

---

# 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

March 30, 2011

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, 2010 – December 31, 2010 Final Report

Dr Linfield:

We have completed the Final reports for the Bison Cooperative Agreement #10-9730-0124-CA. Enclosed, please find 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](mailto:aodell2@mt.gov)

Thank you,

A handwritten signature in cursive script that reads "George H. Harris". The signature is written in black ink and is positioned above the typed name.

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

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

**Report of Final Activity - FY2010  
(Jan 1st 2010 – Dec 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.
- ❖ 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](http://www.ibmp.info) under the Biweekly and Cumulative Annual Risk Management Actions section.

**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)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> USDA, APHIS	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 10-9730-0124-CA	Page <b>1</b>	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

<b>4a. DUNS Number</b> 80-9791049	<b>4b. EIN</b> 81-0302402	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 052-9730-335	<b>6. Report Type</b> <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
--------------------------------------	------------------------------	---	---	--

<b>8. Project/Grant Period</b> From: (Month, Day, Year) January 1, 2010	<b>9. Reporting Period End Date</b> (Month, Day, Year) December 31, 2010
---	--

**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	483,392.84
b. Cash Disbursements	525,000.00
c. Cash on Hand (line a minus b)	-41,607.16

*(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	525,000.00
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)	0.00


<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)	0.00

<b>Program Income:</b>	
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

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	24.70%	01/01/2010	12/31/2010	216,605.80	53,501.63	270,107.43
	Fixed	0.00%					0
<b>g. Totals:</b>					216,605.80	53,501.63	270,107.43

**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)

<b>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>b. Signature of Authorized Certifying Official</b> 	<b>d. Email address</b> gharris@mt.gov
	<b>e. Date Report Submitted (Month, Day, Year)</b> 03/30/2011
<b>14. Agency use only:</b>	

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

**5**

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) **01/01/2010** TO (month, day, year) **12/31/2010**

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) 12/31/2010	(b) 12/31/2010	(c)	TOTAL
a. Total program outlays to date <small>(As of date)</small>	\$ 483,392.84	\$ 41,607.16	\$	\$ 525,000.00
b. Less: Cumulative program income				0.00
c. Net program outlays <small>(Line a minus line b)</small>	483,392.84	41,607.16	0.00	525,000.00
d. Estimated net cash outlays for advance period				0.00
e. Total <small>(Sum of lines c &amp; d)</small>	483,392.84	41,607.16	0.00	525,000.00
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	483,392.84	41,607.16		525,000.00
h. Federal payments previously requested	483,392.84	0.00		483,392.84
i. Federal share now requested <small>(Line g minus line h)</small>	0.00	41,607.16	0.00	41,607.16
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

## 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 March 30, 2011
	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:

<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.		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		



**SUPPLEMENTAL COOPERATOR INFORMATION SHEET**  
Additional information needed to fulfill FFATA equipment/services requirements.

Cooperator Name:  Montana Department of Livestock	Agreement Number:  10-9730-0124-CA Program: Animal Health - Bison Management
---	--

IT Equipment/Services: \$0.00

Equipment/Vehicles Over \$5,000: \$21,897.58

Please answer the following questions:

1. This agreement allocates money for data entry, computer based clerical or database support or other IT support. Yes      or       No
  
2. This agreement allocates money for computer systems or software, including but not limited to PCs, laptops, cell phones, handheld computers, software licenses or development, digital cameras, projector units or fax machines.  
 Budget Object Codes: 2560, 2568, 3150, 3151, 3152, 3156, 3110, 3118, 3123, 3124, 3166, 3116 or 3180. Yes      or       No
  
3. This agreement allocates money for GIS/GPS technology or personnel, or for similar geographical services and/or data. Yes      or       No
  
4. This agreements allocates money for other IT, data entry or communication needs or expenses. Yes      or       No

**FFY10 Burcellosis Bison Operation Management (Bison)**

**10-9730-0124-CA**

**January 1, 2010 - December 31, 2010**

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
	154,984.00	58,225.00	124,558.00	29,245.00	7,882.00	20,000.00	78,678.00	473,572.00	51,428.00	525,000.00

