

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

B

February 20, 1995

William J. McCoshen, Secretary  
Wisconsin Department of Development  
123 W. Washington Avenue, 9th Floor  
PO Box 7970  
Madison, WI 53707

Community Services Block Grant-  
Discretionary Awards (Job Creation  
Initiative in Development Zones and  
the Milwaukee Enterprise Community),  
State Application Identifier Number  
WI950215-019-N93570XX

Dear Secretary McCoshen:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Discretionary Awards*  
*Community Services Block Grant*

1 Applicant Agency Department of Development (sub-grant from UMOS Inc.)		2 CFDA # <u>93 • 570</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 123 W. Washington Ave Madison, WI 53703 Contact Person William Wheeler 608/267-2045 Phone		5 Federal Agency to Receive Request U.S. Department of Health & Human Services	
8 Agency Project Title Job Creation Initiative in Development Zones and the Milwaukee Enterprise Community		6 Period of Funding Mo/Day/Year <u>10/1/95</u> <u>2/28/97</u>	7 Application Due Date Mo/Day/Year <u>2/21/95</u>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>RO wt</u> <u>EO</u> All	
12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		10 Area of Impact Counties/States <u>Statewide</u>	
13 Number of Years Previously Funded _____			

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$414,338</u> , DOD subcontract would be \$135,765							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>132</u>	<u>other</u>	<u>PRO</u>	<u>\$ 135,765</u>	<u>1.5</u>	<u>project</u>		
<u>101</u>	<u>State (match)</u>	<u>in-kind</u>	<u>\$ 17,704</u>				
	<u>State (match)</u>	<u>Dev. Zone</u>	<u>\$ 1.9 million</u>				
		<u>Jobs Credits</u>	<u>\$</u>				
	<u>local (match)</u>	<u>other</u>	<u>\$ 110,000</u>				
			<u>\$</u>				

15 Indirect Cost Reimbursement  
 Yes Rate 34.9% Base \$88,817 Amount \$30,997  No

16 Authorizations  
 Delegated Review  
Authorized Agency Representative (Type or Print) \_\_\_\_\_  
Signature: [Signature] Date: 2/14/95  
Title if other than Agency Secretary \_\_\_\_\_

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst: Jacky Jugenheiser Phone: 6-7597 SAI Number: WF 950215-019-N  
Recommendation:  Approve  Approve With Conditions  Deny Date Received: 2-15-95  
Signature: [Signature] Date: 16-Feb-95 Date Due: 2/21/95

93570  
XX

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
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Mailing Address:  
Post Office Box 7864  
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February 21, 1995

Alan Tracy, Secretary  
Department of Agriculture,  
Trade & Consumer Protection  
2811 Agriculture Drive  
PO Box 8911  
Madison, WI 53708-8911

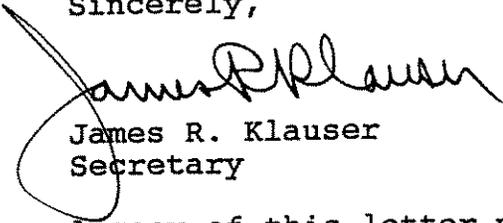
Meat and Poultry Inspection Program  
FY 4, State Application Identifier  
Number WI941223-399-N10475XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

1994

<p>1 Applicant Agency <b>WDATEP</b></p> <p>4 Address (Street/City/State/Zip) <b>801 W. BADGER RD MADISON WI 53713</b></p> <p>Contact Person _____ Phone <b>full</b></p> <p>8 Agency Project Title <b>Meat + Poultry Inspection Program</b></p> <p>11 Type of Application  <input type="checkbox"/> New Grant  <input type="checkbox"/> Amendment to Current Grant  <input type="checkbox"/> Continuation-Unchanged  <input checked="" type="checkbox"/> Continuation-Modified             </p>	<p>2 CFDA # <b>10-475</b></p> <p>3 Agency I.D. (Optional) <b>115</b></p> <p>5 Federal Agency to Receive Request <b>USDA</b></p> <p>6 Period of Funding Mo/Day/Year <b>10-1-93</b></p> <p>7 Application Due Date Mo/Day/Year <b>9-30-94</b></p> <p>9 Executive Order 12372 Review Required  <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  Clearinghouses: Notified Dates  <b>No WI</b>  <b>EO Required</b>                  All             </p> <p>10 Area of Impact Counties/States <b>WISCONSIN</b></p> <p>12 Type of Assistance  <input type="checkbox"/> Grant  <input type="checkbox"/> Formula  <input checked="" type="checkbox"/> Discretionary                  Other _____             </p>																																																																																				
<p>13 Number of Years Previously Funded <b>26</b></p> <p>14 Funding, Allotment and Position Data (including Federal indirect costs)                  Total Federal Funds Applied For <b>\$ 2,754,500.00</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td><b>1215</b></td> <td><b>PR-F</b></td> <td><b>FEDERAL</b></td> <td><b>\$ 2,754,500</b></td> <td></td> <td></td> <td><b>49</b></td> <td><b>FT</b></td> </tr> <tr> <td><b>(142)</b></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	<b>1215</b>	<b>PR-F</b>	<b>FEDERAL</b>	<b>\$ 2,754,500</b>			<b>49</b>	<b>FT</b>	<b>(142)</b>			\$								\$								\$								\$								\$								\$								\$								\$				
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<p>Reviewing Analyst <b>Laura Kaskyner</b> Phone <b>6-7597</b> SAI Number <b>WT941223-399-N</b></p> <p>Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <b>12-23-94</b></p> <p>Signature <b>J. J. [unclear]</b> Date <b>12-23-94</b> Date Due <b>1-6-95</b></p> <p>COMMENTS:</p>																																																																																					
<p><input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet</p>																																																																																					

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STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 21, 1995

Alan Tracy, Secretary  
Department of Agriculture,  
Trade & Consumer Protection  
2811 Agriculture Drive  
PO Box 8911  
Madison, WI 53708-8911

Food Contamination FY 95 (Contract),  
State Application Identifier Number:  
WI941223-397-N00000XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
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Secretary

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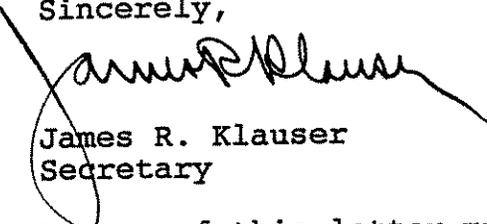
Food Inspections FY94 (Contract),  
State Application Identifier Number  
WI941223-400-N00000XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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Sincerely,

  
James R. Klauser  
Secretary

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**AWARD/CONTRACT**

1. THIS CONTRACT IS A RAISED ORDER UNDER DPAS (15 CFR 350)

1 14

2. CONTRACT (Proc. Inst. Ident.) NO.  
223-93-4073

3. EFFECTIVE DATE  
August 10, 1993

4. REQUISITION/PURCHASE REQUEST/PROJECT NO.  
D16002

5. ISSUED BY  
DHHS/PHS/FDA/DCGM State Contracts and Assistance Agreements Branch, HFA-521  
5600 Fishers Lane, RM. 3-40 Park Building  
Rockville, Maryland 20857

6. ADMINISTERED BY (If other than Item 5)  
Type of Contract: Fixed Price  
Period of Performance:  
August 10, 1993 to August 9, 1994

7. NAME AND ADDRESS OF CONTRACTOR (No., street, city, county, State and ZIP Code)  
Wisconsin Dept. of Agriculture  
Division of Food Safety  
801 West Badger Road  
Madison, Wisconsin 53708

8. DELIVERY  
 FOB ORIGIN  OTHER (See below)

9. DISCOUNT FOR PROMPT PAYMENT  
N/A

10. SUBMIT INVOICES (4 copies unless otherwise specified) TO THE ADDRESS SHOWN IN:  
ITEM  
G-3

11. SHIP TO/MARK FOR  
See Section F

12. PAYMENT WILL BE MADE BY  
DHHS/PHS/FDA Accounting Operations Branch  
5600 Fishers Lane  
Rockville, Maryland 20853

13. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION:  
 10 U.S.C. 2304 (c) ( )  41 U.S.C. 253 (c) ( 1 )

14. ACCOUNTING AND APPROPRIATION DATA

15A. ITEM NO.	15B. SUPPLIES/SERVICES	15C. QUANTITY	15D. UNIT	15E. UNIT PRICE	15F. AMOUNT
	Food Inspection <i>FY 94</i>	354	ea.	\$218.26	\$77,264.04
<i>WI 941223-400-N00000X</i>					
15G. TOTAL AMOUNT OF CONTRACT					\$ 77,264.04

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✓	B	SUPPLIES OR SERVICES AND PRICES/COSTS	2	PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
✓	C	DESCRIPTIONS/SPECS./WORK STATEMENT	3-8	J		LIST OF ATTACHMENTS	
✓	D	PACKAGING AND MARKING	8	PART IV - REPRESENTATIONS AND INSTRUCTIONS			
✓	E	INSPECTION AND ACCEPTANCE	8	K		REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
✓	F	DELIVERIES OR PERFORMANCE	9-10	L		INSTRS., CONDS., AND NOTICES TO OFFERORS	
✓	G	CONTRACT ADMINISTRATION DATA	11 12	M		EVALUATION FACTORS FOR AWARD	
✓	H	SPECIAL CONTRACT REQUIREMENTS	12				

CONTRACTING OFFICER WILL COMPLETE ITEM 17 OR 18 AS APPLICABLE

17.  CONTRACTOR'S NEGOTIATED AGREEMENT (Contractor is required to sign this document and return 3 copies to issuing office.)  
Contractor agrees to furnish and deliver all items or perform all the services set forth or otherwise identified above and on any continuation sheets for the consideration stated herein. The rights and obligations of the parties to this contract shall be subject to and governed by the following documents: (a) this award/contract, (b) the solicitation, if any, and (c) such provisions, representations, certifications, and specifications, as are attached or incorporated by reference herein. (Attachments are listed herein.)

