



# 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

October 27, 2010

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

RE: FFY10 Bison Cooperative Agreement #10-9730-0124-CA  
July 1, 2010 – September 30, 2010 – 3rd Quarter

Dr Linfield:

We have completed the Third 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 Alisa Odell (406) 444-4917 or email her at aodell2@mt.gov

Thank you,

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

Montana Department of Livestock  
Bison Management Cooperative Agreement #10-9730-0124-CA

Report of 3rd Quarter Activity - FY2010  
(Jul 1st 2010 – Sep 30th, 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.
- MDOL is continuing its responsibilities as the IBMP lead administrative agency by compiling the annual report for 2010 (2009 report available <http://ibmp.info/Library/IBMP%202008-2009%20Annual%20Report.pdf>).
- Bison removals for the 2010 management season are as follows:

Date	# Bison	Location	Reason
Week of Nov 23, 2009	1	Gardiner hunting district	FWP Licensed Hunt
May 4, 2010	2	Northern management area Zone 3	In Zone 3, hazing attempt was unsuccessful
July 14, 2010	1	Corwin Springs area	In Zone 3, bull could not be hazed and was attempting to enter bison quarantine facility

- A summary of bison abundance in Western Management Area is as follows: The numbers of bison using Zone 2 of the west management area ranged from 11 during the week of March 14 to 660 during the week of May 9, 2010. A maximum of about 712 bison simultaneously occupied Zones 2 and 3 during 2010. Twenty-eight hazing operations were conducted to manage bison distribution. Field operations were conducted on two to four days per week from late April to mid June and on numerous other occasions until the end of July. Twenty-five hazing operations were directly related to bison occupying Zone 3 (n = 11) or breaching other trigger points (n = 14) established in the adaptive management plan (e.g., bison entering non-tolerance areas or exceeding numerical tolerance levels; Appendix A). A helicopter was used for hazing bison during 15 operations. Additional information is available in the IBMP annual report which should be posted on [www.ibmp.info](http://www.ibmp.info) in October or November 2010.

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

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 (To report multiple grants, use FFR Attachment)  <b>10-9730-0124-CA</b>	Page <b>1</b>	of <b>1</b> 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 <b>80-9791049</b>	4b. EIN <b>81-302402</b>	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment) <b>052-9730-335</b>	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) <b>7/01/2010</b> To: (Month, Day, Year) <b>9/30/2010</b>	9. Reporting Period End Date (Month, Day, Year) <b>9/30/2010</b>
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10. Transactions Cumulative

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

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	287,555.00
b. Cash Disbursements	375,286.51
c. Cash on Hand (line a minus b)	-87,731.51

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	525,000.00
e. Federal share of expenditures	375,286.51
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	375,286.51
h. Unobligated balance of Federal funds (line d minus g)	149,713.49

<b>Recipient Share:</b>	
i. Total recipient share required	0.00
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	


<b>Program Income:</b>	
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
		FIXED	24.7%	7/1/2010	9/30/2010	35,101.07	8,669.96
<b>g. Totals:</b>					35,101.07		

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  <b>George H Harris, Centralized Services Administrator</b>	c. Telephone (Area code, number and extension) <b>(406) 444-4994</b>
	d. Email address <b>gharris@mt.gov</b>

b. Signature of Authorized Certifying Official 	e. Date Report Submitted (Month, Day, Year) <b>10/27/2010</b>
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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. <b>0348-0004</b>		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
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)    TO (month, day, year) 07/01/2010    09/30/2010		
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:

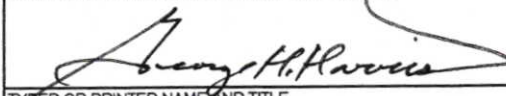
11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED				
PROGRAMS/FUNCTIONS/ACTIVITIES ►	(a)	(b)	(c)	TOTAL
	03/31/2010	6/30/2010	09/30/2009	
a. Total program outlays to date (As of date)	\$ 88,953.69	\$ 198,601.31	\$ 87,731.51	\$ 375,286.51
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	88,953.69	198,601.31	87,731.51	375,286.51
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	88,953.69	198,601.31	87,731.51	375,286.51
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	88,953.69	198,601.31	87,731.51	375,286.51
h. Federal payments previously requested	88,953.69	198,601.31		287,555.00
i. Federal share now requested (Line g minus line h)	0.00	0.00	87,731.51	87,731.51
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



