



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

January 12, 2009

Area Veterinarian in Charge
USDA/APHIS
208 North Montana, Suite 101
Helena, Montana 59601

RE: FFY09 Bison Operation Cooperative Agreement 08-9730-0124-CA
Jul 1, 2008 – Sept 31, 2008 – Final Report and Forms 269 & 279

To whom it may concern:

We have enclosed the final report and the forms SF269 and SF 270 for the Cooperative Agreement # 08-9730-0124-CA for the Bison Operations for the State of Montana.

If you have any questions please contact me at (406) 444-4994.

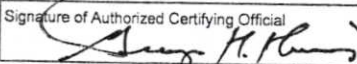
Thank you,

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

CC: Dr Martin Zaluski
Denise Christofferson

FINANCIAL STATUS REPORT
(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted USDA APHIS		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 08-9730-0124		OMB Approval No. 0348-0039	Page of 1 / 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					
4. Employer Identification Number 81-0302402		5. Recipient Account Number or Identifying Number 852 9730 806		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2007		To: (Month, Day, Year) 9/30/2008		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2008	
				To: (Month, Day, Year) 9/30/2008	
10. Transactions:					
		I Previously Reported	I This Period	III Cumulative	
a. Total outlays		520,602.56	79,397.44	600,000.00	
b. Refunds, rebates, etc.				0.00	
c. Program income used in accordance with the deduction alternative				0.00	
d. Net outlays (Line a, less the sum of lines b and c)		520,602.56	79,397.44	600,000.00	
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions				0.00	
f. Other Federal awards authorized to be used to match this award				0.00	
g. Program income used in accordance with the matching or cost sharing alternative				0.00	
h. All other recipient outlays not shown on lines e, f or g				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)		520,602.56	79,397.44	600,000.00	
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total Federal share (sum of lines j and m)				600,000.00	
o. Total Federal funds authorized for this funding period				600,000.00	
p. Unobligated balance of Federal funds (Line o minus line n)				0.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
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 checked="" 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: 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.					
Typed or Printed Name and Title George H Harris, Administrator, Centralized Services Division			Telephone (Area code, number and extension) (406) 444-4994		
Signature of Authorized Certifying Official 			Date Report Submitted January 12, 2009		

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

08-9730-0124-CA

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

4

6. EMPLOYER IDENTIFICATION NUMBER

81-0302402

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

852 9730 806

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) **07/01/2008** TO (month, day, year) **09/30/2008**

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) 06/30/2008	(b) 09/30/2008	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$ 520,602.56	\$ 79,397.44	\$	\$ 600,000.00
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	520,602.56	79,397.44	0.00	600,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	520,602.56	79,397.44	0.00	600,000.00
f. Non-Federal share of amount on line e				0.00
g. Federal share of amount on line e	520,602.56	79,397.44		600,000.00
h. Federal payments previously requested	520,602.56			520,602.56
i. Federal share now requested (Line g minus line h)	0.00	79,397.44	0.00	79,397.44
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 OF AUTHORIZED CERTIFYING OFFICIAL 	DATE REQUEST SUBMITTED January 12, 2009
	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> |
|-------------|--|-------------|---|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. | | |
| 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. | | 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. |
| 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. | 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. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. | 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. |
| 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. | 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. |
| 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. | 13 | Complete the certification before submitting this request. |
| 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 | | |

**56030 Department of Livestock
Revenue/Expenditure Comparison by Org, Account**

Data Selected for Month/FY: 01 (Jul)/2009 through 03 (Sep)/2009

Run Date:
10/15/2008

Business Unit	(All)
Program Year	(All)
Fiscal Year	(All)
Month	(All)
Subclass	(All)
Source of Auth	(All)
OBPP Program	(All)
Acct Lvl 1	(All)
Fund Type	(All)
Acct Lvl 0	(All)
Acct Lvl 2	(All)
Account Type	(All)
Project	(All)
Ledger	(All)

[Refresh](#)

[Return to Menu](#)

Fund	Org	Account	Revenues	Expenditures	Rev less Exp
03427	Bison Trap Funds		520,602.56	73,043.21	447,559.35
	40208	BISON OPERATIONS	520,602.56	14,919.45	505,683.11
		593405 Federal Reimbursement	520,602.56	0.00	520,602.56
		61101 Regular	0.00	10,700.22	(10,700.22)
		61104 Vacation	0.00	618.71	(618.71)
		61105 Holiday	0.00	498.26	(498.26)
		61158 Compensatory Time Taken	0.00	3,019.80	(3,019.80)
		61401 FICA	0.00	1,117.12	(1,117.12)
		61402 Retirement - Other	0.00	1,180.75	(1,180.75)
		61403 Group Insurance	0.00	2,605.21	(2,605.21)
		61404 Workers Compensation Insur	0.00	365.87	(365.87)
		61410 State Unemployment Tax	0.00	51.95	(51.95)
		62102 Consult & Prof Services	0.00	(5,045.00)	5,045.00
		62128 Newspaper Clipping Service	0.00	(1,067.50)	1,067.50
		62208 Laboratory Equip & Supplies	0.00	594.01	(594.01)
		62210 Minor Tools, Instrum., & Equip	0.00	1,155.41	(1,155.41)
		62408 In-State Lodging	0.00	(75.36)	75.36
		62529 Rent/Non-State Bldgs.	0.00	(800.00)	800.00
	40209	09 BISON OPERATIONS	0.00	58,123.76	(58,123.76)
		61101 Regular	0.00	9,156.78	(9,156.78)
		61103 Sick Leave	0.00	863.01	(863.01)
		61104 Vacation	0.00	1,026.00	(1,026.00)
		61158 Compensatory Time Taken	0.00	1,537.74	(1,537.74)
		61401 FICA	0.00	937.89	(937.89)
		61402 Retirement - Other	0.00	1,000.03	(1,000.03)
		61403 Group Insurance	0.00	2,688.20	(2,688.20)
		61404 Workers Compensation Insur	0.00	306.96	(306.96)
		61410 State Unemployment Tax	0.00	44.09	(44.09)
		62102 Consult & Prof Services	0.00	36,529.40	(36,529.40)
		62113 Warrant Writing Services	0.00	7.82	(7.82)
		62165 Temporary Services	0.00	293.02	(293.02)
		62208 Laboratory Equip & Supplies	0.00	628.35	(628.35)
		62216 Gasoline	0.00	985.64	(985.64)
		62285 Hay	0.00	200.00	(200.00)
		62319 Cellular Phones	0.00	204.69	(204.69)
		62407 In-State Meals	0.00	22.00	(22.00)
		62410 In-State Meals Overnight	0.00	35.00	(35.00)
		62513 Heavy Equipment	0.00	90.00	(90.00)
		62529 Rent/Non-State Bldgs.	0.00	600.00	(600.00)
		62706 Vehicles - Passenger	0.00	955.14	(955.14)
		62823 Licenses	0.00	12.00	(12.00)
Grand Total			520,602.56	73,043.21	447,559.35
		Indirect Costs		6,354.23	
Total Expenditures				<u>79,397.44</u>	