18.  AWARD (Contractor is not required to sign this document.) Your offer on Solicitation Number including the additions or changes made by you which additions or changes are set forth in full above, is hereby accepted as to the items listed above and on any continuation sheets. This award consummates the contract which consists of the following documents: (a) the Government's solicitation and your offer, and (b) this award/contract. No further contractual document is necessary.

19A. NAME AND TITLE OF SIGNER (Type or print)  
Elizabeth Kohl  
Deputy Secretary

20A. NAME OF CONTRACTING OFFICER  
Claudia J. Woodring

19B. NAME OF CONTRACTOR  
BY *Elizabeth Kohl*  
(Signature of person authorized to sign)

19C. DATE SIGNED  
6-29-93

20B. UNITED STATES OF AMERICA  
BY *Claudia J. Woodring*  
(Signature of Contracting Officer)

20C. DATE SIGNED  
JUN 30 1993

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

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Alan Tracy, Secretary  
Department of Agriculture,  
Trade & Consumer Protection  
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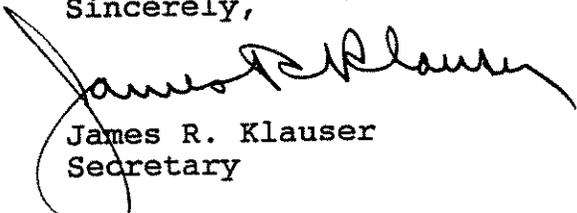
Reimbursements to States for Shell  
Egg Surveillance Inspections FY94,  
State Application Identifier Number  
WI941223-402-N00000XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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Sincerely,

  
James R. Klauser  
Secretary

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FILE



United States  
Department of  
Agriculture

Agricultural  
Marketing  
Service

P.O. Box 96456  
Washington, DC  
20090-6456

Poultry Division

September 28, 1993

1994

OCT - 4 1993

Honorable Alan Tracy, Secretary  
Wisconsin Department of Agriculture  
Trade and Consumer Protection  
P.O. Box 8911, 801 W. Badger Road  
Madison, Wisconsin 53708

WI 94 1223-462-N00000X

Dear Secretary Tracy:

This is to advise you that we have completed our annual review of reimbursements to States performing shell egg surveillance inspection work under the authority of the Egg Products Inspection Act (EPIA). In establishing the reimbursements for fiscal year 1994 (October 1993 through September 1994), we examined the actual cost information your staff submitted for the previous four quarters. We also considered workload changes as indicated by the number of registrants in the State and their geographic location, as well as increases in salary, travel, and other related program costs in States where Federal employees currently perform surveillance inspection work.

Our field supervisors have reviewed with members of your staff the specific information used in developing the new reimbursement for the coming year. The reimbursement for Wisconsin will be \$2,167 per month beginning October 1, 1993. Our regional and Federal-State supervisory staffs can be of assistance regarding any questions you may have pertaining to the new reimbursement.

Many States have inquired about the implementation date of the amendment to the EPIA establishing refrigeration and labeling requirements for shell eggs. At this time, we do not anticipate that the amendment will become effective in fiscal year 1994. If this situation changes, resulting in increased costs to perform surveillance inspection work, we will address the issue as necessary.

We appreciate your continued interest and cooperation in the Shell Egg Surveillance Program.

Sincerely,

*D. Michael Holbrook*

D. Michael Holbrook  
Director

Award  
Already  
Logged  
(2/20/95) → FUY  
\$26,004



The Agricultural Marketing Service  
is an agency of the  
United States Department of Agriculture

77. 17-RV-95 ← Jagenheimer

STATE OF WISCONSIN  
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101 East Wilson Street, Madison, Wisconsin

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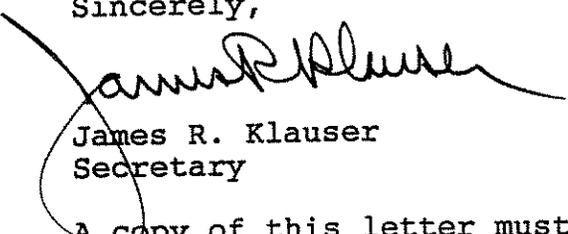
Agricultural Information Collection  
and Dissemination FY 4, State Application  
Identifier Number WI941223-398-N00000XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

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Telephone 608/267-2125

<b>1</b> Applicant Agency Agriculture, Trade & Consumer Protection		<b>2</b> CFDA # <u>00.000</u>		<b>3</b> Agency I.D. (Optional)	
<b>4</b> Address (Street/City/State/Zip) 801 W. Badger Road Madison, WI 53713 Contact Person Lyle H. Pratt Phone 266-7195		<b>5</b> Federal Agency to Receive Request			
<b>8</b> Agency Project Title Agricultural Information Collection and Dissemination <b>FM4</b>		<b>6</b> Period of Funding Mo/Day/Year 10/1/93- 9/30/94		<b>7</b> Application Due Date Mo/Day/Year 10/1/93	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>12</b> Type of Assistance <input checked="" type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No CFDA#</u> _____ _____ _____ All	
<b>13</b> Number of Years Previously Funded		<b>10</b> Area of Impact Counties/States _____ _____ _____ _____			
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$40,000.00</u>					
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)
8310 4M	Federal		\$40,000.00	0	0
			\$		
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<b>15</b> Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No					
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Signature <u>Elizabeth Kohl</u>		Title if other than Agency Secretary Date <u>8-28-93</u>	
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>					
Reviewing Analyst <u>Laura Koskinen</u> Phone <u>6-7597</u>		SAI Number <u>WI941223-398A</u>			
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>12-3-94</u>			
Signature <u>J. J. [unclear]</u>		Date <u>17-Feb-95</u>		Date Due <u>1-6-95</u>	
COMMENTS:					
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet					

06006  
XX

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

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PO Box 8911  
Madison, WI 53708-8911

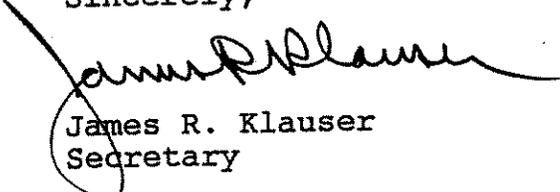
Food Contamination FY94, (Contract),  
State Application Identifier Number  
WI941223-401-N00000XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

# ORDER FOR SUPPLIES OR SERVICES

1

10

**IMPORTANT:** Mark all packages and papers with contract and/or order numbers

1. DATE OF ORDER <b>SEP 21 1993</b>	2. CONTRACT NO. (If any) 223-93-4229	3. ORDER NO.	4. REQUISITION NO. D16094
--	---	--------------	------------------------------

5. ISSUING OFFICE (Address correspondence to) IS/PHS/FDA/DCGM/State Contracts & Assistance Agreements Branch, HFA-521 5600 Fishers Lane, Room 3-40, Park Building Rockville, Maryland 20857	6. SHIP TO: (Consignee and address, ZIP Code)  SAME AS BOX NUMBER 5
--	---

7. TO: CONTRACTOR (Name, address and ZIP Code) Wisconsin Department of Agriculture, Trade and Consumer Protection 801 West Badger Road, P.O. Box 8911 Madison, Wisconsin 53708-8911	8. TYPE OF ORDER <input checked="" type="checkbox"/> A. PURCHASE - Reference your quote dated: Please furnish the following on the terms and conditions specified on the attached sheets, including delivery as indicated.  <input type="checkbox"/> B. DELIVERY - Except for attached billing instructions, this delivery order is subject to instructions contained on this form and is issued subject to the terms and conditions of the above-numbered contract.
--	--

9. ACCOUNTING AND APPROPRIATION DATA 7530600 3-6990914-N-8330 PMS 223141/30 O.C. 25.3A (23)(32) TIN: 39-600-6422	10. REQUISITIONING OFFICE ORA								
11. BUSINESS CLASSIFICATION <table style="width: 100%; border: none;"> <tr> <td style="border: none;">PURPOSE CODE</td> <td style="border: none;">D304</td> <td style="border: none;">PREFERENCE PROGRAM CODE</td> <td style="border: none;">4K</td> <td style="border: none;">TYPE-OF BUSINESS CODE</td> <td style="border: none;">D4</td> <td style="border: none;">WOMAN-OWNED</td> <td style="border: none;">0</td> </tr> </table>		PURPOSE CODE	D304	PREFERENCE PROGRAM CODE	4K	TYPE-OF BUSINESS CODE	D4	WOMAN-OWNED	0
PURPOSE CODE	D304	PREFERENCE PROGRAM CODE	4K	TYPE-OF BUSINESS CODE	D4	WOMAN-OWNED	0		

12. F.O.B. POINT DESTINATION	14. GOVERNMENT B / L NO. NOT APPLICABLE	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) September 29, 1994	16. DISCOUNT TERMS NOT APPLICABLE
13. PLACE OF INSPECTION AND ACCEPTANCE DESTINATION			

**17. SCHEDULE**

ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	Reports of Samples Analyzed - (FOODCONTAM)	12	ea.	\$275.00	\$3,300.00
	TOTAL				\$3,300.00

F44

WI 94 1223-401-N00000XA

Award Already Logged (2/20/95).