GL Detail MONTH	Personnel	Fringe Benefits	Contractual	Supplies	Travel	Equipment	Other	Subtotal	Indirect Cost	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	600.00	1,059.48	52.00	0.00	1,038.23	20,060.80	0.00	20,060.80
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	1,704.71	1,588.95	0.00	6,837.02	37,612.74	0.00	37,612.74
June	28,969.05	8,940.24	32,633.88	4,029.62	1,860.13	0.00	54,085.48	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	134.07	1,746.64	0.00	5,487.91	47,646.12	4,379.68	52,025.80
September	12,112.78	4,463.43	8,586.85	1,495.78	12.00	0.00	1,132.76	27,803.60	4,094.32	31,897.92
October	17,118.46	6,406.79	8,049.53	1,534.50	0.00	0.00	552.89	33,662.17	5,581.08	39,243.25
November	10,656.19	3,933.56	5,942.78	439.46	18.00	0.00	2,596.90	23,586.89	3,603.66	27,190.55
December	17,988.88	5,384.39	3,006.82	7,083.49	1,520.66	0.00	915.09	35,899.33	5,773.20	41,672.53
Subtotal:	153,238.01	56,030.94	113,145.22	19,865.80	7,220.41	0.00	79,214.29	428,714.47	51,689.42	480,403.89

FFY10 Expenses paid in 2011	Personnel	Fringe Benefits	Contractual	Supplies	Travel	Equipment	Other	Subtotal	Indirect Cost	TOTAL
January	5,331.51	2,005.34	7,814.87	117.23	144.00	11,897.58	2,474.51	29,785.04	1,812.20	31,597.24
February	0.00	0.00	0.00	1,608.60	0.00	0.00	919.65	2,428.05	0.00	2,428.05
March	0.00	0.00	0.00	0.00	0.00	10,000.00	582.50	0.00	0.00	10,582.50
Subtotal:	5,331.51	2,005.34	7,814.87	1,625.73	144.00	21,897.58	3,976.56	32,213.09	1,812.20	44,607.79

<b>Total:</b>	<b>158,569.52</b>	<b>58,036.28</b>	<b>120,960.09</b>	<b>21,491.33</b>	<b>7,364.41</b>	<b>21,897.58</b>	<b>83,190.85</b>	<b>460,927.56</b>	<b>53,501.62</b>	<b>525,011.68</b>
---------------	-------------------	------------------	-------------------	------------------	-----------------	------------------	------------------	-------------------	------------------	-------------------

525,011.68

Total Left in Fed Budget:	(3,585.52)	188.72	3,597.91	7,763.67	517.69	(1,897.58)	(4,512.85)	12,644.44	(2,073.62)	(11.68)
---------------------------	------------	--------	----------	----------	--------	------------	------------	-----------	------------	---------

Quarterly Reporting to FED based on GL Detail & ORG Report

88,953.69

198,601.31

87,731.51

108,106.33

483,392.84

**41,618.84**





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

Data Selected for Month/FY: 07 (Jan)/2010 through 06 (Dec)/2011

Business Unit	(All)
Program Year	(All)
Org	(All)
Subclass	(All)
FY_BudPer	(All)
Month	(All)