TYPED OR PRINTED NAME AND TITLE

George H Harris, Administrator for Centralized Services

DATE REQUEST SUBMITTED

October 27, 2010

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		



FFY10 Burcellosis Bison Operation Management (Bison)

10-9730-0124-CA

January 1, 2010 - December 31, 2010

Quarterly Reporting to FED based on GL Detail & ORG Report

FFY10 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@24.7% (62889)	TOTAL
	208,831.00	83,281.00	110,733.00	17,500.00	12,119.00	0.00	20,384.00	452,848.00	72,152.00	525,000.00

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@24.7% (62889)	TOTAL
January	5,307.77	2,662.77	3,255.73	331.56	87.67	0.00	317.02	11,962.52	0.00	11,962.52
February	11,645.13	5,665.96	3,588.95	1,259.48	52.00	0.00	898.23	23,049.75	0.00	23,049.75
March	10,905.76	5,338.24	8,903.52	1,158.62	191.14	0.00	4,198.62	30,695.90	12,275.13	42,971.03
April	11,686.53	4,028.60	6,667.61	894.31	143.22	0.00	1,702.37	25,122.64	0.00	25,122.64
May	13,118.11	4,411.45	9,952.50	2,544.71	1,588.95	0.00	5,997.02	37,612.74	0.00	37,612.74
June	28,969.05	8,940.24	32,633.88	5,769.62	1,860.13	0.00	52,345.48	130,518.40	15,786.39	146,304.79
July	563.56	229.80	3,000.00	0.00	0.00	0.00	350.00	4,143.36	195.96	4,339.32
August	13,165.79	4,565.71	22,546.00	414.07	1,746.64	0.00	5,207.91	47,646.12	4,379.68	52,025.80
September	12,112.78	4,463.43	8,586.85	1,995.78	12.00	0.00	632.76	27,803.60	4,094.32	31,897.92
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:	107,474.48	40,306.20	99,135.04	14,368.15	5,681.75	0.00	71,589.41	338,555.03	36,731.48	375,286.51

88,953.69  
198,601.31  
87,731.51  
375,286.51

FFY10 Expenses paid in 2011	Personnel (61100)	Fringe Benefits (61400)	Contractual (62100)	Supplies (62200)	Travel (62400)	Equipment (63100)	Other (62300, 62500, 62600, 62700, 62800)	Subtotal	Indirect Cost@24.7% (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

<b>Total:</b>	<b>107,474.48</b>	<b>40,306.20</b>	<b>99,135.04</b>	<b>14,368.15</b>	<b>5,681.75</b>	<b>0.00</b>	<b>71,589.41</b>	<b>338,555.03</b>	<b>36,731.48</b>	<b>375,286.51</b>
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0.00

375,286.51

Total Left in Fed Budget:	101,356.52	42,974.80	11,597.96	3,131.86	6,437.25	0.00	(51,205.41)	114,292.97	35,420.52	149,713.49
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56030 Department of Livestock  
GL Detail and ORG Report