18. SHIPPING POINT	19. GROSS SHIP WEIGHT	20. INVOICE NO.	\$3,300.00	17(H). TOTAL Cont. pages
21. MAIL INVOICE TO: (Include ZIP Code) SEE BLOCK NUMBER 5			\$3,300.00	17(I). GRAND TOTAL

22. UNITED STATES OF AMERICA BY (Signature) 	23. NAME (Typed) Claudia J. Woodring TITLE: CONTRACTING / ORDERING OFFICER
---	--

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 21, 1995

Alan Tracy, Secretary  
Department of Agriculture,  
Trade & Consumer Protection  
2811 Agriculture Drive  
PO Box 8911  
Madison, WI 53708-8911

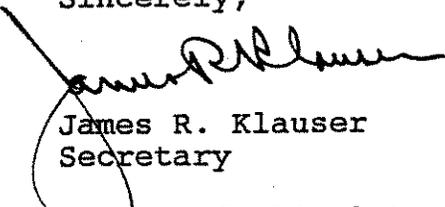
Medicated Feed Inspections  
FY95 (Contract), State  
Application Identifier Number  
WI941223-403-N00000XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

# ORDER FOR SUPPLIES OR SERVICES

**IMPORTANT: Mark all packages and papers with contract and/or order numbers**

1. DATE OF ORDER <p style="text-align: center;">JUN 23 1994</p>	2. CONTRACT NO. (If any) <p style="text-align: center;">223-94-4016</p>	3. ORDER NO. <p style="text-align: center;">N/A</p>	4. REQUISITION NO. <p style="text-align: center;">E099467</p>
--	--	--	--

5. ISSUING OFFICE (Address correspondence to) DHHS/PHS/FDA/OCGM/Div. of State Contracts & Assistance Management, HFA-521 5600 Fishers Lane, RM 3-40, Park Building Rockville, Maryland 20857	8. SHIP TO: (Consignee and address, ZIP Code) <p style="text-align: center;">SAME AS BLOCK #5</p>
---	--

7. TO: CONTRACTOR (Name, address and ZIP Code)  Wisconsin Department of Agriculture Trade and Consumer Protection Attn: Nicholas Neher P. O. Box 8911 801 West Badger Road Madison, WI 53708	8. TYPE OF ORDER <input checked="" type="checkbox"/> A. PURCHASE - Reference your quoted date: 6/9/94 <small>Please furnish the following on the terms and conditions specified on the attached sheets, including delivery as indicated.</small>  <input type="checkbox"/> B. DELIVERY - Except for attached billing instructions, this delivery order is subject to instructions contained on this form and is issued subject to the terms and conditions of the above-numbered contract.
---	--

9. ACCOUNTING AND APPROPRIATION DATA (23)(32) 7540600-4-6990914-N-28288 O.C. 25.3A PMS 223411/30 TIN: 39-600-6422	10. REQUISITIONING OFFICE <p style="text-align: center;">ORA</p>
---	---

11. BUSINESS CLASSIFICATION PURPOSE CODE H999	PREFERENCE PROGRAM CODE 4K	TYPE-OF BUSINESS CODE D4	WOMAN-OWNED 0
--	----------------------------	--------------------------	---------------

12. F.O.B. POINT Destination	14. GOVERNMENT B/L NO. <p style="text-align: center;">N/A</p>	15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) <p style="text-align: center;">June 29, 1995</p>	16. DISCOUNT TERMS <p style="text-align: center;">N/A</p>
---------------------------------	--	--	--

17. SCHEDULE					
ITEM NO. (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT (D)	UNIT PRICE (E)	AMOUNT (F)
	MEDICATED FEED INSPECTIONS (Contract)	16	ea.	\$ 760.61	\$ 12,169.76
	F45				
	WI 94/223-403-N 00000XX				
	Period of Performance:  From: June 30, 1994 to June 29, 1995				
	Award Already Logged (6/20/95)				

18. SHIPPING POINT	19. GROSS SHIP WEIGHT	20. INVOICE NO.	
21. MAIL INVOICE TO: (Include ZIP Code) <p style="text-align: center;">SAME AS BLOCK #5</p>			\$12,169.76

22. UNITED STATES OF AMERICA BY (Signature)	23. NAME (Typed) Claudia J. Schleigh TITLE: CONTRACTING / ORDERING OFFICER
--	--

7-25-95

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 21, 1995

Alan Tracy, Secretary  
Department of Agriculture,  
Trade & Consumer Protection  
2811 Agriculture Drive  
PO Box 8911  
Madison, WI 53708-8911

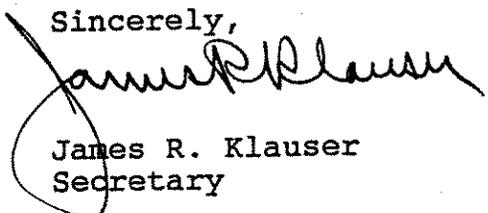
Food Inspections FY 95 (Contract),  
State Application Identifier Number  
WI941223-396-N00000XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,



James R. Klauser  
Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1</b> Applicant Agency <b>DATCP</b>	<b>2</b> CFDA # _____	<b>3</b> Agency I.D. (Optional) <b>115</b>
<b>4</b> Address (Street/City/State/Zip) <b>801 W. Badger Rd. Madison WI 53713</b> Contact Person _____ Phone _____	<b>5</b> Federal Agency to Receive Request <b>U.S. FDA</b>	
<b>8</b> Agency Project Title <b>Food Inspections FY95</b>	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ All	<b>7</b> Application Due Date Mo/Day/Year <b>8-10-94</b> <b>8-9-95</b>
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <b>contract</b> <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input type="checkbox"/> Discretionary <input checked="" type="checkbox"/> Other <b>Contract</b>	<b>10</b> Area of Impact Counties/States <b>Wisconsin</b>

**13** Number of Years Previously Funded \_\_\_\_\_

**14** Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For **92,287.80**

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
1152	Federal	PR-F	\$ 92,287.80			2.5	Permanent
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No

**16** Authorizations  
 Delegated Review  
 Authorized Agency Representative (Type or Print) **Jugenheimer** Signature **Deborah Kohl** Title if other than Agency Secretary \_\_\_\_\_  
 Date **9-16-94**

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst **Laura Koskmen** Phone **6-7597** SAI Number **WI 94/223-396-N**

Recommendation:  Approve  Approve With Conditions  Deny  
 Date Received **12-23-94** Date Due **1-6-95**

Signature **J. J. [unclear]** Date **12-26-95**

COMMENTS:

000  
00  
XX

Comments Continued on Reverse or on a Separate Sheet

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 21, 1995

Alan Tracy, Secretary  
Department of Agriculture,  
Trade & Consumer Protection  
2811 Agriculture Drive  
PO Box 8911  
Madison, WI 53708-8911

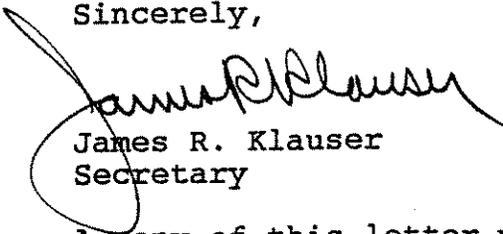
Meat and Poultry Inspection Program  
FY 5, State Application Identifier  
Number WI941223-395-N10475XX

Dear Secretary Tracy:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM**

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1</b> Applicant Agency WDATCP	<b>2</b> CFDA # <u>10-475</u>	<b>3</b> Agency I.D. (Optional) 115
<b>4</b> Address (Street/City/State/Zip) 801 W. BADGER RD MADISON WI 53713 Contact Person _____ Phone <u>FV95</u>	<b>5</b> Federal Agency to Receive Request USDA	
<b>8</b> Agency Project Title Meat + Poultry Inspection Program (Corr Approved)	<b>6</b> Period of Funding Mo/Day/Year 10-1-94 9-30-95	<b>7</b> Application Due Date Mo/Day/Year 9-2-94
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ All <u>EO required</u>
<b>10</b> Area of Impact Counties/States WISCONSIN		
<b>13</b> Number of Years Previously Funded <u>27</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$3,003,550.00</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
<u>1215</u>	<u>PR-F</u>	<u>FEDERAL</u>	<u>\$3,003,550</u>			<u>49</u>	<u>FT</u>
<u>(142)</u>			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>21.94</u> Base <u>\$3,241,500</u> Amount <u>\$711,200</u>				<input type="checkbox"/> No			
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) _____ Signature _____		Title if other than Agency Secretary _____ Date <u>9-16-94</u>			

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst <u>Laura Kistner</u> Phone <u>6-7590</u>	SAI Number <u>WIS941223-395-N</u>	Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny
Signature <u>[Signature]</u>	Date <u>17 Feb -95</u>	Date Received <u>12-23-94</u>
		Date Due <u>1-6-95</u>

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 23, 1995

Richard Lorang, Acting Secretary  
Department of Health and Social Services  
PO Box 7850  
Madison, WI 53707-7850

AIDS Activity (Supplement to HIV  
Prevention Program), State Application  
Identifier Number WI950217-024-N93118XX

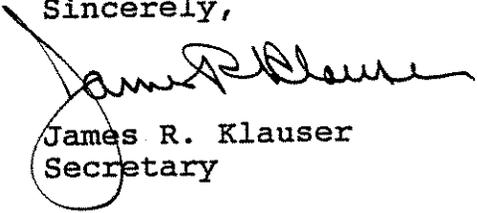
Dear Acting Secretary Lorang:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

  
James R. Klauser  
Secretary



STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 23, 1995

Richard Lorang, Acting Secretary  
Department of Health and Social Services  
PO Box 7850  
Madison, WI 53707-7850

Special Supplemental Food Program for  
Women, Infants and Children (Wisconsin  
WIC Farmers' Market Nutrition Program)  
State Application Identifier Number  
WI941212-383-N10557ZZ

Dear Acting Secretary Lorang:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

A handwritten signature in cursive script, appearing to read "James R. Klauser".

