 North Montana, Suite 101  
Helena, Montana 59601

RE: FFY07 1<sup>st</sup> Qtr Report (Oct 1, 2006 through Dec 31, 2006)  
Agreement #07-9730-0124-CA (BISON OPERATIONS)

Dear Dr. Knight:

We have completed the 1<sup>st</sup> Quarter reports for the Bison Operations Cooperative Agreement. Enclosed, please find the Narrative Report and the 269 Financial Status Report.

Thank you,

George H. Harris  
Administrator, Centralized Services  
Montana Department of Livestock

CC: Dr Martin Zaluski  
Janet Nick

*Given to  
Dr. Knight  
9-27-07*

**FINANCIAL STATUS REPORT**

*(Long Form)*

*(Follow Instructions on the back)*

1. Federal Agency and Organizational Element to Which Report is Submitted <b>USDA APHIS</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>07-9730-0124-CA</b>		OMB Approval No. <b>0348-0039</b>	Page <b>1</b>	of <b>1</b>
3. Recipient Organization (Name and complete address, including ZIP code) <b>State of Montana, Department of Livestock</b> <b>P. O. Box 202001, 303 Roberts</b> <b>Helena, MT 59620-2001</b>						
4. Employer Identification Number <b>81-0302402</b>	5. Recipient Account Number or Identifying Number <b>752 9730 800</b>		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>9/30/2007</b>		9. Period Covered by This Report From: (Month, Day, Year) <b>10/1/2006</b>		To: (Month, Day, Year) <b>12/31/2006</b>
10. Transactions:			I	II	III	
			PREVIOUSLY REPORTED	THIS PERIOD	CUMULATIVE	
a. Total outlays			0.00	55,765.52	55,765.52	
b. Refunds, rebates, etc.			0.00	0.00	0.00	
c. Program income used in accordance with the deduction alternative			0.00	0.00	0.00	
d. Net outlays (line a, less the sum of lines b and c)			0.00	55,765.52	55,765.52	
<b>Recipient's share of net outlays, consisting of:</b>						
e. Third party (in-kind) contributions			0.00	0.00	0.00	
f. Other Federal awards authorized to be used to match this award			0.00	0.00	0.00	
g. Program income used in accordance with the matching or cost sharing alternative			0.00	0.00	0.00	
h. All other recipient outlays not shown on lines e, f or g			0.00	0.00	0.00	
i. Total recipient share of net outlays (Sum of lines e, f g and h)			0.00	0.00	0.00	
j. Federal share of net outlays (line d less line i)			0.00	55,765.52	55,765.52	
k. Total unliquidated obligations					0.00	
l. Recipient's share of unliquidated obligations					0.00	
m. Federal share of unliquidated obligations					0.00	
n. Total federal share (sum of lines j and m)					55,765.52	
o. Total federal funds authorized for this funding period					660,000.00	
p. Unobligated balance of federal funds (line o minus line n)					604,234.48	
<b>Program income consisting of:</b>						
q. Disbursed program income shown on lines c and/or g above					0.00	
r. Disbursed program income using the addition alternative					0.00	
s. Undisbursed program income					0.00	
t. Total program income realized (sum of lines q, r and s)					0.00	
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate	c. Base	d. Total Amount	e. Federal Share		
12. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.						
13. Certification: <b>I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.</b>						
Typed or Printed Name and Title <b>Janet Nick, Accountant</b>				Telephone (Area code, number and extension) <b>(406) 444-4993</b>		
Signature of Authorized Certifying Official 					Date Report Submitted <b>9/26/2007</b>	

❖ **IBMP Managers Meeting.**

Meetings between DoL personnel and Montana APHIS personnel were held to determine agency responsibilities for transporting captured bison. These meetings were in preparation for anticipated activity of Park bison. Partners met November 20 and signed adjustments to the Operating Procedures.

USDA and the Department of Livestock met December 7, 2007 to organize transportation/slaughter agreements if needed for the season.

❖ **IBMP Status Review.**

No activity was conducted during the first quarter of FY2007.

❖ **IBMP – Bison Hunting Demonstration Project.**

A total of 11 bison were taken during hunter harvest period of the first quarter of FY2007 starting on November 15, 2006.

Fiscal Year	(All)
Program Yr	(All)
Account	(All)
Org	40207
Source	(All)

Sum of Amount			Acctg Per			
Fund	Sub-Class	2nd level	4	5	6	Grand Total
03427	495H3	1100	6,052.04	9,507.58	8,494.67	24,054.29
		1400	1,882.74	3,207.31	3,054.21	8,144.26
		2100		388.50	880.60	1,269.10
		2200		2,410.12	1,473.39	3,883.51
		2300	334.76	417.73	506.69	1,259.18
		2400		852.10	1,806.35	2,658.45
		2500		840.00	840.00	1,680.00
		2600		190.06		190.06
		2700	284.49	827.28	598.91	1,710.68
		2800		10,915.99		10,915.99
	495H3 Total		8,554.03	29,556.67	17,654.82	55,765.52
03427 Total			8,554.03	29,556.67	17,654.82	55,765.52
Grand Total			8,554.03	29,556.67	17,654.82	55,765.52