



COLORADO DEPARTMENT OF HEALTH

Richard D. Lamm
Governor

Frank A. Traylor, M.D.
Executive Director

August 1, 1980

U.S. Nuclear Regulatory Commission
Division of Accounting
Washington, D.C. 20555

RE: NCR-06-80-311

Dear Sir:

Enclosed herewith is an original and two copies of the Financial Status Report and of the Request for Reimbursement for the "Development of State Regulatory Programs in accordance with the Uranium Mill Tailings Radiation Control Act of 1978" covering the period of January 1, 1980 to June 30, 1980.

Sincerely,

Marvin W. Swanson
Controller

MWS:MS:bj

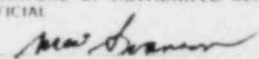
Enclosures
cc: Al Hazie

Approved by:

Al Hazie

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POOR ORIGINAL

FINANCIAL STATUS REPORT <i>(Follow instructions on the back)</i>		1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED U.S. Nuclear Regulatory Agency		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER NCR-06-80-311		OMB Approved No. 80-RO180		PAGE OF 1 1 PAGES	
3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code) Colorado Department of Health 4210 East 11th Avenue Denver, CO 80220		4. EMPLOYER IDENTIFICATION NUMBER		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER 1337		6. FINAL REPORT <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		7. BASIS <input type="checkbox"/> CASH <input checked="" type="checkbox"/> ACCRUAL	
		8. PROJECT/GRANT PERIOD (See instructions) FROM (Month, day, year) 01-01-80		9. PERIOD COVERED BY THIS REPORT TO (Month, day, year) 11-08-81		FROM (Month, day, year) 01-01-80		TO (Month, day, year) 06-30-80	
10. STATUS OF FUNDS									
PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a) (1) Legal	(b) (2) Training	(c) (3) Equip	(d)	(e)	(f)	TOTAL (g)		
Net outlays previously reported	\$ -0-	\$ -0-	\$ -0-	\$	\$	\$	\$ -0-		
Total outlays this report period	12,015.66	4,127.10	465.00				16,607.76		
Less: Program income credits	-0-	-0-	-0-				-0-		
Net outlays this report period (Line b minus line c)	12,015.66	4,127.10	465.00				16,607.76		
Net outlays to date (Line a plus line d)	12,015.66	4,127.10	465.00				16,607.76		
Less: Non Federal share of outlays	-0-	-0-	-0-				-0-		
Total Federal share of outlays (Line e minus line f)	12,015.66	4,127.10	465.00				16,607.76		
Total unliquidated obligations	-0-	740.52	-0-				740.52		
Less: Non Federal share of unliquidated obligations shown on line h	-0-	-0-	-0-				-0-		
Federal share of unliquidated obligations	-0-	740.52	-0-				740.52		
Total Federal share of outlays and unliquidated obligations	12,015.66	4,867.62	465.00				17,348.28		
Total cumulative amount of Federal funds authorized	47,775.00	8,250.00	38,975.00				95,000.00		
Unobligated balance of Federal funds	35,759.34	3,382.38	38,510.00				77,651.72		
11. TYPE OF RATE (Place "X" in appropriate box) <input type="checkbox"/> PROVISIONAL <input type="checkbox"/> PREDETERMINED <input type="checkbox"/> FINAL <input checked="" type="checkbox"/> FIXED				12. 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.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL 		DATE REPORT SUBMITTED August 1, 1980	
13. BUDGET EXPENSE b. RATE 20%		c. BASE 13,452.30 *		d. TOTAL AMOUNT 2,690.46		e. FEDERAL SHARE 2,690.46		TELEPHONE (Area code, number and extension) 303-320-8333 X-3617	
14. REMARKS: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with applicable legislation * excludes \$465.00 equipment expenditure						TYPED OR PRINTED NAME AND TITLE Marvin W. Swanson Controller			

POOR ORIGINAL

REQUEST FOR ADVANCE OR REIMBURSEMENT

Approved by Office of Management and Budget, No. 80-RO183 PAGE 1 OF 1 PAGES

1. TYPE OF PAYMENT REQUESTED

a. 1st time, or both times

b. 2nd time, the applicable law

ADVANCE REIMBURSEMENT

FINAL PARTIAL ACCRUAL

2. BASIS OF REQUEST

CASH

ACCRUAL

(See instructions on back)

3. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED

U.S. Nuclear Regulatory Commission

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

NCR-06-80-311

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

80-1

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

1337

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year) TO (month, day, year)

January 1, 1980 June 30, 1980

9. RECIPIENT ORGANIZATION

Name: Colorado Department of Health

Number and Street: 4210 East 11th Avenue

City, State and ZIP Code: Denver, Colorado 80220

10. PAYEE (If there should be to be more than one payee)

Name:

Number and Street: Same

City, State and ZIP Code:

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROG: M J /FUNCTIONS/ACTIVITIES	(a)	(b)	(c)	TOTAL
a. Total (program outlays to date) (As of date)	\$	\$	\$	\$ 16,607.76
b. Less: Cumulative program income				-0-
c. Net program outlays (Line a minus line b)				16,607.76
d. Estimated net cash outlays for advance period				---
e. Total (Sum of lines c & d)				16,607.76
f. Non-Federal share of amount on line e				-0-
g. Federal share of amount on line e				16,607.76
h. Federal payments previously requested				-0-
i. Federal share now requested (Line g minus line h)				16,607.76
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances	1st month			--
	2nd month			--
	3rd month			--

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)

\$

13. CERTIFICATION

I certify that to the best of my knowledge and belief the data above 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

Marvin W. Swanson

TYPED OR PRINTED NAME AND TITLE

Marvin W. Swanson
Controller

DATE REQUEST SUBMITTED

August 1, 1980

TELEPHONE (AREA CODE, NUMBER, EXTENSION)

(303) 320-8333
X-3617

This space for agency use