Data Selected for Month/FY: 07 (Jan)/2010 through 12 (Jun)/2010

FFY10 Bison  
10-9730-0124-CA \$525,000.00  
January 1, 2010 - December 31, 2010

OBPP Pro-Fund	Subclass	Org	Acct Lvl 2	Account	ORG Budget	YTD Amount	ORG Bud Balance	First Quarter			Second Quarter			Third Quarter			Oct 2010	Nov 2010	Dec 2010	
								January 2010	February 2010	March 2010	April 2010	May 2010	June 2010	July 2010	Aug 2010	Sept 2010				
04	ANIMAL HEALTH DIVISION				525,000.00	375,286.51	149,713.49	11,962.52	23,049.75	42,971.03	25,122.64	37,612.74	146,304.79	4,339.32	52,025.80	31,897.92	0.00	0.00	0.00	
	03427	Bison Trap Funds			525,000.00	375,286.51	149,713.49													
		495H3	BISON FED CA		525,000.00	375,286.51	149,713.49													
			402	BISON OPERATIONS	525,000.00	375,286.51	149,713.49													
				61100	Salaries	208,831.00	107,474.48	101,356.52	5,307.77	11,645.13	10,905.76	11,686.53	13,118.11	28,969.05	563.56	13,165.79	12,112.78			
				61101	Regular	0.00	85,631.08		4,892.79	9,053.76	7,968.97	10,126.87	11,558.82	25,019.43	563.56	8,599.24	7,827.84			
				61102	Overtime	0.00	72.90		0.00	0.00	0.00	0.00	0.00	45.56	0.00	27.34	0.00			
				61103	Sick Leave	0.00	4,356.51		199.16	647.47	0.00	370.44	1,399.13	739.28	0.00	505.11	495.92			
				61104	Vacation	0.00	9,685.40		215.82	1,421.01	2,017.92	1,079.11	0.00	744.67	0.00	1,889.91	2,316.96			
				61105	Holiday	0.00	2,188.78		0.00	522.89	522.89	0.00	0.00	620.09	0.00	522.89	0.00			
				61158	Compensatory Time Taken	0.00	5,539.83		0.00	0.00	375.98	110.11	160.16	1,800.02	0.00	1,621.30	1,472.26			
				61400	Employee Benefits	83,281.00	40,306.20	42,974.80	2,662.77	5,665.96	5,338.24	4,028.80	4,411.45	8,940.24	229.80	4,565.71	4,463.43			
				61401	FICA	0.00	7,946.14		387.54	860.34	797.19	858.86	965.75	2,177.07	41.83	964.59	892.97			
				61402	Retirement - Other	0.00	8,225.53		436.76	947.35	866.45	865.00	954.08	2,081.56	40.41	1,053.03	980.89			
				61403	Group Insurance	0.00	21,430.97		1,705.99	3,577.48	3,401.37	2,015.79	2,174.92	3,980.65	137.92	2,181.29	2,255.56			
				61404	Workers Compensation Insur	0.00	2,541.74		124.52	263.18	256.87	271.42	267.03	657.12	8.80	347.06	315.74			
				61410	State Unemployment Tax	0.00	161.82		7.96	17.61	16.36	17.53	19.67	43.84	0.84	19.74	18.27			
				62100	Other Services	110,733.00	99,135.04	11,597.96	3,255.73	3,588.95	8,903.52	6,667.61	9,952.50	32,633.88	3,000.00	22,546.00	8,586.85			
				62102	Consult & Prof Services	0.00	89,620.78		3,250.00	3,588.95	8,900.00	6,660.80	9,808.46	29,237.50	3,000.00	21,912.55	3,262.50			
				62104	Insurance & Bond	0.00	5,318.13		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	5,318.13			
				62106	Laboratory Testing	0.00	381.40		0.00	0.00	0.00	0.00	134.85	246.55	0.00	0.00	0.00			
				62113	Warrant Writing Services	0.00	49.75		5.73	0.00	3.52	6.81	9.19	14.63	0.00	3.45	6.22			
				62143	Security Protection	0.00	3,765.00		0.00	0.00	0.00	0.00	0.00	3,135.00	0.00	630.00	0.00			
				62200	Supplies & Materials	17,500.00	14,368.15	3,131.85	331.56	1,259.48	1,158.62	894.31	2,544.71	5,769.62	0.00	414.07	1,995.78			
				62210	Minor Tools, Instrum., & Equip	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62216	Gasoline	0.00	9,170.66		0.00	936.95	897.50	722.28	1,585.80	3,649.58	0.00	0.00	1,378.55			
				62225	Books & Reference Materials	0.00	50.00		50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62229	Shop Supplies/Tools/Minor Equip	0.00	52.99		0.00	0.00	0.00	52.99	0.00	0.00	0.00	0.00	0.00			
