

To: Alan Titus[atitus@blm.gov]; William (Allan) Bate[abate@blm.gov]
Cc: Matthew Betenson[mbetenso@blm.gov]
From: Backer, Dana
Sent: 2017-11-01T13:31:30-04:00
Importance: Normal
Subject: Fwd: Agmt # L14AC00067 Reports
Received: 2017-11-01T13:31:45-04:00
[AnnualPerformanceReport GSA GeoCorps BLM UT GSENM-AIM L14AC00067 2017.pdf](#)
[UT GSENM-AIM L14AC00067 SF425 FFR Form Q1 2017.xls](#)
[UT GSENM-AIM L14AC00067 SF425 FFR Form Q2 2017.xls](#)
[UT GSENM-AIM L14AC00067 SF425 FFR Form Q3 2017.xls](#)
[UT GSENM-AIM L14AC00067 SF425 FFR Form Q4 2017.xls](#)
[UT 0151130837.pdf](#)

This came my way via Kevin Miller. I am not the PO on these agreements. Are you? If so, please respond to Rachelle.

----- Forwarded message -----

From: Miller, Kevin <khmiller@blm.gov>
Date: Tue, May 23, 2017 at 7:09 AM
Subject: Re: Missing reports for BLM Agreements L13AC00068, L13AC00120, L14AC00067, L15AC00199
To: rbruse@blm.gov, William Bate <abate@blm.gov>

Rachelle, I am no longer at GSENM. I believe the only one of these agreements for which I was PO is L14AC00067. The PO now may be Allan Bate.

Allan, Would you please confirm whether you are PO? Or let Rachelle know who is. Did you have a GeoCorps intern last year? I guess that even if not, GeoCorps (Matt Dawson) may still need to submit a report. Hope you're doing well.

Thanks, Kevin

--

Kevin H. Miller
Landscape Ecologist/REA Applications
Branch of Assessment and Monitoring (OC 570)
Division of Resource Services

BLM National Operations Center
Denver Federal Center, Bldg. 50
P.O. Box 25047
Denver, CO 80225-0047
303 236 6606 FX 303 236 3508

Rapid Ecoregional Assessments (REAs) are part of BLM's Landscape Approach. REAs examine ecological values, conditions, and trends within ecoregions to improve understanding of existing landscapes and likely effects of climate change and other wide spread changes in the biophysical environment and land uses.

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On Mon, May 22, 2017 at 2:40 PM, Financial Assistance,
BLM UT <blm_ut_financial_assistance@blm.gov> wrote:

Matthew,

In monitoring our BLM Agreements, we noticed we have not received your Financial/Performance Reports for the following Agreements:

We are missing the reports for reporting period 1/1/17 - 3/31/17 (Quarterly Reporting). These reports were due 4/30/17.

L13AC00068 Cleveland Lloyd Dinosaur Quarry.

L13AC00120 GSENM Cultural Resource Youth Project

We are missing the reports for reporting period 10/1/16 - 3/31/17 (Semi Annual Reporting). These reports were due 4/30/17.

L14AC00067 GSENM Aim Pilot Project Involving youth Interns

L15AC00199 BLM UT Cedar City Field Office Cultural Resource, Inventory and Monitoring Project

Please provide these reports as soon as possible and let me know if you have any questions.

Thank You

Rachelle Bruse
BLM Utah State Office
Grants Management Specialist
Office: [801-539-4226](tel:801-539-4226)

Kevin H. Miller
Landscape Ecologist/REA Applications
Branch of Assessment and Monitoring (OC 570)
Division of Resource Services

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----- Forwarded message -----

From: **Geo Corps** <geocorps@geosociety.org>
Date: Tue, Oct 31, 2017 at 10:23 AM
Subject: Agmt # L14AC00067 Reports

To: [BLM UT financial assistance@blm.gov](mailto:BLM_UT_financial_assistance@blm.gov), khmiller@blm.gov

Hi Kevin,

Attached are all of the SF-425 reports for our GeoCorps agreement, # L14AC00067, for 2017.

I also attached a performance report.

I think this will have us all up to date through 12/31/17.

I'm including a copy of our most recent insurance certificate as well, for the files.

Also, we are now accepting project descriptions for the summer of 2018. If you are interested in bringing on another intern, please let us know. We will start recruiting Dec. 1.