Run Date  
3/17/2011

Bison FFY2010 Reconciliation

OBPP Program	Fund	Acct Lvl 2	Account	Actuals Amt	Less 2009 Exp pd in 2010	Add 2010 Exp pd in Jan 2011	Add 2010 Exp pd in Feb 2011	Add 2010 Exp pd in Mar 2011	FFY10 Grand Total
<b>04 ANIMAL HEALTH DIVISION</b>									
<b>03427 Bison Trap Funds</b>									
		<b>61100 Salaries</b>		<b>158,802.04</b>	<b>5,564.03</b>	<b>5,331.51</b>	<b>0.00</b>	<b>0.00</b>	<b>158,569.52</b>
			61101 Regular	126,087.56	3,849.60	3,536.53	0.00	0.00	125,774.49
			61102 Overtime	72.90	0.00	0.00	0.00	0.00	72.90
			61103 Sick Leave	5,524.78	0.00	320.32	0.00	0.00	5,845.10
			61104 Vacation	13,951.01	452.82	840.76	0.00	0.00	14,338.95
			61105 Holiday	5,869.02	1,045.79	610.17	0.00	0.00	5,433.40
			61114 Holidays Worked	240.24	0.00	23.73	0.00	0.00	263.97
			61158 Compensatory Time Taken	7,056.53	215.82	0.00	0.00	0.00	6,840.71
		<b>61400 Employee Benefits</b>		<b>58,638.17</b>	<b>2,607.23</b>	<b>2,005.34</b>	<b>0.00</b>	<b>0.00</b>	<b>58,036.28</b>
			61401 FICA	11,730.23	417.39	387.46	0.00	0.00	11,700.30
			61402 Retirement - Other	12,412.95	455.14	436.76	0.00	0.00	12,394.57
			61403 Group Insurance	30,445.20	1,598.26	1,026.99	0.00	0.00	29,873.93
			61404 Workers Compensation Insur	3,810.92	128.04	146.17	0.00	0.00	3,829.05
			61410 State Unemployment Tax	238.87	8.40	7.96	0.00	0.00	238.43
		<b>62100 Contracted Services</b>		<b>116,459.17</b>	<b>3,313.95</b>	<b>7,814.87</b>	<b>0.00</b>	<b>0.00</b>	<b>120,960.09</b>
			62102 Consult & Prof Services	106,871.35	3,313.95	7,808.96	0.00	0.00	111,366.36
			62104 Insurance & Bonds	5,318.13	0.00	0.00	0.00	0.00	5,318.13
			62106 Laboratory Testing	381.40	0.00	0.00	0.00	0.00	381.40
			62113 Warrant Writing Services	59.35	0.00	5.91	0.00	0.00	65.26
			62114A Workers' Comp Program Fees	63.94	0.00	0.00	0.00	0.00	63.94
			62143 Security Protection	3,765.00	0.00	0.00	0.00	0.00	3,765.00
		<b>62200 Supplies &amp; Materials</b>		<b>32,880.01</b>	<b>9,254.41</b>	<b>117.23</b>	<b>1,508.50</b>	<b>0.00</b>	<b>25,251.33</b>
			62203 Clothing & Personal	656.00	0.00	0.00	0.00	0.00	656.00
			62208 Laboratory Equip & Supplies	1,330.00	0.00	0.00	0.00	0.00	1,330.00
			62210 Minor Tools, Instrum., & Equip	11,109.90	7,829.90	0.00	0.00	0.00	3,280.00
			62216 Gasoline	13,228.26	924.51	0.00	1,508.50	0.00	13,812.25
			62221 Ammunition	75.18	0.00	0.00	0.00	0.00	75.18
			62225 Books & Reference Materials	50.00	0.00	0.00	0.00	0.00	50.00
			62229 Shop Supplies/Tools/Minr Equip	52.99	0.00	0.00	0.00	0.00	52.99
			62240 Inspection-Field Equip/Supp	133.89	0.00	0.00	0.00	0.00	133.89
			62241 Office Sup/Minor Equip-NonStat	224.00	0.00	0.00	0.00	0.00	224.00
			62243 Weed Control	205.00	0.00	0.00	0.00	0.00	205.00
			62285 Hay	4,260.00	500.00	0.00	0.00	0.00	3,760.00
			622B1 ITSD Asset Broker	1,554.79	0.00	117.23	0.00	0.00	1,672.02