				62240	Inspection-Field Equip/Supp	0.00	133.89		0.00	0.00	0.00	0.00	0.00	133.89	0.00	0.00	0.00			
				62241	Office Sup/Minor Equip-NonStat	0.00	197.51		43.48	122.53	142.08	0.00	0.00	(110.58)	0.00	0.00	0.00			
				62285	Hay	0.00	3,560.00		0.00	200.00	0.00	0.00	840.00	1,740.00	0.00	280.00	500.00			
				622B1	ITSD Asset Broker	0.00	1,203.10		238.06	0.00	119.04	119.04	118.91	356.73	0.00	134.07	117.23			
				62400	Travel	12,119.00	5,681.75	6,437.25	87.67	52.00	191.14	143.22	1,588.95	1,860.13	0.00	1,746.64	12.00			
				62401	In-State Personal Car Mileage	0.00	86.50		0.00	0.00	0.00	0.00	0.00	86.50	0.00	0.00	0.00			
				62403	In-State Aircraft Rental	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62407	In-State Meals	0.00	422.00		0.00	52.00	0.00	0.00	218.00	69.00	0.00	71.00	12.00			
				62408	In-State Lodging	0.00	3,265.50		87.67	0.00	191.14	143.22	1,306.95	559.88	0.00	976.64	0.00			
				62410	In-State Meals Overnight	0.00	1,637.00		0.00	0.00	0.00	0.00	64.00	874.00	0.00	699.00	0.00			
				62421	Horse Trailer Mileage	0.00	270.75		0.00	0.00	0.00	0.00	0.00	270.75	0.00	0.00	0.00			
				<b>Total Other Expenses</b>	<b>20,384.00</b>	<b>71,589.41</b>	<b>(51,205.41)</b>	<b>317.02</b>	<b>838.23</b>	<b>4,198.62</b>	<b>1,702.37</b>	<b>5,997.02</b>	<b>52,345.48</b>	<b>350.00</b>	<b>5,207.91</b>	<b>632.76</b>				
				62300	Communications	0.00	2,960.98		0.00	248.03	587.48	0.00	532.55	764.00	150.00	336.16	342.76			
				62304	Postage & Mailing	0.00	600.00		0.00	0.00	150.00	0.00	150.00	0.00	150.00	0.00	150.00			
				62319	Cellular Phones	0.00	1,423.72		0.00	151.70	236.63	0.00	158.29	597.75	0.00	173.64	105.71			
				62371	Telephone Equip Crg/Non-D Of A	0.00	740.26		0.00	0.00	100.18	0.00	224.26	166.25	0.00	162.52	87.05			
				62374	Internet Services/Non DoA	0.00	197.00		0.00	96.33	100.67	0.00	0.00	0.00	0.00	0.00	0.00			
				62500	Rent	0.00	59,374.00		290.00	290.00	290.00	290.00	2,174.00	50,983.50	200.00	4,566.50	290.00			
				62512	Storage	0.00	540.00		90.00	90.00	90.00	90.00	90.00	90.00	0.00	0.00	0.00			
				62513	Heavy Equipment	0.00	180.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62517	Leased Equipment	0.00	56,854.00		0.00	0.00	0.00	0.00	1,884.00	50,693.50	0.00	4,276.50	0.00			
				62529	Rent/Non-State Bldgs.	0.00	1,800.00		200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00	200.00			
				62600	Utilities	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62607	Propane	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62700	Repair & Maintenance	0.00	8,653.33		0.00	300.20	3,309.14	1,412.37	3,216.22	353.05	0.00	262.35	0.00			
				62706	Vehicles - Passenger	0.00	8,517.32		0.00	0.00	3,290.29	1,412.37	3,199.26	353.05	0.00	262.35	0.00			
				62709	Radio/Radar	0.00	246.75		0.00	246.75	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62755	Snow Removal	0.00	89.26		0.00	53.45	18.85	0.00	16.96	0.00	0.00	0.00	0.00			
				62800	Other Expenses	12,119.00	401.10		27.02	0.00	12.00	0.00	74.25	244.93	0.00	42.90	0.00			
				62802	Subscriptions	0.00	27.02		27.02	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62817	Meetings/Conference Costs	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00			
				62823	Licenses	0.00	256.93		0.00	0.00	12.00	0.00	0.00	244.93	0.00	0.00	0.00			
				62899	General	0.00	117.15		0.00	0.00	0.00	0.00	74.25	0.00	0.00	42.90	0.00			
				62889	Agency															