James R. Klauser  
Secretary

H-736-1

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI. 53707-7868  
Telephone 608/267-2125

*for Women, Infants & children*  
*Special Supplemental Food Program*

1 Applicant Agency DHSS/DOH/BPH		2 CFDA # <u>10-557</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip)  P.O. BOX 309, Madison WI 53701 Contact Person Patti Herrick Phone 266-3821		5 Federal Agency to Receive Request USDA/Food and Nutrition Service	
		6 Period of Funding Mo/Day/Year <u>10/1/94</u> <u>9/30/95</u>	7 Application Due Date Mo/Day/Year <u>11/30/94</u>
8 Agency Project Title Wisconsin WIC Farmers' Market Nutrition Program		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WFE O</u> <u>required</u> All	
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded <u>-0-</u>		10 Area of Impact Counties/States Brown Dane Eau Claire Marathon Milwaukee - <u>SE RPC</u>	

14 Funding, Allotment and Position Data (including Federal indirect costs)  
Total Federal Funds Applied For \$467,229

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
148	Federal	PR-F	\$ 467,229	<del>0.10</del>	PHE2-LTB	<del>0</del>	<del>0</del>
			\$	.10	Perm		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 13.2% Base 20,268 Amount 2675  No

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print)  
Richard W. Lorang  
Signature Richard Lorang  
Title if other than Agency Secretary  
Deputy Secretary  
Date 12-1-94

### FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Aue Jablonsky none 7-9546 SAI Number WI 94/12/12-383-

Recommendation:  Approve  Approve With Conditions  Deny Date Received 12-2-94

Signature [Signature] Date 2/23/95 Date Due 12-23-94

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 23, 1995

Richard Lorang, Acting Secretary  
Department of Health and Social Services  
PO Box 7850  
Madison, WI 53707-7850

Centers for Disease Control & Prevention  
(Public Health Conference Support Grant),  
State Application Identifier Number  
WI950112-004-N93283XX

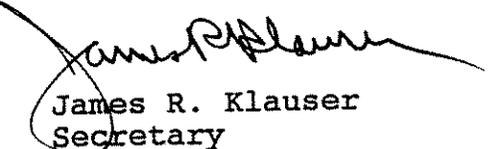
Dear Acting Secretary Lorang:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

  
James R. Klauser  
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

H-738-1

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Investigations + Technical Assistance  
Centers for Disease Control + Prevention*

1 Applicant Agency Department of Health & Social Services		2 CFDA # <u>93.283</u>	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 1 West Wilson Street, P.O. Box 7850 Madison, WI 53707-7850		5 Federal Agency to Receive Request Centers for Disease Control & Prevention	
Contact Person Larry Gilbertson Phone (715) 836-5362		6 Period of Funding Mo/Day/Year <u>2/15/95</u> <u>2/14/96</u>	7 Application Due Date Mo/Day/Year 1/9/95
8 Agency Project Title Public Health Conference Support Grant Program		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>NOTED</u>	10 Area of Impact Counties/States <u>Statewide</u>
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	13 Number of Years Previously Funded <u>-0-</u>	
14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$20,000</u>			

Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
149	Federal	PR-F	\$ 20,000	None			
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No

16 Authorizations  
 Delegated Review

Authorized Agency Representative (Type or Print) Richard W. Lorang	Title if other than Agency Secretary Acting Secretary
Signature <i>Richard W. Lorang</i>	Date 1-8-95

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI950112-004-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 1-12-95  
 Signature Sue Jablonsky Date 2/23/95 Date Due 1-26-95

COMMENTS: *This is a new grant in \$20,000 to provide training to local public health officials on a variety of topics.*

93283  
XX

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 23, 1995

Richard Lorang, Acting Secretary  
Department of Health and Social Services  
PO Box 7850  
Madison, WI 53707-7850

Special Supplemental Food Program for  
Women, Infants and Children (WIC  
Infrastructure Grant), State Application  
Identifier Number WI950120-006-N10557XX

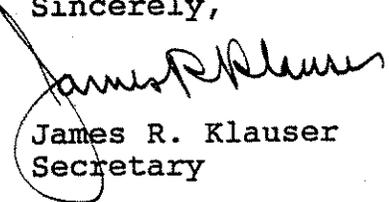
Dear Acting Secretary Lorang:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

Sincerely,

  
James R. Klauser  
Secretary

WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-739-1

Department of Administration  
Form DDA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*for Women Infants & Children  
Special Supplemental Food Program*

1 Applicant Agency DHSS/DOH/BPH		2 CFDA # <u>10-557</u>	3 Agency LD. (Optional)
4 Address (Street/City/State/Zip) PO BOX 309, MADISON, WI 53704		5 Federal Agency to Receive Request USDA - Food and Consumer Services	
Contact Person Patti Herrick Phone 266-3821		6 Period of Funding Mo/Day/Year <u>1/15/95 to 9/30/96</u>	7 Application Due Date Mo/Day/Year 1/3/95
8 Agency Project Title WIC Infrastructure Grant		9 Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No WTEO Required</u> <u>All</u>	10 Area of Impact Counties/States Statewide
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		
13 Number of Years Previously Funded _____			

14 Funding, Allotment and Position Data (including Federal indirect costs)

Total Federal Funds Applied For 257,586

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
148	Federal	PR-F	\$ 257,586	.50	LTE		
			\$	.20	Proj		
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement  
 Yes Rate 13.2% Base 46150 Amount 6092  No

16 Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>Richard Lorang</u>	Title if other than Agency Secretary Acting Secretary
	Signature <i>Richard Lorang</i>	Date <u>1-11-95</u>

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Sue Jablonsky Phone 7-9546 SAI Number WI950120-006-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 1-20-95

Signature Sue Jablonsky Date 2/21/95 Date Due 2-3-95 10557

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

*mailed 3/2*

February 24, 1995

Darrell Bazzell, Administrator  
Office of Planning and Analysis  
Department of Natural Resources  
101 South Webster Street, 5th Floor  
Madison, WI 53702

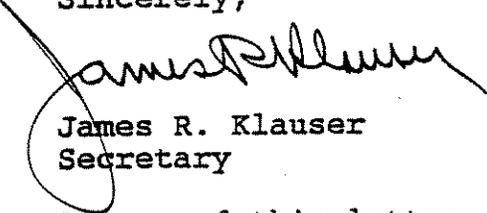
Community Assistance Program-State  
Support Services Element, State  
Application Identifier Number  
WI950209-015-N83105XX

Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Called W.G. 2/21/95 - 4 calls*