<b>62300 Communications</b>	<b>3,971.93</b>	<b>192.35</b>	<b>313.96</b>	<b>74.10</b>	<b>0.00</b>	<b>4,167.64</b>
62304 Postage & Mailing	750.00	0.00	0.00	0.00	0.00	750.00
62319 Cellular Phones	1,986.60	100.13	223.29	0.00	0.00	2,109.76
62322 Teleconferences	56.09	0.00	0.00	0.00	0.00	56.09
62371 Telephone Equip Crg/Non-D Of A	890.02	0.00	90.67	74.10	0.00	1,054.79
62374 Internet Services/Non DofA	289.22	92.22	0.00	0.00	0.00	197.00
<b>62400 Travel</b>	<b>7,307.41</b>	<b>87.00</b>	<b>144.00</b>	<b>0.00</b>	<b>0.00</b>	<b>7,364.41</b>
62401 In-State Personal Car Mileage	86.50	0.00	0.00	0.00	0.00	86.50
62403 In-State Aircraft Rental	0.00	0.00	0.00	0.00	0.00	0.00
62407 In-State Meals	504.00	58.00	78.00	0.00	0.00	524.00
62408 In-State Lodging	4,710.51	0.00	0.00	0.00	0.00	4,710.51
62410 In-State Meals Overnight	1,666.00	29.00	66.00	0.00	0.00	1,703.00
62412 Out-Of-State Commercial Trans	69.65	0.00	0.00	0.00	0.00	69.65
62421 Horse Trailer Mileage	270.75	0.00	0.00	0.00	0.00	270.75
<b>62500 Rent</b>	<b>60,309.00</b>	<b>65.00</b>	<b>155.00</b>	<b>0.00</b>	<b>0.00</b>	<b>60,399.00</b>
62512 Storage	1,440.00	0.00	90.00	0.00	0.00	1,530.00
62513 Heavy Equipment	(450.00)	0.00	0.00	0.00	0.00	(450.00)
62517 Leased Equipment	56,919.00	65.00	65.00	0.00	0.00	56,919.00
62529 Rent/Non-State Bldgs.	2,400.00	0.00	0.00	0.00	0.00	2,400.00
<b>62600 Utilities</b>	<b>34.25</b>	<b>34.25</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>
62607 Propane	34.25	34.25	0.00	0.00	0.00	0.00
<b>62700 Repair &amp; Maintenance</b>	<b>9,795.53</b>	<b>671.02</b>	<b>0.00</b>	<b>845.45</b>	<b>357.50</b>	<b>10,327.46</b>
62703 Repairs					357.50	357.50
62706 Vehicles - Passenger	9,425.76	671.02	0.00	776.85	0.00	9,531.59
62709 Radio/Radar	246.75	0.00	0.00	0.00	0.00	246.75
62755 Snow Removal	123.02	0.00	0.00	68.60	0.00	191.62
<b>62800 Other Expenses</b>	<b>94,060.07</b>	<b>45,837.65</b>	<b>7,778.75</b>	<b>0.00</b>	<b>2,037.20</b>	<b>58,038.37</b>
62802 Subscriptions	27.02	0.00	0.00	0.00	0.00	27.02
62809 Education/Training Costs	94.00	0.00	0.00	0.00	0.00	94.00
62823 Licenses	256.93	0.00	0.00	0.00	0.00	256.93
62887T Horse Allowance			1,100.00	0.00	225.00	1,325.00
62888 Statewide Indirect Costs	1,811.10	0.00	905.55	0.00	0.00	2,716.65
62889 Agency Indirect Cost	91,753.87	45,837.65	5,773.20	0.00	1,812.20	53,501.62
62899 General	117.15	0.00	0.00	0.00	0.00	117.15
<b>63000 Equipment</b>	<b>0.00</b>	<b>0.00</b>	<b>11,897.58</b>	<b>0.00</b>	<b>10,000.00</b>	<b>21,897.58</b>
63103 Equipment			11,897.58		10,000.00	
<b>Grand Total</b>	<b>542,257.58</b>	<b>67,626.89</b>	<b>35,558.24</b>	<b>2,428.05</b>	<b>12,394.70</b>	<b>525,011.68</b>

Indirect cost Calculation

Personal Svcs	216,605.80	216,605.80
X 24.7%	53,501.63	53,501.63

50,380.99  
213.18  
3.19  
50,597.36

---

# 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

January 27, 2011

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

RE: FFY10 Bison Cooperative Agreement #10-9730-0124-CA  
October 1, 2010 – December 31, 2010 4<sup>th</sup> Quarter Report

Dr Linfield:

We have completed the Fourth Quarter reports 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](mailto:aodell2@mt.gov)

Thank you,

A handwritten signature in black ink, appearing to read "George H. Harris".

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



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

**Report of 4th Quarter Activity - FY2010  
(Oct 1st 2010 – Dec 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.
- 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>).
- There were no bison removals in this quarter.
- 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](http://www.ibmp.info) under the Biweekly and Cumulative Annual Risk Management Actions section.
- Hunting (as of January 20, 2011) is as follows.

These numbers are likely low estimates in both hunting districts and may not accurately reflect counts for each specific hunting group, but is what can be determined from reports. Buffalo Field Campaign is reporting a total of 102 bison harvested thus far.

For the State of Montana hunt, the final time period began on Jan. 23 and ends on Feb. 15.

There are bison available in both hunting districts, however not yet in sufficient numbers to activate the cow/calf roster. Tribal treaty hunters from the Confederated Salish & Kootenai Tribes, Nez Perce Tribe, and Confederated Tribes of the Umatilla are hunting. Tribal treaty hunts do not necessarily end on Feb. 15.