**56030 Department of Livestock**  
**ORG Budget Summary by OBPP Prog, Fund, Subclass**

Data Selected for Month/FY: 01 (Jul)/2011 through 03 (Sep)/2011

Business Unit	(All)
Program Year	(All)
FY_BudPer	(All)
Month	(All)
Source of Auth	(All)

Run Date  
10/26/2010

OBPP Program	Fund	Subclass	Org	Acct Lvl 2	Account	Actuals Amt	Adjustments	Balance
<b>04 ANIMAL HEALTH DIVISION</b>						<b>77,768.16</b>	<b>10,494.88</b>	<b>88,263.04</b>
<b>03427 Bison Trap Funds</b>						<b>77,768.16</b>	<b>10,494.88</b>	<b>88,263.04</b>
<b>495H3 BISON FED CA</b>						<b>77,768.16</b>	<b>10,494.88</b>	<b>88,263.04</b>
<b>402 BISON OPERATIONS</b>						<b>77,768.16</b>	<b>10,494.88</b>	<b>88,263.04</b>
<b>61100 Salaries</b>						<b>25,842.13</b>	<b>0.00</b>	<b>25,842.13</b>
61101 Regular						16,990.44	0.00	16,990.44
61102 Overtime						27.34	0.00	27.34
61103 Sick Leave						1,001.03	0.00	1,001.03
61104 Vacation						4,206.87	0.00	4,206.87
61105 Holiday						522.89	0.00	522.89
61158 Compensatory Time Taken						3,093.56	0.00	3,093.56
<b>61400 Employee Benefits</b>						<b>9,258.94</b>	<b>0.00</b>	<b>9,258.94</b>
61401 FICA						1,899.39	0.00	1,899.39
61402 Retirement - Other						2,074.33	0.00	2,074.33
61403 Group Insurance						4,574.77	0.00	4,574.77
61404 Workers Compensation Insur						671.60	0.00	671.60
61410 State Unemployment Tax						38.85	0.00	38.85
<b>62100 Other Services</b>						<b>34,132.85</b>	<b>0.00</b>	<b>34,132.85</b>
62102 Consult & Prof Services						28,175.05	0.00	28,175.05
62104 Insurance & Bonds						5,318.13	0.00	5,318.13
62113 Warrant Writing Services						9.67	0.00	9.67
62143 Security Protection						630.00	0.00	630.00
<b>62200 Supplies &amp; Materials</b>						<b>2,409.85</b>	<b>0.00</b>	<b>2,409.85</b>
62216 Gasoline						1,378.55	0.00	1,378.55
62285 Hay						780.00	0.00	780.00
622B1 ITSD Asset Broker						251.30	0.00	251.30
<b>62300 Communications</b>						<b>888.00</b>	<b>(59.08)</b>	<b>828.92</b>
62304 Postage & Mailing						300.00	0.00	300.00
62319 Cellular Phones						279.35	0.00	279.35
62371 Telephone Equip Crg/Non-D Of A						308.65	(59.08)	249.57
<b>62400 Travel</b>						<b>(125.36)</b>	<b>1,884.00</b>	<b>1,758.64</b>
62403 In-State Aircraft Rental						(1,884.00)	1,884.00	0.00
62407 In-State Meals						83.00	0.00	83.00
62408 In-State Lodging						976.64	0.00	976.64
62410 In-State Meals Overnight						699.00	0.00	699.00
<b>62500 Rent</b>						<b>5,056.50</b>	<b>0.00</b>	<b>5,056.50</b>
62513 Heavy Equipment						180.00	0.00	180.00
62517 Leased Equipment						4,276.50	0.00	4,276.50
62529 Rent/Non-State Bldgs.						600.00	0.00	600.00
<b>62700 Repair &amp; Maintenance</b>						<b>262.35</b>	<b>0.00</b>	<b>262.35</b>
62706 Vehicles - Passenger						262.35	0.00	262.35
<b>62800 Other Expenses</b>						<b>42.90</b>	<b>8,669.96</b>	<b>8,712.86</b>
62899 General						42.90	0.00	42.90
62889 Indirect Cost							8,669.96	8,669.96
<b>Grand Total</b>						<b>77,768.16</b>	<b>10,494.88</b>	<b>88,263.04</b>



GL - Bison  
 July - September 2010

Program Yr	(All)
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Sum of Amount			
Account	Total	Adjustments	Grand Total
61101	16,990.44		16,990.44
61102	27.34		27.34
61103	1,001.03		1,001.03
61104	4,206.87		4,206.87
61105	522.89		522.89
61158	3,093.56		3,093.56
61401	1,899.39		1,899.39
61402	2,074.33		2,074.33
61403	4,574.77		4,574.77
61404	671.60		671.60
61410	38.85		38.85
62102	28,175.05		28,175.05
62104	5,318.13		5,318.13
62113	9.67		9.67
62143	630.00		630.00
62216	1,378.55		1,378.55
62285	780.00		780.00
622B1	251.30		251.30
62304	300.00		300.00
62319	279.35		279.35
62371	249.57		249.57
62403	(1,884.00)	1,884.00	- on Fed reporting manual adjustment was made in May
62407	83.00		83.00
62408	976.64		976.64
62410	699.00		699.00
62513	180.00		180.00
62517	4,276.50		4,276.50
62529	600.00		600.00
62706	262.35		262.35
62899	42.90		42.90
62889	-	8,669.96	8,669.96
	77,709.08	10,553.96	88,263.04 ✓