<p>1 Applicant Agency <b>Department of Natural Resources</b></p> <p>4 Address (Street/City/State/Zip) <b>Water Regulation &amp; Zoning P.O. Box 7921, Madison WI 53707</b> Contact Person <b>Bob Watson</b> Phone <b>266-8037</b></p> <p>8 Agency Project Title <b>Community Assistance Program - State Support Services Element</b></p> <p>11 Type of Application  <input checked="" type="checkbox"/> New Grant <del>annually</del>  <input type="checkbox"/> Amendment to Current Grant  <input checked="" type="checkbox"/> Continuation-Unchanged  <input type="checkbox"/> Continuation-Modified         </p> <p>13 Number of Years Previously Funded <b>Since F.Y. 80-81</b></p>	2	<p>CFDA # <b>83-105</b></p> <p>5 Federal Agency to Receive Request <b>Federal Emergency Mgt. Agency</b></p> <p>6 Period of Funding Mo/Day/Year <b>10-1-94</b> <b>9-30-95</b></p> <p>9 Executive Order 12372 Review Required  <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No            Clearinghouses: Notified Dates  <b>1/24/95</b>  <b>no need EO</b> </p>	3	<p>Agency I.D. (Optional) <b>504</b></p>	<p>7 Application Due Date Mo/Day/Year <b>Logged</b></p>	<p>10 Area of Impact Counties/States <b>Statewide</b></p>																																																																												
<p>12 Type of Assistance  <input type="checkbox"/> Grant  <input type="checkbox"/> Formula  <input type="checkbox"/> Discretionary  <input checked="" type="checkbox"/> Other <b>Contract</b> </p>																																																																																		
<p>14 Funding, Allotment and Position Data (including Federal indirect costs)</p> <p>Total Federal Funds Applied For <b>\$108,000</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>02-339</td> <td></td> <td>PR-S</td> <td>\$82,582</td> <td></td> <td></td> <td>1.00</td> <td>Perm</td> </tr> <tr> <td>02-846</td> <td></td> <td>PR-F</td> <td>\$25,418</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>02-301</td> <td></td> <td>GPR</td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>							Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	02-339		PR-S	\$82,582			1.00	Perm	02-846		PR-F	\$25,418					02-301		GPR	\$								\$								\$								\$								\$								\$				
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions																																																																												
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<p>15 Indirect Cost Reimbursement  <input checked="" type="checkbox"/> Yes Rate <b>23.28%</b> Base <b>\$109,182</b> Amount <b>\$25,418</b> <input type="checkbox"/> No         </p>																																																																																		
<p>16 Authorizations  <input type="checkbox"/> Delegated Review         </p>			<p>Authorized Agency Representative (Type or Print) <b>Darrell Bazzell</b></p> <p>Title if other than Agency Secretary <b>Dir. Office of Planning/Analysis</b></p> <p>Signature <i>Darrell Bazzell</i></p> <p>Date <b>1/13/95</b></p>																																																																															
<p><b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b></p>																																																																																		
<p>Reviewing Analyst <i>Shelley Moore</i></p>			<p>SAI Number <b>WI 950209-05N 83</b></p>		<p>Date Received <b>2-9-95</b></p>																																																																													
<p>Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny</p>			<p>Phone <b>608-7329</b></p>		<p>Date Due <b>2-23-95</b></p>																																																																													
<p>Signature <i>Shelley Moore</i></p>			<p>Date <b>2/21/95</b></p>																																																																															

**105**  
**X >**

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 27, 1995

John T. Benson  
State Superintendent  
Department of Public Instruction  
PO Box 7841  
Madison, WI 53707-7841

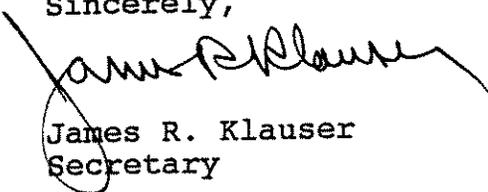
Special Education-Preschool Grant  
(for Children with Disabilities),  
State Application Identifier Number  
WI950216-022-N84173XX

Dear Superintendent Benson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1</b> Applicant Agency WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION		<b>2</b> CFDA # <u>84 • 173</u>	<b>3</b> Agency I.D. (Optional)																																																																																				
<b>4</b> Address (Street/City/State/Zip) 125 SO WEBSTER STREET P O BOX 7841 MADISON WISCONSIN 53707-7841 Contact Person (608)267-9172 BRENT ODELL/JENNY LANGE Phone (608)266-6981		<b>5</b> Federal Agency to Receive Request																																																																																					
<b>8</b> Agency Project Title <u>PRESCHOOL GRANT FOR CHILDREN WITH DISABILITIES</u> <u>Special Education</u>		<b>6</b> Period of Funding Mo/Day/Year <u>7/1/95</u> <u>9/30/98</u>	<b>7</b> Application Due Date Mo/Day/Year MARCH 1, 1995																																																																																				
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates DOA <u>2/95</u> <u>no wt</u> All <u>EO</u> <u>required</u>																																																																																					
<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____		<b>10</b> Area of Impact Counties/States LOCAL SCHOOL DISTRICTS IN WISCONSIN																																																																																					
<b>13</b> Number of Years Previously Funded <u>8 years</u>		<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$9,024,501 (est.)</u>																																																																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Numeric Appropriation</th> <th rowspan="2">Source</th> <th rowspan="2">Revenue Type</th> <th rowspan="2">Amount</th> <th colspan="2">New Positions</th> <th colspan="2">Existing Positions</th> </tr> <tr> <th>No. (FTE)</th> <th>Type</th> <th>No. (FTE)</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>141</td> <td>FEDERAL</td> <td>PR-F</td> <td>\$ 451,221</td> <td></td> <td></td> <td>6.155</td> <td>PERMANENT</td> </tr> <tr> <td>241</td> <td>FEDERAL</td> <td>PR-F</td> <td>\$ 8,573,276</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td>\$</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions		No. (FTE)	Type	No. (FTE)	Type	141	FEDERAL	PR-F	\$ 451,221			6.155	PERMANENT	241	FEDERAL	PR-F	\$ 8,573,276								\$								\$								\$								\$								\$								\$								\$						
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<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>6.3</u> Base <u>451,225</u> Amount <u>28,427</u> <input type="checkbox"/> No																																																																																							
<b>16</b> Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) JOHN T. BENSON Signature <u>John T. Benson</u> Date <u>2/7/95</u>																																																																																					
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>																																																																																							
Reviewing Analyst <u>Rob Crane</u> Phone <u>6-1923</u>		SAI Number <u>WT 95016-022</u>																																																																																					
Recommendation <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>2-16-95</u>																																																																																					
Signature <u>Robert Crane</u> Date <u>2-23-95</u>		Date Due <u>3-1-95</u>																																																																																					
COMMENTS:																																																																																							
<input checked="" type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet																																																																																							

N84  
173  
XX

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

February 27, 1995

Darrell Bazzell, Administrator  
Office of Planning and Analysis  
Department of Natural Resources  
101 S. Webster Street, 5th Floor  
Madison, WI 53702

Wetlands Protection-State Development  
Grants (Improved Wetland Protection in  
WI Through Strengthened Shoreland Zoning  
Standards), State Application Identifier  
Number WI950209-014-N66461XX

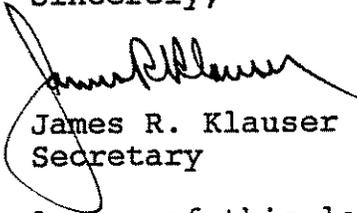
Dear Mr. Bazzell:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

A copy of this letter must be transmitted to the federal granting agency with your application.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Called 2/21/95

Department of Administration  
Form DAA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone (608) 267-2125

*Grants*  
*Wetlands Protection - State Dev.*

1 Applicant Agency Department of Natural Resources		2 CFDA# 66.461		3 Agency I.D. (Optional) DNR Control No. 507											
4 Address (Street/City/State/Zip) 101 S. Webster St. Madison, WI 53707-7921		5 Federal Agency to Receive Request Environmental Protection Agency													
Contact Person Susan Jones Phone (608) 266-8032		6 Period of Funding Mo/Day/Year 07/01/95 06/30/97		7 Application Due Date Mo/Day/Year											
8 Agency Project Title Improved Wetland Protection in WI Through Strengthened Shoreland Zoning Standards		9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		10 Area of Impact Counties/States Statewide											
11 Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other:		Clearinghouses: Notified Dates All Regional Planning Commissions 11/2/95 <i>needs WI</i>											
13 Number of Years previously funded: 0															
14 Funding, Allotment and Position Data (including Federal indirect costs)															
Total Federal Funds Applied For <u>134,325</u>															
Numeric Appropriation		Source		Revenue Type		Amount		New Positions No. (FTE)		Type		Existing Positions No. (FTE)		Type	
02-341-31		Federal				\$115,305		1		Project 05		0			
02-846		Fed-Indirect				\$19,020									
02-301-31		State Match		GPR-in kind		\$33,581		0				3		Permanent	
						\$									
						\$									
						\$									
						\$									
15 Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>23.28%</u> Base <u>\$102,131</u> Amount <u>\$23,776</u> <input type="checkbox"/> No															
16 Authorizations <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Darrel L. Bazzell				Title if other than Agency Secretary Administrator - OPA									
		Signature <i>Darrel Bazzell</i>				Date <u>1/10/95</u>									

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Shelley Moore Phone: 6-1913 SAI Number: WI 950209-014-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received: 2-9-95 66461

Signature: Shelley Moore Date: 2/24/95 Date Due: 2-23-95 XX

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

February 27, 1995

John T. Benson  
State Superintendent  
Department of Public Instruction  
PO Box 7841  
Madison, WI 53707-7841

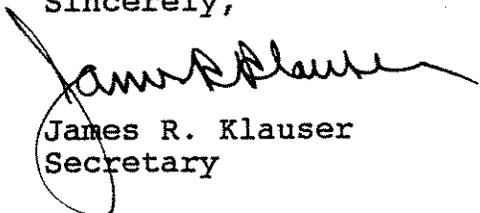
Special Education-State Grants (Individuals  
with Disabilities Education Act: Part B),  
State Application Identifier Number  
WI950216-021-N84027XX

