



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

May 3, 2010

Dr Thomas Linfield DVM
USDA/APHIS
208 North Montana, Suite 101
Helena, Montana 59601

RE: FFY10 Bison Cooperative Agreement #10-9730-0124-CA
January 1, 2009 – March 31, 2009 – 1st Quarter

Dr Linfield:

We have completed the First Quarter forms for the Bison Cooperative Agreement #10-9730-0124-CA. Enclosed, please find the Narrative Report, the SF425 Financial Status Reports and the SF270 Request for Reimbursements. If you have any questions please contact me (406) 444-4994 or email me at gharris@mt.gov

Thank you,

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

Montana Department of Livestock
Bison Management Cooperative Agreement #09-9730-0124-CA

Report of 1st Quarter Activity - FY2010
(Jan 1st 2010 – Mar 31st, 2010)

**BISON MANAGEMENT IN THE MONTANA
GREATER YELLOWSTONE AREA (GYA)**

OBJECTIVES:

- ❖ Reduce the risk of *Brucella abortus* transmission from YNP bison to livestock in Montana.
- ❖ Protect the economic interests and viability of Montana's livestock industry.
- ❖ Protect private property in Montana.
- ❖ Preserve a viable wild population of YNP bison.
- ❖ Cooperatively implement the Interagency Bison Management Plan with member agencies.
- ❖ Provide science-based, factual information to the public regarding brucellosis in the GYA.

PROGRAM ACTIVITY:

The Department of Livestock (MT DOL) continued to jointly implement the Interagency Bison Management Plan (IBMP) with National Park Service, US Forest Service, USDA Animal and Plant Health Inspection Service (APHIS), Montana Fish, Wildlife and Parks. The partners held a meeting on February 2 to discuss adding the counties of Park and Gallatin to the deliberative table, and to discuss thresholds for management activities in the Western Management Area (WMA).

MDOL continued monitoring activities for bison outside Yellowstone National Park (YNP) in the Western and Northern management areas. Based on 2008 adaptive management plan, the IBMP partners are allowing an unlimited number of bison to use the WMA if predesignated trigger points are not breached. The bison populations in the WMA is enclosed (Figure 1). No management activities were conducted during the first quarter although weekly conference calls to discuss operations were begun on March 26th.

USDA is conducting a study on sexual transmission of *Brucella abortus* by sampling bison bulls in the Western management area. MDOL is supporting the study, and cooperating as needed. Environmental assessment, and other documents describing this effort are elsewhere.

The IBMP.INFO web site continues to be used as a data repository for relevant documents related to this issue. At the April meeting, the partners committed to establish an RSS feed to assist in notifying interested parties of website changes.

2009/2010 Bison movements outside Yellowstone National Park

Date	03/10/10	03/17/10	03/19/10	03/22/10	03/24/10	03/25/10	03/26/10	03/29/10	03/30/10
Yellowstone National Park Zone 1									
Yellowstone National Park Line									
Madison River North					18	75	20		
Madison River South Management Area		6	6		25	27	101	26	26
South Fork									
Horse Butte	4	4	4	10	10	28	59	180	180
Horse Butte Subdivisions									
Yellowstone Ranch Preserve									
South Duck Creek									
North Duck Creek Management Area		1		1					
Total Bison Outside YNP	4	11	10	11	53	130	180	206	206

Figure 1: Bison abundance in the Western management area during the first quarter (January 1 through March 31, 2010)

FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted USDA APHIS	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 10-9730-0124-CA	Page 1 of 1 pages
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3. Recipient Organization (Name and complete address including Zip code)
Montana Dept of Livestock 301 N Roberts, PO Box 202001 Helena, MT 59620-2001

4a. DUNS Number 80-9791049	4b. EIN 81-302402	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 952-9730-335	6. Report Type <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	7. Basis of Accounting <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
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8. Project/Grant Period From: (Month, Day, Year) 1/01/10 To: (Month, Day, Year) 3/31/10	9. Reporting Period End Date (Month, Day, Year) 3/31/2010
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10. Transactions Cumulative

(Use lines a-c for single or multiple grant reporting)

Federal Cash (To report multiple grants, also use FFR Attachment):	
a. Cash Receipts	00
b. Cash Disbursements	88,953.69
c. Cash on Hand (line a minus b)	-88,953.69

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:	
d. Total Federal funds authorized	525,000.00
e. Federal share of expenditures	88,953.69
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	525,000.00
h. Unobligated balance of Federal funds (line d minus g)	436,046.30