# DEPARTMENT OF LIVESTOCK

BRIAN SCHWEITZER, GOVERNOR

PO BOX 202001

## STATE OF MONTANA

HELENA, MONTANA 59620-2001

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

July 28, 2010

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

RE: FFY10 Bison Cooperative Agreement #10-9730-0124-CA  
April 1, 2010 - June 30, 2010 - 2<sup>nd</sup> Quarter

Dr Linfield:

We have completed the Second 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 Alisa Odell (406) 444-4917 or email her at aodell2@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 2nd Quarter Activity - FY2010  
(Apr 1st 2010 – Jun 30th, 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.
- Conducted numerous conference calls on bison operations including April 23, April 30<sup>th</sup>, May 14, May 17, may 21st, may 27<sup>th</sup>.
- Attended IBMP multi-partner meeting April 14 and 15th in Bozeman
- Successfully hazed back over 600 bison prior to May 15<sup>th</sup> haze-back day. No documented cases of comingling of bison and cattle in Western or Northern Management area.
- 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.
- MDOL is continuing its responsibilities as the IBMP lead administrative agency by compiling the annual report for 2010 (2009 report available <http://ibmp.info/Library/IBMP%202008-2009%20Annual%20Report.pdf>).
- Bison abundance in the second quarter is illustrated in the tables 1 through 3 below. A detailed summary of operations, breaches of trigger points and other details will be further described in the 2010 Annual Report. The numbers of bison using Zone 2 of the west management area ranged from 11 during the week of March 14 to 660 during the week of May 9, 2010. A maximum of about 712 bison simultaneously occupied Zones 2 and 3 during 2010. Through the end of June, twenty-four hazing operations were conducted to manage bison distribution pursuant to the adaptive management plan signed in December 2008. Twenty-one hazing operations were directly related to bison occupying Zone 3 (n = 9) or breaching other trigger points (n = 12) established in the adaptive management plan (e.g., bison entering non-tolerance areas or exceeding numerical tolerance levels). A helicopter was used for hazing bison during 14 operations.
- The National Park Service has published a document titled: Brucellosis Remote Vaccination Program for Bison in Yellowstone National Park DRAFT Environmental Impact Statement (DEIS). MDOL has been working on compiling comments to this document, as well as working with United States Animal Health Association (USAHA), Western States Livestock Health Association (WSLHA) and The National Assembly of State Animal Health Officials (National Assembly) to submit comments.

2009/2010 Bison movements outside Yellowstone National Park

Date	04/01/10	04/02/10	04/05/10	04/07/10	04/09/10	04/12/10	04/14/10	04/18/10	04/20/10	04/22/10	04/26/10	05/04/10	5/10-5/13	05/17/10	05/21/10	05/24/10	5/25-5/27	6/1-6/03
Yellowstone National Park Zone 1																		
Yellowstone National Park Line																		
Madison River North	49	23				40		118	75	17		41	134					
Madison River South Management Area	38	53			20		28	91	60	158	65	42	144	55		30	150	110
South Fork											24	140	52	21				
Horse Butte	115	128	150	211	200	240	293	116	103	48	167	160	241	35	41		25	30
Horse Butte Subdivisions				9			10	60	35	90		45						
Yellowstone Ranch Preserve					20		53	25	64	50	80	130		120			150	15
South Duck Creek									7	10	50							
North Duck Creek Management Area			1				1	1	3	1	44	56	141	40	2	10	3	4
Total Bison Outside YNP	202	204	151	220	240	280	385	411	347	374	430	614	712	271	43	40	328	159

Figure 1: Bison abundance in the Western management area during the second quarter (March 1 through June 30, 2010)



