
STATE OF MONTANA

BRIAN SCHWEITZER, GOVERNOR

DEPARTMENT OF LIVESTOCK
PO BOX 202001
HELENA, MONTANA 59620-2001



DEPARTMENT OF LIVESTOCK (406) 444-7323
CENTRALIZED SERVICES DIVISION (406) 444-4994
FAX (406) 444-4904

April 29, 2011

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

RE: FFY11 Bison Cooperative Agreement #11-9730-0124-CA
January 1, 2011 – March 31, 2011 1st Quarter Report

Dr Linfield:

We have completed the First Quarter reports for the Bison Cooperative Agreement #11-9730-0124-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 Alisa Odell (406) 444-4917 or email her at aodell2@mt.gov

Thank you,

A handwritten signature in black ink, appearing to read "George H. Harris". The signature is fluid and cursive, with a large initial "G" and "H".

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

Montana Department of Livestock
Bison Management Cooperative Agreement #11-9730-0124-CA

Report of 1st Quarter Activity - FY2011
(Jan 1st 2011 – Mar 31st, 2011)

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.
- ❖ 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.
- IBMP partner agencies and MDOL conducted numerous operations during this reporting period. The summaries for these operations are being posted on the library page of www.ibmp.info under the Biweekly and Cumulative Annual Risk Management Actions section.
- Hunting as of Mar 31st is approximately 200 bison comprised of state and tribal hunters.
- The IBMP partners have been investigating adaptive management changes to the northern management area. This adjustment maintains the northern boundary at the south side of Yankee Jim Canyon but provides for the use of land east of the Yellowstone River. As part of this adjusted tolerance, a physical barrier including a bison "cattle" guard and fences on the south side of Yankee Jim Canyon. The adaptive management changes can be accessed on the IBMP web site www.ibmp.info.

GREATER YELLOWSTONE AREA RISK MITIGATION

- MDOL continued efforts in risk mitigation in the Greater Yellowstone Area. These included efforts on herd plans as well as revising regulations on the Designated Surveillance Area. Please refer to the GYIBC quarterly report for this period for additional information.

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) 11-9730-0124-CA	Page 1	of 1 pages
--	--	-----------	------------------

3. Recipient Organization (Name and complete address including Zip code)
 Montana Department of Livestock
 301 Roberts, PO Box 202001 Helena, MT 59620-2001

4a. DUNS Number 80-9791049	4b. EIN 81-0302402	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) 052-9730-335	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
-------------------------------	-----------------------	---	--	---

8. Project/Grant Period From: (Month, Day, Year) January 1, 2011	To: (Month, Day, Year) December 31, 2011	9. Reporting Period End Date (Month, Day, Year) March 31, 2011
--	---	--

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	
b. Cash Disbursements	117,606.23
c. Cash on Hand (line a minus b)	-117,606.23

(Use lines d-o for single grant reporting)

Federal Expenditures and Unobligated Balance:

d. Total Federal funds authorized	660,000.00
e. Federal share of expenditures	117,606.23
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	117,606.23
h. Unobligated balance of Federal funds (line d minus g)	542,393.77

Recipient Share:

i. Total recipient share required	0.00
j. Recipient share of expenditures	
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	
n. Program income expended in accordance with the addition alternative	
o. Unexpended program income (line l minus line m or line n)	0.00

	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
11. Indirect Expense	Fixed	25.40%	01/01/2011	03/31/2011	46,014.95	11,687.80	57,702.75
	Fixed	0.00%					0
g. Totals:					46,014.95	11,687.80	57,702.75

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 George H. Harris Centralized Services Administrator	c. Telephone (Area code, number and extension) (406) 444-4994 d. Email address gharris@mt.gov
b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) 4/29/11

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

(See instructions on back)