2010-2011 Bison Harvest Update—January 28, 2011							
Hunting District	State	Confederated Salish & Kootenai Tribes	Nez Perce Tribe	Shoshone-Bannock Tribes	Confederated Tribes of the Umatilla	Unknown Hunter	Total
HD 385—Gardiner	8	18	6	0	1	2	35
HD 395—West Yellowstone	13	30	2	0	0	0	45
<b>Total</b>	<b>21</b>	<b>48</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>80</b>

#### **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)

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> USDA, APHIS	<b>2. Federal Grant or Other Identifying Number Assigned by Federal Agency</b> (To report multiple grants, use FFR Attachment) 10-9730-0124-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

<b>4a. DUNS Number</b> 80-9791049	<b>4b. EIN</b> 81-0302402	<b>5. Recipient Account Number or Identifying Number</b> (To report multiple grants, use FFR Attachment) 052-9730-335	<b>6. Report Type</b> <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Annual <input type="checkbox"/> Final	<b>7. Basis of Accounting</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
--------------------------------------	------------------------------	---	---	--

<b>8. Project/Grant Period</b> From: (Month, Day, Year) January 1, 2010	To: (Month, Day, Year) December 31, 2010	<b>9. Reporting Period End Date</b> (Month, Day, Year) December 31, 2010
---	---	--

**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	375,286.51
b. Cash Disbursements	483,392.84
c. Cash on Hand (line a minus b)	-108,106.33

*(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	483,392.84
f. Federal share of unliquidated obligations	0.00
g. Total Federal share (sum of lines e and f)	483,392.84
h. Unobligated balance of Federal funds (line d minus g)	41,607.16

**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

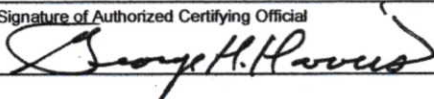
**Program Income:**

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

11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share
	Fixed	24.70%	10/01/2010	12/31/2010	61,488.27	15,187.60	76,675.87
	Fixed	0.00%					0
<b>g. Totals:</b>					61,488.27	15,187.60	76,675.87

**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)

<b>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>b. Signature of Authorized Certifying Official</b> 	<b>d. Email address</b> gharris@mt.gov
	<b>e. Date Report Submitted (Month, Day, Year)</b> 02/03/2011
<b>14. Agency use only:</b>	

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)

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED <b>USDA APHIS</b>		4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY <b>10-9730-0124-CA</b>	2. BASIS OF REQUEST <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL
5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST <b>1</b>	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		

6. EMPLOYER IDENTIFICATION NUMBER <b>81-0302402</b>	7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER <b>052-9730-335</b>	8. PERIOD COVERED BY THIS REQUEST FROM (month, day, year) <b>10/01/2010</b> TO (month, day, year) <b>12/31/2010</b>	
--	--	--	--

9. RECIPIENT ORGANIZATION  <b>Name: Montana Department of Livestock</b>  <b>Number and Street: 301 Roberts, PO Box 202001</b>  <b>City, State and ZIP Code: Helena, MT 59620-2001</b>	10. PAYEE (Where check is to be sent if different than item 9)  <b>Name:</b>  <b>Number and Street:</b>  <b>City, State and ZIP Code:</b>
---	---

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

PROGRAMS/FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
	6/30/2010	9/30/2010	12/31/2010	
a. Total program outlays to date (As of date)	\$ 287,555.00	\$ 87,731.51	\$ 108,106.33	\$ 483,392.84
b. Less: Cumulative program income				0.00
c. Net program outlays (Line a minus line b)	287,555.00	87,731.51	108,106.33	483,392.84
d. Estimated net cash outlays for advance period				0.00
e. Total (Sum of lines c & d)	287,555.00	87,731.51	108,106.33	483,392.84
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	287,555.00	87,731.51	108,106.33	483,392.84
h. Federal payments previously requested	287,555.00	87,731.51		375,286.51
i. Federal share now requested (Line g minus line h)	0.00	0.00	108,106.33	108,106.33
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 8/2/11
	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:

- | <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.  |              |   | 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