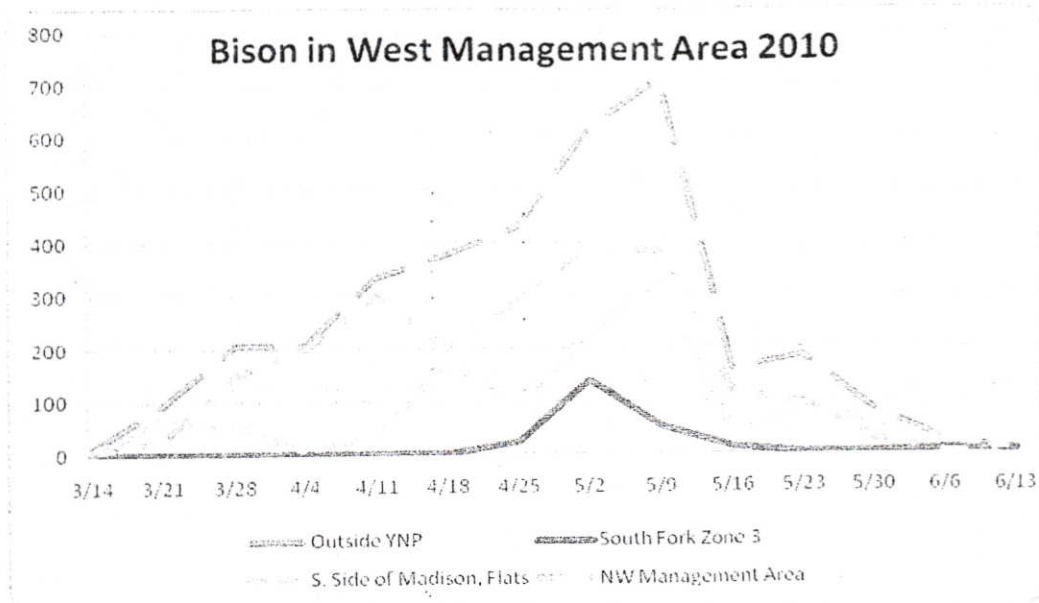


Table 2: Bison abundance in the Western Management Area during the 2010 season

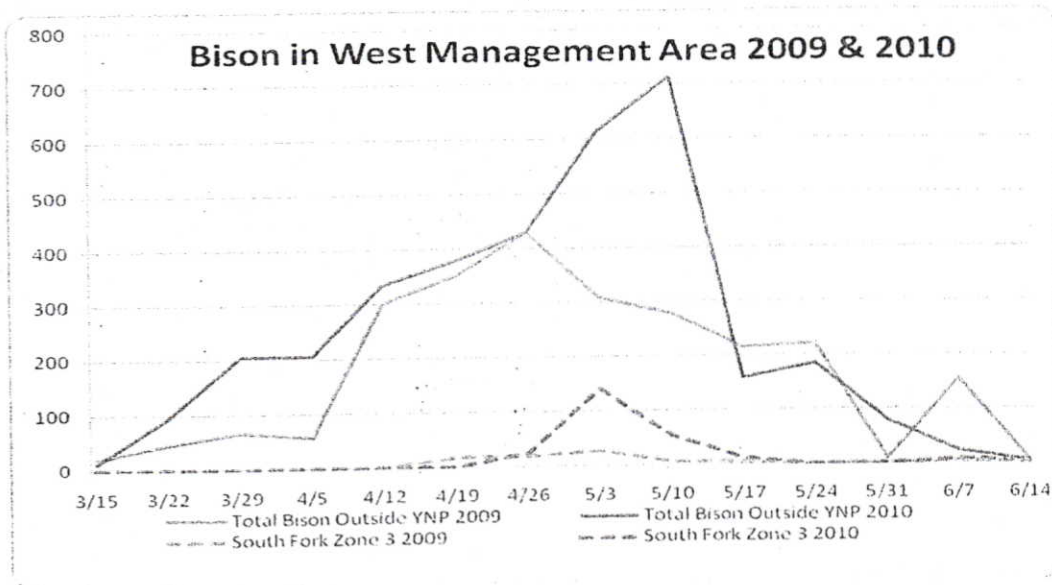


Table 3: A comparison of bison abundance in the Western Management Area in 2009 and 2010

# FEDERAL FINANCIAL REPORT

(Follow form instructions)

1. Federal Agency and Organizational Element to Which Report is Submitted  <h2 style="margin: 0;">USDA APHIS</h2>	2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)  <h2 style="margin: 0;">10-9730-0124-CA</h2>	Page <span style="font-size: 1.5em;">1</span> of <span style="font-size: 1.5em;">1</span> 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	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting
<b>80-9791049</b>	<b>81-302402</b>	<b>052-9730-335</b>	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual

8. Project/Grant Period From: (Month, Day, Year) <b>4/1/2010</b>	To: (Month, Day, Year) <b>6/30/2010</b>	9. Reporting Period End Date (Month, Day, Year) <b>6/30/2010</b>
---	---	---

10. Transactions Cumulative

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

<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>	
a. Cash Receipts	88,953.69
b. Cash Disbursements	287,555.00
c. Cash on Hand (line a minus b)	-198,601.31