Dear Superintendent Benson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,



James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1 Applicant Agency</b> WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION	<b>2</b> CFDA # <u>84 • 027</u>	<b>3 Agency I.D. (Optional)</b>
<b>4 Address (Street/City/State/Zip)</b> 125 SOUTH WEBSTER STREET, BOX 7841 MADISON WI 53707-7841 Contact Person PAUL T. HALVERSON Phone 608-266-1781	<b>5 Federal Agency to Receive Request</b> U. S. DEPARTMENT OF EDUCATION	
	<b>6 Period of Funding Mo/Day/Year</b> 7-1-95 6-30-98	<b>7 Application Due Date Mo/Day/Year</b> 3-1-95
<b>8 Agency Project Title</b> Individuals with Disabilities Education Act: Part B <i>Special Education - State</i>	<b>9 Executive Order 12372 Review Required</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates _____ <i>NO WI</i> _____ _____ <i>ED</i> _____ _____ All _____	
<b>11 Type of Application</b> <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10 Area of Impact Counties/States</b> STATE _____ _____ _____
<b>13 Number of Years Previously Funded</b> <u>more than five years</u>		

<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>40,277,699</u>							
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
141	Federal	PRF	\$ 2,013,885			23.95	Perm
241	Federal	PRF	\$ 38,263,814				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15 Indirect Cost Reimbursement**  
 Yes Rate 6.3% Base 2,013,885 Amount 126,875  No

**16 Authorizations**

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) <u>John T. Benson</u> Signature <i>John T. Benson</i>	Title if other than Agency Secretary Date <u>2/7/95</u>
---	--	---

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Rob Cramer Phone 6-1923 SAI Number WP950216-021-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 2-16-95  
 Signature Robert Cramer Date 2-23-95 Date Due 3-1-95

COMMENTS:

84027  
XX

Comments Continued on Reverse or on a Separate Sheet

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

*mailed 3/2*

February 27, 1995

Charles H. Thompson  
Secretary  
Department of Transportation  
PO Box 7910  
Madison, WI 53707-7910

Federal Transit Capital and  
Operating Assistance Formula  
Grants, State Application Identifier  
Number WI950213-017-N20507XX

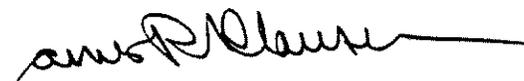
Dear Secretary Thompson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

ASAP 1

<b>1 Applicant Agency</b> Department of Transportation	<b>2</b> CFDA # <u>20.507</u>	<b>3 Agency I.D. (Optional)</b>
<b>4 Address (Street/City/State/Zip)</b> 4802 Sheboygan Avenue, P.O. Box 7914 Madison, WI 53707-7914  <b>Contact Person</b> (608) Richard A. Martin Phone 266-6812	<b>5 Federal Agency to Receive Request</b> Federal Transit Administration	
	<b>6 Period of Funding Mo/Day/Year</b> <u>10/01/95</u> <u>09/30/98</u>	<b>7 Application Due Date Mo/Day/Year</b> 02/08/95
<b>8 Agency Project Title</b> <i>Operating Asst. Formula Grant Federal Transit Capital</i>	<b>9 Executive Order 12372 Review Required</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates None Notified <i>WDS</i> All <i>WT</i> <i>EO</i>	
<b>11 Type of Application</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10 Area of Impact Counties/States</b> Wisconsin <i>etc.</i>
<b>13 Number of Years Previously Funded</b> _____		

14 Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For _____							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
481	Federal		\$6,979,098	None		None	
471	Local		\$1,744,775				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15 Indirect Cost Reimbursement**  
 Yes    Rate \_\_\_\_\_    Base \_\_\_\_\_    Amount \_\_\_\_\_     No

<b>16 Authorizations</b>  <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) John H. Evans Signature <i>John H. Evans</i>	Title if other than Agency Secretary Division Administrator Date <u>2/8/95</u>
--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Doag Percy    Phone 6-6039    SAI Number WT950213-017-N  
 Recommendation:  Approve     Approve With Conditions     Deny    Date Received 2-13-95  
 Signature \_\_\_\_\_    Date \_\_\_\_\_    Date Due 2-27-95

20507  
XX

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

H-740-1

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Hill Care Formula Grants

<b>1</b> Applicant Agency Dept. of Health and Social Services	<b>2</b> CFDA # <u>93.017</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 1 W. Wilson Street PO Box 309, Madison, WI 53703-0309 Contact Person _____ Phone _____	<b>5</b> Federal Agency to Receive Request Bureau of Health Resources Development	
	<b>6</b> Period of Funding Mo/Day/Year <u>4/1/95</u> <u>3/31/96</u>	<b>7</b> Application Due Date Mo/Day/Year 2/1/95
<b>8</b> Agency Project Title Ryan White CARE Act Title II Care Grant	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No Fed EO	
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Wisconsin
<b>13</b> Number of Years Previously Funded <u>4</u>		

X

**14** Funding, Allotment and Position Data (including Federal indirect costs)

Total Federal Funds Applied For \$1,063,060.

Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
150	Federal	PR-F	\$ 912,820.				
149	Federal	PR-F	\$ 150,240.			1.0	Permanent
			\$			1.0	Project
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No Not Allowed

**16** Authorizations

<input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard W. Lorang Signature <i>Richard W. Lorang</i>	Title if other than Agency Secretary Acting Secretary Date 1-18-95
--	---	---

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst: Alex Jablonsky Phone 7-9546 SAI Number WI95020-010-N  
 Recommendation:  Approve  Approve With Conditions  Deny Date Received 2-2-95  
 Signature \_\_\_\_\_ Date \_\_\_\_\_ Date Due 2-16-95

COMMENTS:

Del.

93  
91  
XX

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1</b> Applicant Agency Dept. of Health & Social Services/St. of WI		<b>2</b> CFDA # <u>93 • 674</u>	<b>3</b> Agency I.D. (Optional)				
<b>4</b> Address (Street/City/State/Zip) 1 W. Wilson Street P.O. Box 7851, Madison, WI 53707 Contact Person Linda Hisgen Phone 608-266-6799		<b>5</b> Federal Agency to Receive Request Dept. Health & Human Services					
		<b>6</b> Period of Funding Mo/Day/Year <u>10-1-95</u> <u>9-30-96</u>	<b>7</b> Application Due Date Mo/Day/Year 1-31-95				
<b>8</b> Agency Project Title <u>Youth Independent Living (Initiative)</u>		<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates <u>No JJA</u> <u>EO Required</u> All					
<b>10</b> Area of Impact Counties/States Statewide							
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input checked="" type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____						
<b>13</b> Number of Years Previously Funded _____							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,554,305</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
641/741	Federal match	PR-F	\$ 1,554,305			2.5	Proj.
		state/local	\$ 555,109				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
<b>15</b> Indirect Cost Reimbursement <input checked="" type="checkbox"/> Yes Rate <u>4.6%</u> Base <u>\$102,000</u> Amount <u>\$4,692</u> <input type="checkbox"/> No							
<b>16</b> Authorizations <input checked="" type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Richard W. Lorang		Title if other than Agency Secretary Acting Secretary			
		Signature <i>Richard W. Lorang</i>		Date 2-7-95			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>Bretchen Fossam</u> Phone <u>622-88</u>		SAI Number <u>WI950208-0</u>		13-N			
Recommendation: <input type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Date Received <u>2-8-95</u>		93			
Signature _____ Date _____		Date Due <u>2-22-95</u>		674			
COMMENTS:				Del. XX			
Continuing - unchanged - no review means any changes on Log							
<input type="checkbox"/> Comments Continued on Reverse or on a Separate Sheet							

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Rehabilitation Services -

<b>1 Applicant Agency</b> Department of Health and Social Services	<b>2 CFDA #</b> <u>84 • 177</u>	<b>3 Agency I.D. (Optional)</b> DVR-210-1																																																																						
<b>4 Address (Street/City/State/Zip)</b> 1 West Wilson, PO Box 7852 Madison, WI 53707 Contact Person Michael Nelipovich Phone 608-266-5600	<b>5 Federal Agency to Receive Request</b> U.S. Department of Education																																																																							
<b>8 Agency Project Title</b> Independent Living for Older Blind Individuals	<b>6 Period of Funding Mo/Day/Year</b> 10-1-95 9-30-96	<b>7 Application Due Date Mo/Day/Year</b> 2/17/95																																																																						
<b>11 Type of Application</b> <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12 Type of Assistance</b> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	<b>9 Executive Order 12372 Review Required</b> <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates No WI EO																																																																						
<b>10 Area of Impact Counties/States</b> Statewide																																																																								
<b>13 Number of Years Previously Funded</b> <u>3</u>																																																																								
<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>160,340</u>																																																																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Numeric Appropriation</th> <th style="width: 15%;">Source</th> <th style="width: 15%;">Revenue Type</th> <th style="width: 15%;">Amount</th> <th style="width: 15%;">New Positions No. (FTE)</th> <th style="width: 15%;">Existing Positions No. (FTE)</th> <th style="width: 15%;">Type</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">542</td> <td style="text-align: center;">Federal State</td> <td style="text-align: center;">PR-F In-kind</td> <td style="text-align: right;">\$ 160,340</td> <td></td> <td style="text-align: center;">1.5</td> <td style="text-align: center;">Permanent</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$ 17,815</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: right;">\$</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Existing Positions No. (FTE)	Type	542	Federal State	PR-F In-kind	\$ 160,340		1.5	Permanent				\$ 17,815							\$							\$							\$							\$							\$							\$							\$					
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<b>15 Indirect Cost Reimbursement</b> <input checked="" type="checkbox"/> Yes Rate <u>4.1%</u> Base <u>102,744</u> Amount <u>4,213</u> <input type="checkbox"/> No																																																																								
<b>16 Authorizations</b> <input checked="" type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) Richard Lorang Signature <i>Richard Lorang</i>	Title if other than Agency Secretary Acting Secretary Date 2-15-95																																																																						
FOR DEPARTMENT OF ADMINISTRATION USE ONLY																																																																								
Reviewing Analyst <u>Katcher Fossum</u> Phone <u>6-2-88</u> Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Signature <u>Katcher A. Fossum</u> Date <u>3/1/95</u>		SAI Number <u>WI950224-0601</u> Date Received <u>2-24-95</u> Date Due <u>3-10-95</u> Del.																																																																						
COMMENTS:																																																																								