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			Fourth Quarter					
								January 2010	February 2010	March 2010	April 2010	May 2010	June 2010	July 2010	Aug 2010	Sept 2010	Oct 2010	Nov 2010	Dec 2010			
04	ANIMAL HEALTH DIVISION				525,000.00	483,392.84	41,607.16	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	39,243.25	27,190.55	41,672.53			
	03427	Bison Trap Funds			525,000.00	483,392.84	41,607.16															
		495H3	BISON FED CA		525,000.00	483,392.84	41,607.16															
			402	BISON OPERATIONS	525,000.00	483,392.84	41,607.16															
				61100	Salaries	208,831.00	153,238.01	55,992.99	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	17,118.46	10,656.19	17,988.88	45,763.53	
				61101	Regular	0.00	122,237.96		4,892.79	9,053.76	7,988.97	10,126.87	11,558.82	25,019.43	563.56	8,599.24	7,827.64	14,155.23	7,870.26	14,581.39		
				61102	Overtime	0.00	72.90		0.00	0.00	0.00	0.00	0.00	45.56	0.00	27.34	0.00	0.00	0.00	0.00		
				61103	Sick Leave	0.00	5,524.78		199.16	647.47	0.00	370.44	1,398.13	739.28	0.00	505.11	495.92	215.82	551.01	401.44		
				61104	Vacation	0.00	13,498.19		215.82	1,421.01	2,017.92	1,079.11	0.00	744.67	0.00	1,889.91	2,316.96	1,404.22	772.03	1,636.54		
				61105	Holiday	0.00	4,823.23		0.00	522.89	522.89	0.00	0.00	620.09	0.00	522.89	0.00	542.91	1,045.78	1,045.78		
				61114	Holiday Worked	0.00	240.24		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	240.24	0.00	0.00		
				61158	Compensatory Time Taken	0.00	6,840.71		0.00	0.00	375.98	110.11	160.16	1,800.02	0.00	1,621.30	1,472.26	800.28	176.87	323.73		
				61400	Employee Benefits	83,261.00	56,030.94	27,250.06	2,662.77	5,665.96	5,338.24	4,028.60	4,411.45	8,940.24	229.80	4,965.71	4,463.43	6,406.79	3,933.56	5,384.39	15,724.74	
				61401	FICA	0.00	11,312.84		387.54	860.34	797.19	858.86	965.75	2,177.07	41.83	964.59	892.97	1,251.75	776.77	1,338.18		
				61402	Retirement - Other	0.00	11,957.81		436.76	947.35	866.45	865.00	954.08	2,081.56	40.41	1,053.03	980.89	1,395.98	877.91	1,458.39		
				61403	Group Insurance	0.00	28,846.94		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	3,276.19	2,049.73	2,090.05		
				61404	Workers Compensation Insur	0.00	3,662.88		124.52	263.18	256.67	271.42	297.03	657.12	8.80	347.06	315.74	457.18	213.17	470.79		
				61410	State Unemployment Tax	0.00	230.47		7.96	17.61	16.36	17.53	16.67	43.84	0.84	19.74	18.27	25.69	15.98	26.98		
				62100	Other Services	110,733.00	116,134.17	(5,401.17)	3,255.73	3,588.95	8,903.52	6,667.81	9,952.50	32,633.88	3,000.00	22,546.00	6,586.85	8,049.53	5,942.78	3,006.82	16,999.13	
				62102	Consult & Prof Services	0.00	106,546.35		3,250.00	3,588.95	8,900.00	6,660.80	8,908.46	29,237.50	3,000.00	21,912.55	3,262.50	7,985.59	5,940.00	3,000.00	16,999.13	
				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	0.00	0.00	0.00		
				62106	Laboratory Testing	0.00	381.40		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		
				62113	Warrant Writing Services	0.00	59.35		5.73	0.00	3.52	6.81	9.19	14.83	0.00	3.45	6.22	0.00	2.78	6.82		
				62114A	Workers' Comp Program Fee	0.00	63.94		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	63.94	0.00	0.00		
				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	0.00	0.00	0.00		