*(Use lines d-o for single grant reporting)*

<b>Federal Expenditures and Unobligated Balance:</b>	
d. Total Federal funds authorized	525,000.00
e. Federal share of expenditures	287,555.00
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	287,555.00
h. Unobligated balance of Federal funds (line d minus g)	237,445.00

<b>Recipient Share:</b>	
i. Total recipient share required	
j. Recipient share of expenditures	
k. Remaining recipient share to be provided (line i minus j)	

<b>Program Income:</b>	
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
		FIXED	24.7%	April 1, 2010	June 30, 2010	72,083.78	17,804.69
<b>g. Totals:</b>					72,083.78		

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  <h2 style="margin: 0;">George H Harris, Centralized Services Administrator</h2>	c. Telephone (Area code, number and extension) <b>(406) 444-4994</b>
b. Signature of Authorized Certifying Official 	d. Email address <b>gharris@mt.gov</b>
e. Date Report Submitted (Month, Day, Year) <b>8/4/10</b>	
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 1 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

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

052 9730 335

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

04/01/2010

TO (month, day, year)

06/30/2010

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

Name:

Number and Street:

City, State and ZIP Code:

## 11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES	(a) 03/31/2010	(b) 6/30/2010	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$ 88,953.69	\$ 198,601.31	\$	\$ 287,555.00
b. Less: Cumulative program income				0.00
c. Net program outlays <small>(Line a minus line b)</small>	88,953.69	198,601.31	0.00	287,555.00
d. Estimated net cash outlays for advance period				0.00
e. Total <small>(Sum of lines c &amp; d)</small>	88,953.69	198,601.31	0.00	287,555.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	88,953.69	198,601.31		287,555.00
h. Federal payments previously requested	88,953.69	0.00		88,953.69
i. Federal share now requested <small>(Line g minus line h)</small>	0.00	198,601.31	0.00	198,601.31
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 <small>(Line a minus line b)</small>	0.00

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 7-97)  
Prescribed by OMB Circulars A-102 and A-110

## 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 8/4/10
	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:

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		



**FFY10 Burcellosis Bison Operation Management (Bison)**  
**10-9730-0124-CA**  
**January 1, 2010 - December 31, 2010**

FFY10 FEDERAL  
 BUDGETED  
 MOUNT

	Personnel (61100)	Fringe Benefits (61400)	Contractual (62100)	Supplies (62200)	Travel (62400)	Equipment (63100)	Other (62300, 62500, 62600, 62700, 62800)	Subtotal	Indirect Cost@24.7% (62889)	TOTAL
	208,831.00	83,281.00	110,733.00	17,500.00	12,119.00	0.00	20,384.00	452,848.00	72,152.00	525,000.00
Detail										
January	5,307.77	2,662.77	3,255.73	331.56	87.67	0.00	317.02	11,962.52	0.00	11,962.52
February	11,645.13	5,665.96	3,588.95	1,259.48	52.00	0.00	838.23	23,049.75	0.00	23,049.75
March	10,905.76	5,338.24	8,903.52	1,158.62	191.14	0.00	4,198.62	30,695.90	12,275.13	42,971.03
April	11,686.53	4,028.60	6,667.61	894.31	143.22	0.00	1,702.37	25,122.64	0.00	25,122.64
May	13,118.11	4,411.45	9,952.50	2,544.71	1,588.95	0.00	5,997.02	37,612.74	0.00	37,612.74
June	29,810.44	9,028.65	32,633.88	5,761.29	1,639.85	0.00	52,175.82	131,049.93	15,786.39	146,836.32
July								0.00		0.00
August								0.00		0.00
September								0.00		0.00
October								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:	82,473.74	31,135.67	65,002.19	11,949.97	3,702.83	0.00	65,229.08	259,493.48	28,061.52	287,555.00
FFY10 Expenses paid in 2011								0.00		0.00
January								0.00		0.00
February								0.00		0.00
March	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	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
<b>Total:</b>	<b>82,473.74</b>	<b>31,135.67</b>	<b>65,002.19</b>	<b>11,949.97</b>	<b>3,702.83</b>	<b>0.00</b>	<b>65,229.08</b>	<b>259,493.48</b>	<b>28,061.52</b>	<b>287,555.00</b>

Quarterly  
 Reporting to  
 FED based on  
 GL Detail &  
 ORG Report

88,953.69

198,601.31

287,555.00

0.00

Total Left in Fed Budget:

126,357.26	52,145.33	45,730.81	5,550.03	8,416.17	0.00	193,354.52	44,090.48	237,445.00
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