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

March 6, 1995

Mr. T. Lee Martinson, Administrator  
Division of Housing  
Department of Administration  
101 E. Wilson Street  
PO Box 8944  
Madison, WI 53707-8944

Emergency Shelter Grants Program,  
State Application Identifier  
Number WI950228-045-N14231XX

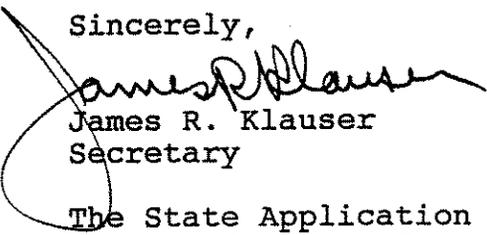
Dear Mr. Martinson:

The Department of Administration has reviewed the above noted grant application. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<p>1 Applicant Agency <b>Department of Administration</b></p> <p>4 Address (Street/City/State/Zip) P.O. Box 8944 Madison Wisconsin 53708-8944 Contact Person <b>Judith M. Wilcox</b> Phone <b>266-9388</b></p> <p>8 Agency Project Title <b>Emergency Shelter Grants Program</b></p> <p>11 Type of Application  <input type="checkbox"/> New Grant  <input type="checkbox"/> Amendment to Current Grant  <input checked="" type="checkbox"/> Continuation-Unchanged  <input type="checkbox"/> Continuation-Modified         </p>	<p>2 CFDA # <b>14 • 231</b></p> <p>3 Agency I.D. (Optional)</p> <p>5 Federal Agency to Receive Request</p> <p>6 Period of Funding Mo/Day/Year <b>4/1/95</b> <b>3/31/97</b></p> <p>7 Application Due Date Mo/Day/Year <b>3/8/95</b></p> <p>9 Executive Order 12372 Review Required  <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            Clearinghouses: Notified <b>All</b> Dates <b>Needs WI EO</b> </p> <p>10 Area of Impact Counties/States <b>Statewide</b></p> <p>12 Type of Assistance  <input type="checkbox"/> Grant  <input checked="" type="checkbox"/> Formula  <input type="checkbox"/> Discretionary  <input type="checkbox"/> Other         </p>																																																																																				
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<input checked="" type="checkbox"/> Delegated Review  	Authorized Agency Representative (Type or Print) <b>George F. Lightbourn</b> Signature 	Title if other than Agency Secretary <b>Deputy Secretary</b> Date <b>3-8-95</b>																																																																																			
<p><b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b></p>																																																																																					
<p>Reviewing Analyst <b>Mike Hertz</b> Phone <b>7-0370</b> SAI Number <b>WI950228-045-N</b></p> <p>Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny Date Received <b>2-28-95</b></p> <p>Signature <b>Michael Heifetz</b> Date <b>2-28-95</b> Date Due <b>3-8-95</b></p>																																																																																					

14231  
XX

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

March 8, 1995

John T. Benson  
State Superintendent  
Department of Public Instruction  
PO Box 7841  
Madison, WI 53707-7841

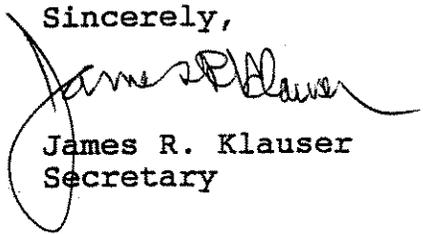
Summer Food Service Program for  
Children, State Application Identifier  
Number WI950224-041-N10559XX

Dear Superintendent Benson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1</b> Applicant Agency Wisconsin Department of Public Instruction	<b>2</b> CFDA # <u>10.559</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 125 S. Webster St., P.O. Box 7841 Madison, WI 53707 Contact Person David C. Dees Phone (608) 267-9123	<b>5</b> Federal Agency to Receive Request United States Dept. of Agriculture	
<b>8</b> Agency Project Title Summer Food Service Program for Children	<b>6</b> Period of Funding Mo/Day/Year 05/01/95 04/30/96	<b>7</b> Application Due Date Mo/Day/Year 02/15/95
<b>11</b> Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified _____ Dates _____ _____ _____ All _____
<b>10</b> Area of Impact Counties/States Wisconsin		

<b>13</b> Number of Years Previously Funded _____						
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)						
Total Federal Funds Applied For <u>\$1,959,159</u>						
Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)
EQ	Federal	PR-F	\$ 69,862			1.1
HU	Federal	PR F	\$1,889,297			Perm.
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			
			\$			

**15** Indirect Cost Reimbursement  
 Yes Rate 6.3% Base \$65,722 Amount \$4,140  No

**16** Authorizations

<input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) John T. Benson	Title if other than Agency Secretary
	Signature <i>John Benson</i>	Date 2/15/95

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Rob Crane Phone 6-1923 SAI Number WI950224-044-

Recommendation:  Approve  Approve With Conditions  Deny Date Received 2-24-95

Signature Robert Crane Date 2-27-95 Date Due 3-10-95

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

044-  
M10  
559  
XX

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

March 8, 1995

Charles H. Thompson  
Secretary  
Department of Transportation  
PO Box 7910  
Madison, WI 53707-7910

Capital Grant Program for Elderly  
Persons and Disabled Persons (Sec.  
16), State Application Identifier  
Number WI950307-046-N20513XX

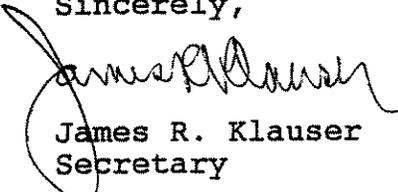
Dear Secretary Thompson:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE FORM

Department of Administration  
Form DOA-7020 (R 5-88)  
(Formerly FDA 50)

Federal-State Relations Office  
101 S. Webster St., 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Rust

<b>1</b> Applicant Agency Wisconsin Department of Transportation	<b>2</b> CFDA # <u>20 • 513</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 4802 Sheboygan Ave., P.O. Box 7914 Madison, WI 53707-7914 Contact Person Beth Trautsch Phone 266-0560	<b>5</b> Federal Agency to Receive Request	
	<b>6</b> Period of Funding Mo/Day/Year <u>7/1/95</u> <u>6/30/96</u>	<b>7</b> Application Due Date Mo/Day/Year <u>3/8/95</u>
<b>8</b> Agency Project Title <u>Section 16 Elderly and Disabled Capital Grant Program</u>	<b>9</b> Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified    Dates <div style="text-align: center; font-family: cursive; font-size: 1.5em;">needs WI EG</div>	
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input checked="" type="checkbox"/> Formula <input type="checkbox"/> Discretionary Other _____	<b>10</b> Area of Impact Counties/States Wisconsin
<b>13</b> Number of Years Previously Funded <u>19</u>		

<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For <u>\$1,150,377</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
20.395(03)(ex)	fed	SEG	\$1,150,377			1.0	Perm
20.395(02)(ex)	state	SEG	\$ 26,145				
20.395(03)(ev)	local		\$ 261,450				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

**15** Indirect Cost Reimbursement  
 Yes    Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_     No

<b>16</b> Authorizations  <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) John H. Evans Signature <i>John Evans</i>	Title if other than Agency Secretary Div. Administrator Date <u>3/1/95</u>
---	--	--

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst <u>Doug Percy</u>	Phone <u>6-6039</u>	SAI Number <u>WI 950307-046</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny	Date <u>3/7/95</u>	Date Received <u>3-7-95</u>	Date Due <u>3-8-95</u>
Signature <u>Doug Percy</u>	Date <u>3/7/95</u>		

COMMENTS:

Comments Continued on Reverse or on a Separate Sheet

N20  
513  
XX



TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

March 14, 1995

Mr. Nathaniel E. Robinson  
Administrator  
Division of Energy and  
Intergovernmental Relations  
Department of Administration  
PO Box 7868  
Madison, WI 53707-7868

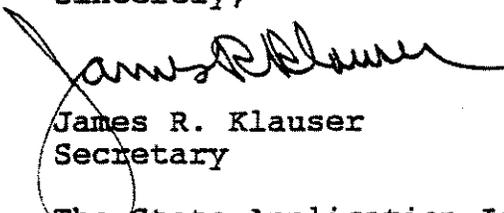
Conservation Research and Development  
(Update State & Local Government Building  
Energy Codes-Progressive), State Application  
Identifier Number WI950314-055-N81086XX

Dear Mr. Robinson:

The Department of Administration has reviewed the above noted grant application. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

  
James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

**WISCONSIN FEDERAL GRANT APPLICATION NOTICE**

Department of Administration  
DOA-7020(R12/92)