				62200	Supplies & Materials	17,500.00	23,625.60	(6,125.60)	331.56	1,259.46	1,156.62	894.31	2,544.71	5,769.82	0.00	414.07	1,995.78	1,534.80	539.46	7,183.49	9,257.45	
				62203	Clothing & Personal	0.00	656.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1,330.00		
				62208	Laboratory Equip & Supplies	0.00	1,330.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	3,280.00		
				62210	Minor Tools, Instrum., & Equip	0.00	3,280.00		0.00	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	12,303.75		0.00	936.95	897.50	722.28	1,585.80	3,649.58	0.00	0.00	1,378.55	852.01	0.00	2,281.08		
				62221	Ammunition	0.00	75.18		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.18		
				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	0.00	0.00	0.00	0.00	
				62229	Shop Supplies/Tools/Mnr Equip	0.00	52.99		0.00	0.00	0.00	52.99	0.00	0.00	0.00	0.00	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	0.00	0.00	0.00	0.00	
				62241	Office Sup/Minor Equip-NonStat	0.00	224.00		43.48	122.53	142.08	0.00	0.00	(110.58)	0.00	0.00	0.00	26.49	0.00	0.00	0.00	
				62243	Weed Control	0.00	205.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	205.00	0.00	0.00	
				62285	Hay	0.00	3,760.00		0.00	200.00	0.00	0.00	840.00	1,740.00	0.00	280.00	500.00	0.00	100.00	100.00		
				62281	ITSD Asset Broker	0.00	1,554.79		238.06	0.00	119.04	119.04	118.91	356.73	0.00	134.07	117.23	0.00	234.46	117.23		
				62400	Travel	12,119.00	7,220.41	4,898.59	87.67	52.00	191.14	143.22	1,588.95	1,860.13	0.00	1,746.64	12.00	0.00	18.00	1,520.66	1,538.66	
				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	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	0.00	0.00	0.00		
				62407	In-State Meals	0.00	446.00		0.00	52.00	0.00	0.00	218.00	69.00	0.00	71.00	12.00	0.00	18.00	6.00		
				62408	In-State Lodging	0.00	4,710.51		87.67	0.00	191.14	143.22	1,306.95	559.88	0.00	978.84	0.00	0.00	0.00	1,445.01		
				62410	In-State Meals Overnight	0.00	1,637.00		0.00	0.00	0.00	0.00	84.00	874.00	0.00	699.00	0.00	0.00	0.00	0.00		
				62421	Horse Trailer Mileage	0.00	340.40		0.00	0.00	0.00	0.00	0.00	270.75	0.00	0.00	0.00	0.00	0.00	69.65		
				<b>Total Other Expenses</b>	<b>20,384.00</b>	<b>75,454.29</b>	<b>(55,070.29)</b>	<b>317.02</b>	<b>638.23</b>	<b>4,196.82</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>	<b>552.89</b>	<b>2,496.90</b>	<b>815.09</b>			
				62300	Communications	0.00	3,779.56		0.00	248.03	587.48	0.00	532.55	764.00	150.00	336.16	342.76	201.09	395.80	221.71	818.60	
				62304	Postage & Mailing	0.00	750.00		0.00	0.00	150.00	0.00	150.00	0.00	150.00	0.00	150.00	0.00	150.00	0.00		
				62319	Cellular Phones	0.00	1,866.47		0.00	151.70	236.63	0.00	158.29	597.75	0.00	173.64	105.71	133.10	164.03	165.62		
				62322	Teleconferences	0.00	56.09		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	56.09		
				62371	Telephone Equip Crg/Non-D Of A	0.00	890.02		0.00	0.00	100.18	0.00	224.26	166.25	0.00	162.52	87.05	67.99	81.77	0.00		
				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	0.00	0.00	0.00		
				62500	Rent	0.00	60,244.00		290.00	290.00	290.00	290.00	2,174.00	50,983.50	200.00	4,566.50	290.00	290.00	290.00	290.00	8,000.00	
				62512	Storage	0.00	990.00		90.00	90.00	90.00	90.00	90.00	90.00	0.00	0.00	0.00	0.00	90.00	360.00		