Recipient Share:	
i. Total recipient share required	88,953.69
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 218, Section 1001)

a. Typed or Printed Name and Title of Authorized Certifying Official George H Harris, Centralized Services Administrator	c. Telephone (Area code, number and extension) (406) 444-4994
b. Signature of Authorized Certifying Official 	d. Email address gharris@mt.gov
	e. Date Report Submitted (Month, Day, Year) 05/03/2010

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. 0348-0004		PAGE 1 OF 1 PAGES
		1. TYPE OF PAYMENT REQUESTED	a. "X" one or both boxes <input type="checkbox"/> ADVANCE <input checked="" type="checkbox"/> REIMBURSEMENT b. "X" the applicable box <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> PARTIAL	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED USDA APHIS		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 10-9730-0124-CA		5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST 1
6. EMPLOYER IDENTIFICATION NUMBER 81-0302402	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER 952 9730 335	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) 01/01/2010 TO (month, day, year) 03/31/2010		
9. RECIPIENT ORGANIZATION Name: Montana Department of Livestock Number and Street: 301 Roberts, PO Box 202001 City, State and ZIP Code: Helena, MT 59620-2001		10. PAYEE (Where check is to be sent if different than item 9) Name: Number and Street: City, State and ZIP Code:		

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
	03/31/2010			
a. Total program outlays to date <i>(As of date)</i>	\$ 88,953.69	\$	\$	\$ 88,953.69
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	88,953.69	0.00	0.00	88,953.69
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	88,953.69	0.00	0.00	88,953.69
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	88,953.69			88,953.69
h. Federal payments previously requested				0.00
i. Federal share now requested (Line g minus line h)	88,953.69	0.00	0.00	88,953.69
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 (Line a minus line b)	\$ 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 	DATE REQUEST SUBMITTED May 4, 2010
	TYPED OR PRINTED NAME AND TITLE George H Harris, Administrator for Centralized Services	TELEPHONE (AREA CODE, NUMBER, EXTENSION) (406) 444-4994

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:

<u>Item</u> <u>Entry</u>	<u>Item</u> <u>Entry</u>
<p>2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.</p> <p>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.</p> <p>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.</p> <p>7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.</p> <p>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.</p> <p>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.</p> <p>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</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>13 Complete the certification before submitting this request.</p>

56030 Department of Livestock ORG Budget Summary

Data Selected for January 1, 2010 through March 31, 2010

OBPP Fund	Subclass	Org	Acct Lvl 2	Account	Actuals Amt
04 ANIMAL HEALTH DIVISION					88,953.69
03427 Bison Trap Funds					88,953.69
495H3 BISON FED CA					88,953.69
402 BISON OPERATIONS					88,953.69
61100 Salaries					33,422.69
61101 Regular					25,785.12
61103 Sick Leave					846.63
61104 Vacation					4,107.57
61105 Holiday					2,091.57
61158 Compensatory Time Taken					591.80
61400 Employee Benefits					16,274.20
61401 FICA					2,462.46
61402 Retirement - Other					2,705.70
61403 Group Insurance					10,283.10
61404 Workers Compensation Insur					772.61
61410 State Unemployment Tax					50.33
62100 Other Services					16,073.20
62102 Consult & Prof Services					16,063.95
62113 Warrant Writing Services					9.25
62200 Supplies & Materials					4,174.17
62210 Minor Tools, Instrum., & Equip					0.00
62216 Gasoline					2,758.96
62225 Books & Reference Materials					50.00
62241 Office Sup/Minor Equip-NonStat					308.09
62285 Hay					700.00
622B1 ITSD Asset Broker					357.12
62300 Communications					1,027.86
62304 Postage & Mailing					150.00
62319 Cellular Phones					488.46
62371 Telephone Equip Crg/Non-D Of /					100.18
62374 Internet Services/Non DofA					289.22
62400 Travel					417.81
62407 In-State Meals					110.00
62408 In-State Lodging					278.81
62410 In-State Meals Overnight					29.00
62500 Rent					935.00
62513 Heavy Equipment					270.00
62517 Leased Equipment					65.00

	62529 Rent/Non-State Bldgs.	600.00
62600 Utilities		34.25
	62607 Propane	34.25
62700 Repair & Maintenance		4,280.36
	62706 Vehicles - Passenger	3,961.31
	62709 Radio/Radar	246.75
	62755 Snow Removal	72.30
62800 Other Expenses		12,314.15
	62802 Subscriptions	27.02
	62823 Licenses	12.00
	62889 Agency Indirect Cost	12,275.13
Grand Total		88,953.69