*Revised*  
Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

*Conservation Research & Development*

<b>1</b> Applicant Agency Department of Administration - Energy	<b>2</b> CFDA # <u>8-1-0-8-6</u>	<b>3</b> Agency I.D. (Optional)
<b>4</b> Address (Street/City/State/Zip) 101 East Wilson Street, 6th Floor P.O. Box 7868, Madison, WI 53707-7868 Contact Person Norman Bair Phone (608)266-5827	<b>5</b> Federal Agency to Receive Request U. S. Department of Energy	<b>7</b> Application Due Date Mo/Day/Year <u>3/21/95</u>
<b>8</b> Agency Project Title Update State and Local Government Building Energy Codes - Progressive	<b>9</b> Executive Order 12372 Review Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates All	<b>10</b> Area of Impact Counties/States Wisconsin
<b>11</b> Type of Application <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified	<b>12</b> Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____	

<b>13</b> Number of Years Previously Funded _____							
<b>14</b> Funding, Allotment and Position Data (including Federal indirect costs)							
Total Federal Funds Applied For <u>\$542,306</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	New Positions Type	Existing Positions No. (FTE)	Existing Positions Type
142	Federal	PR-F	\$ 542,306				
101	State (DILHR)	GPR	\$ 126,452				
143	Other	PR-Oil OvCg	\$ 100,345			0.43	Perm
	Other-Match		\$ 89,710				
			\$ 190,055				
			\$ _____				
			\$ _____				
			\$ _____				
			\$ _____				

**15** Indirect Cost Reimbursement  
 Yes Rate \_\_\_\_\_ Base \_\_\_\_\_ Amount \_\_\_\_\_  No

<b>16</b> Authorizations	Authorized Agency Representative (Type or Print) Nathaniel E. Robinson	Title if other than Agency Secretary Administrator
<input type="checkbox"/> Delegated Review	Signature <i>Nathaniel E. Robinson</i>	Date <u>03/15/95</u>

**FOR DEPARTMENT OF ADMINISTRATION USE ONLY**

Reviewing Analyst Mike Heifetz Phone 7-0370 SAI Number WI950314-055-N81086XX

Recommendation:  Approve  Approve With Conditions  Deny Date Received 3/14/95

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
101 East Wilson Street, Madison, Wisconsin



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY

March 15, 1995

Dean Amhaus, Executive Director  
Wisconsin Arts Board  
101 E. Wilson Street, 1st Floor  
Madison, WI 53702

Promotion of the Arts-State  
and Regional Program (Arts in  
Underserved Communities), State  
Application Identifier Number  
WI950103-001-N45007ZZ

Dear Mr. Amhaus:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

A handwritten signature in cursive script, appearing to read "James R. Klauser".

James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DA-7020(R12/92)

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

Program  
Promotion of the Arts - State & Regional

1 Applicant Agency WI ARTS Bd	2 CFDA # 45.001	3 Agency I.D. (Optional)
4 Address (Street/City/State/Zip) 101 E. Wilson St. First FLR Madison, WI Contact Person Rick March Phone 6-0190	5 Federal Agency to Receive Request Nat'l Endowment for the Arts	7 Application Due Date Mo/Day/Year 1/23/95
	6 Period of Funding, Mo/Day/Year 7/1/95 6/30/97	

8 Agency Project Title ARTS IN UNDER-SERVED COMMUNITIES	9 Executive Order 12372 Review Required <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No Clearinghouses: Notified Dates needs WI EO	10 Area of Impact Counties/States N.E. WIS MILW NW RPC NC RPC Bay Lake
11 Type of Application <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input type="checkbox"/> Continuation-Unchanged <input checked="" type="checkbox"/> Continuation-Modified	12 Type of Assistance Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other	
13 Number of Years Previously Funded 2		

14 Funding, Allotment and Position Data (including Federal indirect costs) Total Federal Funds Applied For 240,000							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions		Existing Positions	
				No. (FTE)	Type	No. (FTE)	Type
DG-DF	State	GPR	\$ 80,000				
EQ-ES	Federal	FPR	\$ 240,000				
	Local	Other	\$ 280,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				

15 Indirect Cost Reimbursement <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input checked="" type="checkbox"/> No		
16 Authorizations <input type="checkbox"/> Delegated Review	Authorized Agency Representative (Type or Print) DEAN AMHAYS Signature Date 12/27/94	Title if other than Agency Secretary

FOR DEPARTMENT OF ADMINISTRATION USE ONLY

Reviewing Analyst Brian Farnke Phone 4-8259 SAI Number WF950103-001-N

Recommendation:  Approve  Approve With Conditions  Deny Date Received 1-3-95 45007

Signature Brian Farnke Date 1/3/95 Date Due 1-17-95 22

COMMENTS:  
THE STATE'S COMMITMENT EXISTS IN THE STATE AND FOR THE ARTS APPROPRIATION

Comments Continued on Reverse or on a Separate Sheet

STATE OF WISCONSIN  
DEPARTMENT OF ADMINISTRATION  
191 East Wilson Street, Madison, Wisconsin

TOMMY G. THOMPSON  
GOVERNOR

JAMES R. KLAUSER  
SECRETARY



Mailing Address:  
Post Office Box 7864  
Madison, WI 53707-7864

March 15, 1995

Dean Amhaus, Executive Director  
Wisconsin Arts Board  
101 E. Wilson Street, 1st Floor  
Madison, WI 53702

Promotion of the Arts-Local  
Arts Agencies Program (WI  
Idea Revisited), State Application  
Identifier Number WI941222-392-N45023XX

Dear Mr. Amhaus:

The Department of Administration has reviewed the above noted application for federal funding assistance. At the direction of the Governor of the State of Wisconsin, and pursuant to Wisconsin Statute 16.54, the Department is approving the application for submission to the federal funding authority. The application is in compliance with applicable state laws and is consistent with related state plans, programs and policies.

This letter constitutes compliance with the requirements for State Clearinghouse review under Presidential Executive Order 12372. Regional clearinghouses which have comments will send review letters directly to you.

The Department encourages favorable federal action on this grant application which will serve the needs of Wisconsin's citizens.

Sincerely,

A handwritten signature in cursive script, appearing to read "James R. Klauser".

James R. Klauser  
Secretary

The State Application Identifier Number for this project should be submitted to the Federal funding agency with your application.

# WISCONSIN FEDERAL GRANT APPLICATION NOTICE

Department of Administration  
DOA-7020(R12/92)

*Attn: Martha Kerner*

Federal-State Relations Office  
101 E. Wilson Street, 6th Floor  
P.O. Box 7868  
Madison, WI 53707-7868  
Telephone 608/267-2125

<b>1 Applicant Agency</b> Wisconsin Arts Board		<b>2</b> CFDA # <u>45-023</u>	<b>3 Agency I.D. (Optional)</b>				
<b>4 Address (Street/City/State/Zip)</b> 101 E. Wilson St. First Floor Madison, WI 53702 Contact Person George Tzougros Phone 6-0190		<b>5 Federal Agency to Receive Request</b> National Endowment f/t Arts					
<b>8 Agency Project Title</b> WI Idea Revisited <i>Arts Agencies Program</i> <i>Promotion of the Arts - Local</i>		<b>6 Period of Funding Mo/Day/Year</b> 7/1/95 6/30/96	<b>7 Application Due Date Mo/Day/Year</b>				
<b>11 Type of Application</b> <input type="checkbox"/> New Grant <input type="checkbox"/> Amendment to Current Grant <input checked="" type="checkbox"/> Continuation-Unchanged <input type="checkbox"/> Continuation-Modified		<b>9 Executive Order 12372 Review Required</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Clearinghouses: Notified Dates <i>needs WI EO</i>					
<b>12 Type of Assistance</b> <input type="checkbox"/> Grant <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Discretionary Other _____		<b>10 Area of Impact Counties/States</b> Statewide					
<b>13 Number of Years Previously Funded</b> <u>5</u>							
<b>14 Funding, Allotment and Position Data (including Federal indirect costs)</b> Total Federal Funds Applied For <u>\$275,100</u>							
Numeric Appropriation	Source	Revenue Type	Amount	New Positions No. (FTE)	Type	Existing Positions No. (FTE)	Type
DF/DG	State	GPR	\$ 335,100				
EQ/ES	Federal	NEA	\$ 275,100				
	Other	Locals	\$ 40,000				
	Other	In-Kind	\$ 3,000				
			\$				
			\$				
			\$				
			\$				
			\$				
			\$				
<b>15 Indirect Cost Reimbursement</b> <input type="checkbox"/> Yes Rate _____ Base _____ Amount _____ <input type="checkbox"/> No							
<b>16 Authorizations</b>  <input type="checkbox"/> Delegated Review		Authorized Agency Representative (Type or Print) Dean Amhaus Signature <i>[Signature]</i>		Title if other than Agency Secretary Executive Director Date 12/19/94			
<b>FOR DEPARTMENT OF ADMINISTRATION USE ONLY</b>							
Reviewing Analyst <u>Brian Pahnke</u> Phone <u>4-8259</u>		SAI Number <u>WI941222-390-N45</u>		Date Received <u>12-22-94</u>		Date Due <u>1-5-95</u>	
Recommendation: <input checked="" type="checkbox"/> Approve <input type="checkbox"/> Approve With Conditions <input type="checkbox"/> Deny		Signature <u>Brian Pahnke</u> Date <u>12/29/94</u>		023 X8			