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

**Bison FFY10 4th QTR  
Oct - Dec 2010**

Data Selected for Month/FY: 04 (Oct)/2011 through 06 (Dec)/2011

Business Unit	(All)
Program Year	2011
FY_BudPer	(All)
Month	(All)
Source of Auth	(All)

Run Date  
1/21/2011

OBPP Program	Fund	Subclass	Org	Acct Lvl 2	Account	Actuals Amt	Adj.	Balance
<b>04 ANIMAL HEALTH DIVISION</b>						<b>111,003.09</b>	<b>2,896.76</b>	<b>108,106.33</b>
<b>03427 Bison Trap Funds</b>						<b>111,003.09</b>	<b>2,896.76</b>	<b>108,106.33</b>
<b>495H3 BISON FED CA</b>						<b>111,003.09</b>	<b>2,896.76</b>	<b>108,106.33</b>
<b>402 BISON OPERATIONS</b>						<b>111,003.09</b>	<b>2,896.76</b>	<b>108,106.33</b>
<b>61100 Salaries</b>						<b>45,763.53</b>		<b>45,763.53</b>
61101 Regular						36,608.88		
61103 Sick Leave						1,168.27		
61104 Vacation						3,812.79		
61105 Holiday						2,634.47		
61114 Holidays Worked						240.24		
61158 Compensatory Time Taken						1,300.88		
<b>61400 Employee Benefits</b>						<b>15,724.74</b>		<b>15,724.74</b>
61401 FICA						3,366.70		
61402 Retirement - Other						3,732.28		
61403 Group Insurance						7,415.97		
61404 Workers Compensation Insur						1,141.14		
61410 State Unemployment Tax						68.65		
<b>62100 Other Services</b>						<b>16,999.13</b>		<b>16,999.13</b>
62102 Consult & Prof Services						16,925.59		
62113 Warrant Writing Services						9.60		
62114A Workers' Comp Program Fees						63.94		
<b>62200 Supplies &amp; Materials</b>						<b>9,257.45</b>		<b>9,257.45</b>
62203 Clothing & Personal						656.00		
62208 Laboratory Equip & Supplies						1,330.00		
62210 Minor Tools, Instrum., & Equip						3,280.00		
62216 Gasoline						3,133.09		
62221 Ammunition						75.18		
62241 Office Sup/Minor Equip-NonStat						26.49		
62243 Weed Control						205.00		
62285 Hay						200.00		
622B1 ITSD Asset Broker						351.69		
<b>62300 Communications</b>						<b>818.60</b>		<b>818.60</b>
62304 Postage & Mailing						150.00		
62319 Cellular Phones						462.75		
62322 Teleconferences						56.09		
62371 Telephone Equip Crg/Non-D Of A						149.76		
<b>62400 Travel</b>						<b>1,538.66</b>		<b>1,538.66</b>
62407 In-State Meals						24.00		
62408 In-State Lodging						1,445.01		
62412 Out-Of-State Commercial Trans						69.65		
<b>62500 Rent</b>						<b>870.00</b>		<b>870.00</b>
62512 Storage						450.00		
62513 Heavy Equipment						(180.00)		
62529 Rent/Non-State Bldgs.						600.00		
<b>62700 Repair &amp; Maintenance</b>						<b>271.18</b>		<b>271.18</b>
62706 Vehicles - Passenger						237.42		
62755 Snow Removal						33.76		
<b>62800 Other Expenses</b>						<b>19,759.80</b>	<b>2,896.76</b>	<b>16,863.04</b>
62809 Education/Training Costs						94.00		
62888 Statewide Indirect Costs						1,811.10		
62889 Agency Indirect Cost						17,854.70	2,896.76	14,957.94
<b>Grand Total</b>						<b>111,003.09</b>	<b>2,896.76</b>	<b>108,106.33</b>

## GL Bison FFY10 4th QTR

Oct - Dec 2010

Account	Total	Adjustments	Balance
61101	36,606.88		36,606.88
61103	1,168.27		1,168.27
61104	3,812.79		3,812.79
61105	2,634.47		2,634.47
61114	240.24		240.24
61158	1,300.88		1,300.88
61401	3,366.70		3,366.70
61402	3,732.28		3,732.28
61403	7,415.97		7,415.97
61404	1,141.14		1,141.14
61410	68.65		68.65
62102	16,925.59		16,925.59
62113	9.60		9.60
62114A	63.94		63.94
62203	656.00		656.00
62208	1,330.00		1,330.00
62210	3,280.00		3,280.00
62216	3,133.09		3,133.09
62221	75.18		75.18
62241	26.49		26.49
62243	205.00		205.00
62285	200.00		200.00
622B1	351.69		351.69
62304	150.00		150.00
62319	462.75		462.75
62322	56.09		56.09
62371	149.76		149.76
62407	24.00		24.00
62408	1,445.01		1,445.01
62412	69.65		69.65
62512	450.00		450.00
62513	(180.00)		(180.00)
62529	600.00		600.00
62706	237.42		237.42
62755	33.76		33.76
62809	94.00		94.00
62888	1,811.10		1,811.10
62889	17,854.70	2,896.76	14,957.94
<b>Grand Total</b>	<b>111,003.09</b>	<b>2,896.76</b>	<b>108,106.33</b>

108,106.33