OMB APPROVAL NO. **0348-0004** PAGE **1** OF **2** PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or both boxes
 ADVANCE REIMBURSEMENT

b. "X" the applicable box
 FINAL PARTIAL

2. BASIS OF REQUEST

CASH
 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

11-9730-0124-CA

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

1

6. EMPLOYER IDENTIFICATION NUMBER

81-0302402

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

052-9730-335

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) **01/01/2011** TO (month, day, year) **03/31/2011**

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
	03/31/2011			
a. Total program outlays to date (As of date)	\$ 117,606.23	\$	\$	\$ 117,606.23
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	117,606.23	0.00	0.00	117,606.23
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	117,606.23	0.00	0.00	117,606.23
f. Non-Federal share of amount on line e	0.00	0.00	0.00	0.00
g. Federal share of amount on line e	117,606.23			117,606.23
h. Federal payments previously requested	0.00			0.00
i. Federal share now requested (Line g minus line h)	117,606.23	0.00	0.00	117,606.23
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 4/29/11
	TYPED OR PRINTED NAME AND TITLE George H. Harris Centralized Services Administrator	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:

Item	Entry	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.		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.
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.	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.
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.	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.
7	This space is reserved for an account number or other identifying number that may be assigned by the recipient.	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.
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.	13	Complete the certification before submitting this request.
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		

FFY11 Burcellosis Bison Operation Management (Bison)

11-9730-0124-CA

January 1, 2011 - December 31, 2011

Quarterly Reporting to FED based on GL Detail & ORG Report

FFY11 FEDERAL BUDGETED AMOUNT	Personnel (61100)	Fringe Benefits (61400)	Contractual (62100)	Supplies (62200)	Travel (62400)	Equipment (63100)	Other (62300, 62500, 62600, 62700, 62800)	Subtotal	Indirect Cost@25.4% (62889)	TOTAL
	170,000.00	70,500.00	152,413.00	35,000.00	8,000.00	35,000.00	128,000.00	598,913.00	61,087.00	660,000.00

GL Detail MONTH	Personnel (61100)	Fringe Benefits (61400)	Contractual (62100)	Supplies (62200)	Travel (62400)	Equipment (63100)	Other (62300, 62500, 62600, 62700, 62800)	Subtotal	Indirect Cost@25.4% (62889)	TOTAL
January	5,583.71	2,209.61	0.00	9,364.95	660.55	0.00	3,560.53	21,379.35	0.00	21,379.35
February	12,247.63	5,245.75	4,895.72	4,776.71	1,676.68	0.00	5,020.44	33,862.93	3,720.77	37,583.70
March	14,767.67	5,960.58	6,984.22	2,425.43	815.25	0.00	5,511.43	36,464.58	7,896.10	44,360.68
April Part I	0.00	0.00	14,211.57	0.00	0.00	0.00	0.00	14,211.57	70.93	14,282.50
April Part II	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
May	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
June	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
July	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
August	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
September	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
October	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
November	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
December	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal:	32,599.01	13,415.94	26,091.51	16,567.09	3,152.48	0.00	14,092.40	105,918.43	11,687.80	117,606.23

FFY11 Expenses paid in 2012	Personnel (61100)	Fringe Benefits (61400)	Contractual (62100)	Supplies (62200)	Travel (62400)	Equipment (63100)	Other (62300, 62500, 62600, 62700, 62800)	Subtotal	Indirect Cost@25.4% (62889)	TOTAL
January								0.00		0.00
February								0.00		0.00
March								0.00		0.00
Subtotal:	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Total:	32,599.01	13,415.94	26,091.51	16,567.09	3,152.48	0.00	14,092.40	105,918.43	11,687.80	117,606.23
---------------	------------------	------------------	------------------	------------------	-----------------	-------------	------------------	-------------------	------------------	-------------------

117,606.23

117,606.23

Total Left in Fed Budget:	137,400.99	57,084.06	126,321.49	18,432.91	4,847.52	35,000.00	113,907.60	492,994.57	49,399.20	542,393.77
---------------------------	------------	-----------	------------	-----------	----------	-----------	------------	------------	-----------	------------