Best wishes,

Matt Dawson, GSA

--

Matt Dawson & Allison Kerns

GeoCorps America Program

Geological Society of America

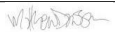
3300 Penrose Pl, Boulder, CO 80301

303 357 1025 & 303 357 1097

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FEDERAL FINANCIAL REPORT

(To follow form instructions)

1 Federal Agency and Organizational Element to Which Report is Submitted BLM Utah (Grand Staircase-Escalante National Monument; AUM)		2 Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants use FFR Attachment) L14AC00067		Page 1	of 1
3 Recipient Organization (Name and complete address including Zip code) Geological Society of America P O Box 9140 Boulder CO 80501					
4a DUNS Number 75757716	4b EIN 13 1659623	5 Recipient Account Number or Identifying Number (To report multiple grants use FFR Attachment) ASAP ID 0682667	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 checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8 Project/Grant Period From: (Month Day Year) 6/6/2014		To: (Month Day Year) 9/30/2019	9 Reporting Period End Date (Month Day Year) 3/31/17 (Q1)		
10 Transactions			Cumulative		
(Use lines a-c for single or multiple grant reporting)					
Federal Cash (To report multiple grants also use FFR Attachment):					
a Cash Receipts					
b Cash Disbursements					
c Cash on Hand (line a minus b)					
(Use lines d-o for single grant reporting)					
Federal Expenditures and Unobligated Balance:					
d Total Federal funds authorized \$14,250.00					
e Federal share of expenditures \$14,250.00					
f Federal share of unfunded obligations \$0.00					
g Total Federal share (sum of lines e and f) \$14,250.00					
h Unobligated balance of Federal funds (line d minus g) \$0.00					
Recipient Share:					
i Total recipient share required \$12,572.60					
j Recipient share of expenditures \$12,572.60					
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 deduction alternative					
o Unexpended program income (line l minus line m or line n)					
11 Indirect Expense					
a Type	b Rate	c Period From	d Period To	e Amount Charged	f Federal Share
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 Matthew Dawson, GeoCorps Program Officer			c Telephone (Area code, number and extension) 303-357-1025		
b Signature of Authorized Certifying Official 			d Email address mdawson@geosociety.org		
			e Date Report Submitted (Month Day Year) 7/7/2017		
14 Agency use only:					

Standard Form 425
OMB Approval Number: 0348-0061
Expiration Date: 10/31/2011

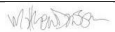
Paperwork Burden Statement
According to the Paperwork Reduction Act as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Put a checkmark next to the collection of information if it is estimated to average 15 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 this 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 (0348-0061), Washington, DC 20503.

FEDERAL FINANCIAL REPORT ATTACHMENT
(For reporting multiple grants)[illegible]

Public reporting burden for this collection of information is estimated to average 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 this 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 _____, Washington, DC 20503.

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8 Project/Grant Period From: (Month Day Year) 6/6/2014		To: (Month Day Year) 9/30/2019	9 Reporting Period End Date (Month Day Year) 6/30/17 (Q2)		
10 Transactions			Cumulative		
(Use lines a-c for single or multiple grant reporting)					
Federal Cash (To report multiple grants also use FFR Attachment):					
a Cash Receipts					
b Cash Disbursements					
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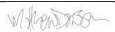
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10 Transactions			Cumulative			
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Federal Cash (To report multiple grants also use FFR Attachment):						
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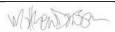
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14 Agency use only:					

Standard Form 425
OMB Approval Number: 0348-0061
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FEDERAL FINANCIAL REPORT ATTACHMENT
(For reporting multiple grants)[illegible]

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CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)
10/13/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER IMA, Inc. - Colorado Division 1705 17th Street Suite 100 Denver, CO 80202	CONTACT NAME: PHONE (A/C No. Ext): E-MAIL ADDRESS: denaccounttechs@imacorp.com FAX (A/C No.): INSURER(S) AFFORDING COVERAGE INSURER A: PHILADELPHIA IND INS CO INSURER B: ZURICH AMER INS CO (Pinnacol Assurance) INSURER C: PINNACOL ASSUR INSURER D: INSURER E: INSURER F:
INSURED The Geological Society of America 3300 Penrose Place Boulder, CO 80301	NAIC # 18058 16535 41190

COVERAGES
CERTIFICATE NUMBER: 51130837
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded: \$1,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1631172	03/31/17	03/31/18	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1631172	03/31/17	03/31/18	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB578086	03/31/17	03/31/18	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC463274807-CA,DC,ME,TX	04/01/17	04/01/18	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
C				4138427-CO ONLY	04/01/17	04/01/18	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RE: Agreement #: L13AC00068 (Price FO), L13AC00115 (Moab FO), L13AC00051 (Arizona Strip FO), L13AC00120 (GSENM), L14AC00067 GSENM (AIM); L15AC00199 Cedar City FO.

CERTIFICATE HOLDER
CANCELLATION

Bureau of Land Management Utah State Office 440 West 200 South, Suite 500 Salt Lake City, UT 84101 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	---

Performance Report

Federal Agency: BLM

Location: UT, Grand Staircase-Escalante National Monument

Agreement Number: L14AC00067

Project Title: GeoCorps America Internship Program

Project/Grant Period Start and End Dates: 6/6/14-9/30/19

Reporting Period Start and End Dates: 1/1/17-12/31/17

Final Report? No

Recipient Organization: Geological Society of America (GSA)

Recipient DUNS: 075757716

Recipient EIN: 131696623

Recipient ASAP.gov "Requestor Reference Number": 0882667

Recipient Principal Investigator/Project Manager: Matthew Dawson, GSA, mdawson@geosociety.org, 303-357-1025

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Signature:



Work Plan / Project Description

There were no projects carried out in 2017.